



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 020818
Establishment ID No: 1296
Name of Establishment: Somerton Private Nursing Home
Date of Inspection: 16 January 2015
Inspector's Name: Cathy Wilkinson

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Somerton Private Nursing Home
Type of home:	Nursing
Address:	77 Somerton Road Belfast BT15 4DE
Telephone number:	0289077 6786
E mail address:	somertonnursing@btconnect.com
Registered Organisation/ Registered Provider:	Somerton Private Nursing Home Mr Henry Enda McCambridge Mr Paul Henry McCambridge
Registered Manager:	Mrs Lynda Burton
Person in charge of the home at the time of inspection:	Mrs Lynda Burton
Categories of care:	NH-DE
Number of registered places:	26
Number of patients accommodated on day of inspection:	25
Date and time of current medicines management inspection:	16 January 2015 10:25 – 12:35
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	23 October 2012 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Lynda Burton, Registered Manager, and staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Somerton Private Nursing Home is situated on the Somerton Road. It is set in secluded surroundings with mature gardens and is within walking distance of local amenities on the Antrim Road in north Belfast

The nursing home is owned by Mr Henry Enda McCambridge and Mr Paul McCambridge has responsibility for the general management of the home.

The current registered manager is Ms Lynda Burton.

Accommodation for patients is provided on both floors of the home. Bedrooms both double and single are located on both floors and a passenger lift is provided. All rooms are linked to the nurse call system.

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided at the main entrance area of the home on the ground floor.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There is a lawn area to the front of the home, currently this is not an enclosed garden for patients to enjoy.

The home is registered to provide care for a maximum of 26 persons under the following categories of care:

Nursing care

DE dementia care

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Somerton Private Nursing Home was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector on 16 January 2015 between 10:25 and 12:35. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Lynda Burton and with the registered nurses on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Somerton Private Nursing Home are substantially compliant with legislative requirements and best practice guidelines.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with the care inspector.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines.

Areas of good practice were observed and highlighted. They included: robust management of anticoagulants, fully and accurately maintained personal medication records and medicine administration records (MARs sheets) and satisfactory audit outcomes.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of these audits indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies that were noted during the inspection were discussed with the registered manager.

Medicines records had been maintained in a satisfactory manner and the management and staff are commended for their efforts.

Storage was observed to be tidy and organised; however, the registered manager must ensure that the refrigerator temperature is maintained within the required range of 2°C to 8°C and that the controlled drugs cupboard complies with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973.

The inspection attracted a total of two requirements. The requirements are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 23 October 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The necessary arrangements must be made to monitor and record the temperature range of the medicines refrigerator each day.</p> <p>Stated twice</p>	<p>The temperature of the medicines fridge is recorded daily however the temperatures are often outside the required range of 2°C to 8°C.</p> <p>The requirement as stated is compliant, however a further requirement has been made with regards the refrigerator temperatures.</p>	Compliant
2	13(4)	<p>The manager must review the arrangements for recording the use of thickening agents, in order to ensure compliance with legislative requirements.</p> <p>Stated once</p>	Thickening agents are used and managed appropriately.	Compliant
3	13(4)	<p>The manager must keep written evidence that staff members who manage medicines in the home have been trained and deemed competent to do so.</p> <p>Stated once</p>	Evidence of training and competency was provided for inspection.	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	<p>The prescriber should be requested to review Lumigan eye drops, prescribed for one patient.</p> <p>Stated once</p>	<p>This was completed following the previous medicines management inspection.</p>	<p>Compliant</p>
2	37	<p>The manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs.</p> <p>Stated once</p>	<p>Standard Operating Procedures are now in place.</p>	<p>Compliant</p>
3	37	<p>Two nurses should always be responsible for discarding medication into the pharmaceutical waste bins and recording this action.</p> <p>Stated once</p>	<p>The registered manager advised that when possible two nurses complete this task, however, on occasion one nurse may be responsible. This has been risk assessed by the registered manager.</p>	<p>Compliant</p>
4	39	<p>This temperature of the medicines storage room should be monitored and recorded each day.</p> <p>Stated once</p>	<p>The temperature is monitored daily and is usually below 25°C</p>	<p>Compliant</p>
5	39	<p>The controlled drugs cupboard should be reserved solely for the storage of controlled drugs.</p> <p>Stated once</p>	<p>Only controlled drugs were observed in the controlled drug cupboard.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
6	39	The dates of opening must be recorded on eye-treatment medicine bottles. Stated once	The date of opening had been recorded on all eye preparations.	Compliant
7	39	Controlled drugs subject to safe custody requirements should be reconciled on each occasion when responsibility for safe custody is transferred. Stated once	This is now routine practice.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Satisfactory arrangements were observed to be in place for most areas of the management of medicines</p> <p>The outcomes of the audits which were performed on a range of randomly selected medicines indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies were noted in several medicines prescribed for one patient who had been discharged from hospital and further monitoring of these medicines was advised.</p> <p>The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home</p> <p>The management of warfarin was reviewed and found to be satisfactory.</p>	Compliant
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
Policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. They were not examined in detail during this inspection.	Compliant

<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Update training on the management of medicines is provided annually for all nursing staff. Competency assessments are also completed regularly. Records were available for inspection.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The registered manager confirmed that there is annual staff appraisal and that nurses have regular supervision.</p>	<p>Compliant</p>

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. One medication related incident has been reported since April 2014. It was managed appropriately.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are collected by an authorised waste disposal company.	Compliant

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings: Audits are completed regularly and records were available for inspection. The community pharmacist completes quarterly audits. Dates and times of opening had been recorded on the majority of containers examined at this inspection.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
--	--------------------------------------

STANDARD 38 - MEDICINE RECORDS

Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medicine records had been completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 38.2 The following records are maintained:</p> <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The personal medication records (PMRs) and medication administration records (MARs) which were reviewed at this inspection had been maintained in a generally satisfactory manner.</p> <p>The records of medicines received into the home were observed to be maintained in a generally satisfactory manner.</p> <p>The records of disposal of waste medicines were examined and found to be satisfactory.</p>	<p align="center">Compliant</p>

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Storage was observed to be tidy and organised. There was sufficient storage space in the medicine trolleys and medicine cupboards.</p> <p>The temperature of the medicines refrigerator is monitored and recorded daily; however, deviation from the acceptable temperature range was noted. The consistent nature of the temperature recordings also indicated that the thermometer was not being reset each day. The registered manager must ensure that the medicines refrigerator is maintained within the acceptable range of 2°C to 8°C and that staff are aware of the action to be taken if the temperature deviates from this range. A requirement has been made.</p> <p>The controlled drugs cupboard was observed to be attached to the metal medicines cupboard. In accordance with Misuse of Drugs (Safe Custody) (NI) Regulations 1973, controlled drugs must be stored in a controlled drug cabinet which is rigidly and securely fixed to a wall or floor. A requirement has been made.</p> <p>The registered manager was reminded that all oxygen cylinders must be chained to the wall when not in use.</p>	<p align="center">Substantially compliant</p>

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
The key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolley, were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys by the nurse in charge.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The management of medicines for two patients who were prescribed anxiolytic or antipsychotic medicines for distressed reactions was reviewed. The care plan in place to direct the management of distressed reactions and the administration of these medicines required further development. The administration and the reason for the administration had been recorded on the MARs sheets. The outcome following administration had not always been documented in the progress notes. This was discussed with the registered manager following the inspection, who agreed to review the relevant records.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Lynda Burton, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Cathy Wilkinson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SOMERTON PRIVATE NURSING HOME

16 JANUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Lynda Burton, Registered Manager**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must ensure that refrigerator temperatures are maintained within the required range of 2°C and 8°C. Ref: Criterion 39.1	One	The registered manager has been auditing recent temperatures and all appear to within the required range of 2°C and 8°C.	16 February 2015
2	13(4)	The registered manager must ensure that the controlled drug cabinet is rigidly and securely fixed to a wall or floor in accordance with The Misuse of Drugs (Safe Custody) (NI) Regulations 1973. Ref: Criterion 39.1	One	The controlled drug cabinet is now rigidly and securely fixed to a wall.	16 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Lynda Burton
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Paul McCambridge

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>Adams</i>	9/13/15
B.	Further information requested from provider		✓		