# NURSING HOME
# MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

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| **Inspection No:** | **IN021028** |
| **Establishment ID No:** | **1307** |
| **Name of Establishment:** | **Wheatfield House** |
| **Date of Inspection:** | **9 January 2015** |
| **Inspector's Name:** | **Judith Taylor** |

**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:** | Wheatfield House |
| **Type of home:** | Nursing Home |
| **Address:** | 20 Wheatfield Gardens<br>Belfast<br>BT14 7HU |
| **Telephone number:** | 028 9039 1555 |
| **E mail address:** | wheathouse1@tiscali.co.uk |
| **Registered Organisation/ Registered Provider:** | Mr Edward John McLoughlin |
| **Registered Manager:** | Mr Edward John McLoughlin |
| **Person in charge of the home at the time of Inspection:** | Mrs Maritia Pollard<br>Clinical Lead Nurse |
| **Categories of care:** | NH-LD, NH-LD(E) |
| **Number of registered places:** | 22 |
| **Number of patients accommodated on day of inspection:** | 17 |
| **Date and time of current medicines management inspection:** | 9 January 2015<br>10:50 – 13:45 |
| **Names of inspector:** | Judith Taylor |
| **Date and type of previous medicines management inspection:** | 13 December 2012<br>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 monitoring 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 visit was to determine what progress had been made in addressing the requirements and recommendations made during the previous medicines management inspection on 13 December 2012, to assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Mrs Maritia Pollard, Clinical Lead Nurse during the inspection and
Mr Edward McLoughlin, Registered Manager, by telephone on 15 January 2015
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

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

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard 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

Wheatfield House is situated off the Crumlin Road in North Belfast. It is a two storey detached red brick house which has been adapted and extended to provide accommodation for 22 patients.

The garden and grounds are well maintained and there are car parking spaces provided within the grounds of the home.

The home has a range of single and double bedrooms. Toilets, bath and shower facilities are located appropriately throughout the home. Two lounges are provided on the ground floor at the front of the home and a dining room is also provided in this area. A multi-sensory/activity room is provided for patients on the first floor.

The home is near to local amenities on the main Crumlin Road and a mini bus is available for patients.

Respite is also offered if a bed is available.

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

- NH - LD, Nursing Home, learning disability
- NH - LD(E), Nursing Home - learning disability, over 65yrs

Mr Edward John McLoughlin has been the registered provider/manager for several years.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Wheatfield House was undertaken by Judith Taylor, RQIA Pharmacist Inspector on 9 January 2015, between 10:50 and 13:45. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for the medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspector met with the nurse in charge of the home, Mrs Maritia Pollard (Clinical Lead Nurse). 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 are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The two requirements and four recommendations made at the previous medicines management inspection on 13 December 2012 were examined during the inspection. The inspector's validation of compliance can be observed in the tables following this summary. One of the requirements and one of the recommendations had been complied with. One requirement has been assessed as moving towards compliance; two recommendations have been assessed as substantially compliant and one recommendation has been assessed as not compliant. These outcomes have resulted in one requirement and one recommendation being restated in the quality improvement plan (QIP). The benefit of reviewing the QIP from previous inspections as part of the audit process, to ensure sustained improvement and no restated requirements/recommendations was discussed.

Most areas of the management of medicines are well controlled; however, improvement is required in the management of medicines which require cold storage and the disposal of controlled drugs.

Although there are policies and procedures in place for medicines management, these should be updated with regard to the disposal of medicines and standard operating procedures for the management of controlled drugs. This issue had been raised at the previous medicines management inspection and the recommendation is restated. Schedule 4 (Part 1) controlled drugs are held in stock and the good practice of performing daily stock reconciliation checks on these medicines was acknowledged. However, it was established that any discontinued Schedule 4 (Part 1) controlled drugs are not denatured prior to disposal in accordance with legislation. This was further discussed and a requirement is made.

There was evidence that medicines management training is provided for registered nurses and for the care staff who are responsible for delegated medicine related tasks. There are arrangements in place to evaluate training through supervision, competency assessment and appraisal.

There is an auditing process for the management of medicines. This includes weekly checks of medicine equipment and personal medication records, daily audits on controlled drugs, and running stock balances for nutritional supplements and analgesics. Most of the medicines are supplied in 28 day blister packs. Examination of the audit records showed that the last audit trails on medicines which are not supplied in the 28 day blister packs had been performed in April and December 2014; largely satisfactory outcomes had been achieved. It was advised that monthly audit trails should be performed. The outcomes of the audit trails which were performed on a variety of randomly selected medicines during the inspection, indicated that patients had been administered most of their medicines in accordance with the prescriber's instructions. Some discrepancies were observed in liquid form laxative medicines; these medicines should be included in the audit process and it was agreed that this would be actioned. The date of opening had been recorded for most medicines, however, had not been recorded for in use insulin pens. Staff are reminded that the date of opening should be recorded to ensure the insulin is replaced if the in use 28 day expiry date is reached before the insulin pen is finished, and also to facilitate the audit process. The dosage of the insulin

indicated the insulin pens would require replacement well before the 28 day expiry date had been reached. The nurse in charge advised that this would be raised with all designated staff after the inspection.

The medicine records had been generally well maintained and their completion readily facilitated the audit process.

The management of anxiolytic/antipsychotic medicines which are prescribed for distressed reactions was examined. In the instances where these medicines are prescribed for administration on a 'when required' basis, the records selected showed that a care plan was in place, the parameters for administration were recorded on the patient's personal medication record and the reason for and effect of each administration was documented. The nurse in charge also advised that any change in the frequency of administration is reviewed in consultation with the prescriber.

The stock control of medicines had improved and indicated that stock is only ordered as the need arises.

Medicines are stored safely and securely. Oxygen is managed appropriately. Improvement is required in the management of medicines which require cold storage. The temperature records indicated that the medicine refrigerator temperature had fallen below 2$^{o}$C on a number of occasions, and a build-up of ice was noted in the refrigerator. The formation of ice, low temperatures and damp medicine boxes stored in the refrigerator had not been recognised as reportable by staff. Insulin is stored in this refrigerator and temperatures must not fall below 2$^{o}$C. The viability of the stock was discussed and it was agreed that this would be reviewed after the inspection. This same issue had been raised at the previous inspection and the requirement is restated.

Throughout the inspection, very cold temperatures were noted within the home. The thermometer reading in the small treatment room showed that the room temperature ranged from 17 – 18$^{o}$C during the inspectors visit. The temperature of a nursing home should be maintained between 19 – 22$^{o}$C. This was discussed with the nurse in charge, who advised that the heating system had broken that morning and arrangements had already been made to keep the patients warm and for this to be resolved. This issue was passed to the care inspector and estates inspector immediately after the inspection for follow up. It was confirmed that the heating problem had been resolved.

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

The inspector would like to thank the 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 13 December 2012:**

| NO. | REGULATION | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 13(4) | Each administration of thickened fluids must be clearly recorded.<br><br>**Stated once (carried forward)** | Registered nurse and trained care staff are responsible for the administration of thickened fluids. Each administration of thickened fluids is recorded. | **Compliant** |
| 2 | 13(4) | The registered manager must put robust arrangements in place for the management of the cold storage of medicines.<br><br>**Stated once** | The management of medicines which require cold storage requires further improvement. Although daily temperature monitoring is undertaken, temperatures below 2$^{o}$C had been recorded and there was a build-up of ice in the refrigerator. There was no evidence that this had been recognised or reported for corrective action. This medicine refrigerator contained insulin and the outer packaging was damp. The need to ensure that all medicines are stored at the temperature range specified by the manufacturer was reiterated.<br><br>**This requirement is restated** | **Moving towards compliance** |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 38 | Two nurses should be involved in recording new medicine details onto personal medication records and medication administration records.<br><br>**Stated twice** | The transcribing of medicine details on medication administration records involves two registered nurses on every occasion; however, this does not occur for new entries on personal medication records. It was acknowledged that two registered nurses sign to verify the accuracy of the personal medication records when they are written. This was further reviewed and it was concluded that there had been misinterpretation of the recommendation. It was agreed that this practice would be implemented following the inspection and would be monitored within the audit process. | **Substantially compliant** |
| 2 | 37 | The registered manager should monitor and review the stock control arrangements for medicines to ensure excess supplies are avoided.<br><br>**Stated once** | Examination of the stock level of medicines indicated that this had been reviewed. The clinical lead nurse advised that this area is being closely monitored as part of the ordering and receipt of medicines process. | **Compliant** |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 3 | 37 | The registered manager should update the policies and procedures for medicines management to include the disposal of medicines and standard operating procedures for controlled drugs.<br><br>**Stated once** | The policies and procedures for the disposal of medicines had not been updated and standard operating procedures for controlled drugs had not been developed. There was a copy of the RQIA guidance for Standing Operating Procedures for controlled drugs in the home; however, there were no procedures which are specific to Wheatfield House. It was established that Schedule 4 (Part 1) controlled drugs are not denatured prior to disposal. This was further discussed with regard to the legislation. A copy of the RQIA Disposal of Medicines in Nursing Homes guidance was obtained during the inspection.<br><br>**This recommendation is restated and a requirement regarding the denaturing of controlled drugs is made** | **Not compliant** |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 4 | 37 | The registered manager should implement a robust auditing system which covers all aspects of the management of medicines.<br><br>**Stated once** | There was evidence of the daily checks on controlled drugs, weekly checks on medicine equipment and personal medication records. Separate administration records to record running stock balances for oral nutritional supplements and analgesics are also maintained. Audit trails on other medicines are not performed at regular intervals. There had been eight months between audit trails on medicines; however, it was acknowledged that the outcomes were mostly satisfactory. Liquid form laxative medicines are not included and some discrepancies were observed. Audit trails of medicines should be performed at monthly intervals and the system should readily identify areas for improvement, e.g. the cold storage of medicines. | **Substantially compliant** |

## 7.0 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 Maritia Pollard**, **Clinical Lead Nurse** and **Mr Edward McLoughlin**, **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:

**Judith Taylor**
**The Regulation and Quality Improvement Authority**
**9th Floor**
**Riverside Tower**
**5 Lanyon Place**
**Belfast**
**BT1 3BT**

# QUALITY IMPROVEMENT PLAN

## NURSING HOME
## UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

## WHEATFIELD HOUSE
## 9 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Maritia Pollard, Clinical Lead Nurse**, during the inspection and **Mr Edward McLoughlin**, **Registered Manager**, by telephone following 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**<br>**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 put robust arrangements in place for the management of the cold storage of medicines.<br><br>**Ref: Sections 4.0 & 5.0** | Two | A new fridge has been purchased and installed in the clinical room for the storage of medications. The thermometer is fully functional. | 10 February 2015 |
| 2 | 13(4) | The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured prior to disposal.<br><br>**Ref: Section 4.0** | One | Pharmacy has been contacted and denaturing boxes have been delivered to the home. | 10 February 2015 |

| **RECOMMENDATION**<br>**This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.** | | | | | |
|---|---|---|---|---|---|
| **NO.** | **MINIMUM STANDARD REFERENCE** | **RECOMMENDATION** | **NUMBER OF TIMES STATED** | **DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)** | **TIMESCALE** |
| 1 | 37 | The registered manager should update the policies and procedures for medicines management to include the disposal of medicines and standard operating procedures for controlled drugs.<br><br>**Ref: Section 4.0 & 5.0** | Two | All procedures in relation to medicines management have been updated in the home including disposal of medicines and standard operating procedures for controlled drugs. | 10 March 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:**

| | |
|---|---|
| **NAME OF REGISTERED MANAGER COMPLETING QIP** | Edward McLoughlin |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Edward McLoughlin |

| **QIP Position Based on Comments from Registered Persons** | | | | **Inspector** | **Date** |
|---|---|---|---|---|---|
| | | **Yes** | **No** | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | x | | Judith Taylor | 26 March 2015 |
| B. | Further information requested from provider | | | | |