NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021166**
Establishment ID No:	**1311**
Name of Establishment:	**Wood Lodge**
Date of Inspection:	**3 February 2015**
Inspectors' Names:	**Helen Daly** **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:	Wood Lodge
Type of home:	Nursing
Address:	Mill Hill Castlewellan BT31 9NB
Telephone number:	028 4377 8511
E mail address:	lizorourke@woodlodgecare.com
Registered Organisation/ Registered Provider:	G & M Lodge Care Ltd Mr Liam John Lavery
Registered Manager:	Mrs Elizabeth O'Rourke
Person in charge of the home at the time of Inspection:	Mrs Elizabeth O'Rourke
Categories of care:	RC-I, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	49 (36 nursing, 13 residential)
Number of residents accommodated on day of inspection:	42 (28 nursing, 14 residential)
Date and time of current medicines management inspection:	3 February 2015 11:00 – 14:30
Names of inspectors:	Helen Daly Judith Taylor
Date and type of previous medicines management inspection:	22 September 2014 Unannounced Monitoring

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

At the previous inspection on 22 September 2014, the inspectors had concerns regarding the management of medicines within Wood Lodge which may have affected the safety and wellbeing of patients. Following discussion with the senior management team in RQIA, a serious concerns meeting was held in RQIA, Belfast office, on 25 September 2014. The areas of particular concern: the management of new admissions; the management of dosage changes, inhalers and insulin; and the standard of record keeping were discussed. The lack of sustained improvement in the overall governance and auditing arrangements for medicines management within the home was also discussed. At this meeting, the responsible person and the registered manager provided a full account of the actions that had already been taken and arrangements which would be implemented to ensure that medicines management in Wood Lodge achieves compliance with legislative requirements and the minimum standards. RQIA considered the matter and agreed to give the management team in Wood Lodge a period of time to address the concerns raised.

The purpose of this visit was to determine what progress had been made in addressing the 15 requirements and seven recommendations made during the previous medicines management monitoring inspection, to re-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 management of medicines, could be assured.

METHODS/PROCESS

Discussion with Mrs Elizabeth O'Rourke, 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

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 inspectors 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

Wood Lodge is situated on a seven acre site on the outskirts of Castlewellan, County Down. It was established in 1983, but has since been extended. The home has views of the local countryside and there are stables situated at the rear of the home. This provides an added interest for patients. All local amenities are in the nearby town of Castlewellan. Wood Lodge is very much part of the local community.

The purpose built nursing home was added a number of years ago to the existing period residence and is registered to accommodate 36 patients with nursing needs and 13 residents.

Bedroom accommodation consists of single and double bedrooms and is situated over two floors. There are a range of sitting rooms and washrooms/toilets available. The dining room is situated on the ground floor with scenic views of the local countryside. Catering and laundry services are available on the ground floor.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Wood Lodge was undertaken by Helen Daly and Judith Taylor, RQIA Pharmacy Inspectors, on 3 February 2015 between 11:00 and 14:30. 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 re-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.

The inspectors examined the arrangements for 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 inspectors met with the registered manager of the home, Mrs Elizabeth O'Rourke, and staff on duty. The inspectors observed practices for medicines management, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

The 15 requirements and seven recommendations made at the previous medicines management inspection on 22 September 2014 were examined during the inspection. Compliance was noted for nine of the requirements and one of the recommendations. Four of the requirements and three of the recommendations were assessed as substantially compliant. One requirement and two recommendations were assessed as moving towards compliance. The remaining requirement and recommendation were assessed as not compliant. Two requirements and one recommendation have been restated. Two recommendations have been subsumed into two requirements. The inspectors' validation of compliance is included in Section 5.0 below.

This inspection indicated that the arrangements for the management of medicines in Wood Lodge are substantially compliant with legislative requirements and best practice guidelines. However, the management of admissions and re-admissions to the home is still not robust and this must be addressed. The improvements in other areas for the management of medicines noted at this inspection must be sustained.

The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. A small number of audit discrepancies were discussed with the registered manager; it was agreed that the audit activity would continue. The registered manager must ensure that audit trails can be completed on nutritional supplements. A requirement has been restated.

The management for one recently re-admitted patient's medicines was reviewed and found to be unsatisfactory. This was discussed in detail with the registered manager and the previous requirement has been restated.

Records had been maintained in a mostly satisfactory manner. In the interests of safe practice hand-written updates on both the personal medication records and medication administration records should be verified and signed by two members of trained staff. This issue has been ongoing and hence the recommendations have now been subsumed into two requirements.

The treatment room has been refurbished. Storage was observed to be tidy and organised.

The management of warfarin and medicines prescribed for Parkinson's Disease was reviewed and found to be satisfactory.

The management of distressed reactions was reviewed for two patients. Detailed care plans were not in place and the reason for and outcome of each administration had not been recorded. These findings were discussed in detail with the registered manager who agreed to review the care plans of all patients who are prescribed medicines to be administered 'when required' for the management of distressed reactions. The recommendation which was made at the previous inspection is restated.

Staff advised that controlled drugs are not currently being denatured prior to their disposal. The registered manager must ensure that all Schedule 2, 3 and 4 (Part 1) controlled drugs are denatured prior to their disposal. A requirement has been made.

The inspection attracted five requirements (two of which are restated) and one restated recommendation which are detailed in the quality improvement plan appended to this report.

The inspectors 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 22 September 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The responsible person must ensure that all personal medication records are up to date and reflect the prescribers' most recent directions to ensure that medicines are being administered as prescribed. **Stated once**	The registered manager confirmed that this activity had been completed (via e mail on 23 September 2014).	**Compliant**
2	13(4)	The responsible person must ensure that all staff are trained and competent to administer inhaled medicines. **Stated once**	The registered manager confirmed that this activity had been completed (via e mail on 26 September 2014).	**Compliant**
3	13(4)	The responsible person must ensure that Fortisip Extra is made available for Patient A. **Stated once**	The registered manager confirmed via email on 22 September 2014 that Fortisip Extra was made available immediately following the inspection.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The acting manager must implement a robust auditing system which monitors all aspects of the management and administration of medicines. **Stated three times**	The registered manager has implemented a revised audit tool which she completes monthly. The registered nurses and senior carers audit the medicines prescribed for their named patients each month. The registered manager was advised that the current level of audit activity must continue and that the audits trails should include inhaled medicines and nutritional supplements.	**Substantially compliant**
5	13(4)	The responsible person must ensure that records of medicines received into the home are accurate. **Stated twice**	The majority of medicines had been accurately received into the home. The registered manager was advised that the standard of maintenance of the medicines received records should be included in the audit activity.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	The responsible person must ensure that robust systems are in place for the recording and retrieval of information regarding medicine changes. All medication changes must be clearly documented. **Stated once**	The management of medication changes was reviewed for two patients. The medication changes had been clearly documented and the information was readily retrievable.	**Compliant**
7	13(4)	The responsible person must ensure that the management and administration of inhaled medicines is closely monitored. **Stated once**	Staff received training on the use of inhaled medicines following the previous inspection. Records of administration are maintained on the medication administration records and a separate recording sheet. These are reviewed monthly by the registered manager. The benefit of maintaining running stock balances after each administration (where possible) to assist in the audit process was discussed.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
8	13(4)	The responsible person must ensure that medicines are administered only to the patient for whom they are prescribed. **Stated once**	The registered manager confirmed that medicines, including nutritional supplements, are no longer shared. There was no evidence of medicines being shared at the inspection.	**Compliant**
9	13(4)	The responsible person must ensure that robust systems are in place for the management of medicines for patients admitted or readmitted to the home. Records must facilitate a clear audit trail. **Stated once**	The records for one recently re-admitted patient were reviewed and found to be unsatisfactory. The personal medication record had been updated by one registered nurse only. Spiriva capsules had been discontinued in error. The registered manager investigated this finding and an incident report was forwarded to RQIA. The registered manager should closely monitor the records for all admissions/re-admissions. **This requirement is restated**	**Not compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
10	13(4)	The responsible person must ensure that the maximum daily dose is not exceeded for paracetamol containing products. **Stated once**	The records for the administration of paracetamol containing medicines indicated that the maximum daily dose had not been exceeded.	**Compliant**
11	13(4)	The responsible person must ensure that robust systems are in place for the management of dosage changes in the monitored dosage cassettes. **Stated once**	Dosage changes are sent to the community pharmacist via facsimile. The monitored dosage cassettes are returned to the community pharmacy for amendments to be made.	**Compliant**
12	13(4)	The responsible person must review and revise the systems in place for the management of nutritional supplements. Records must facilitate a clear audit trail. **Stated once**	Each patient now has their own supply of nutritional supplement. They are stored in patient order. However, audit trails could not be completed during the inspection as quantities carried forward each month are not maintained. It was suggested that daily stock balances should be maintained. **This requirement is restated**	**Moving towards compliance**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
13	13(4)	The responsible person must ensure that the dose administered for insulin is accurately recorded on all occasions. **Stated once**	A separate recording sheet is in use. The actual dose administered had been clearly recorded on each occasion.	**Compliant**
14	13(4)	The responsible person must ensure that the reason for all omissions is accurately recorded on all occasions. **Stated once**	A small number of missed signatures for administration were observed. However, on most occasions the reason for omissions had been recorded.	**Substantially compliant**
15	13(4)	The responsible person must ensure that the actual dose administered is recorded for medicines which are prescribed at variable dose. **Stated once**	The actual dose administered had been recorded for medicines which are prescribed at variable dose.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	Two members of staff should verify and sign the personal medication records when they are written and updated. **Stated twice**	This practice was observed on the records completed by registered nurses but not on those completed by senior carers. **This recommendation has been subsumed into a requirement**	**Moving towards compliance**
2	38	Two members of staff should verify and sign all hand-written entries on the medication administration records. **Stated twice**	A significant number of hand-written entries on the medication administration records had not been verified and signed by two members of staff. **This recommendation has been subsumed into a requirement**	**Moving towards compliance**
3	37	The responsible person should ensure that designated staff receive further training on the home's auditing system including the management of audit discrepancies and out of stocks. **Stated once**	Designated staff received further training on the home's auditing system. There is evidence that corrective action is taken if medicines are running out of stock. The registered manager confirmed that the revised auditing arrangements for inhaled medicines and nutritional supplements would be discussed with staff.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	38	The responsible person should ensure that the personal medication records are checked against the medication administration records at the beginning of each medication cycle. **Stated once**	Recorded evidence is available to confirm that the personal medication records are checked against the medication administration records at the beginning of each medication cycle. Whilst most entries on the personal medication records correlated with the medication administration records, some discrepancies were observed.	**Substantially compliant**
5	38	The responsible person should ensure that the management of when required medicines for the management of distressed reactions is reviewed and revised as detailed in the report. **Stated once**	The records for two patients were reviewed. The care plans did not indicate that medicines could be used to manage distressed reactions. The reason and outcome of each administration had not been recorded in the daily progress notes. **This recommendation is restated**	**Not compliant**
6	37	The responsible person should ensure that obsolete personal medication records and warfarin directions are cancelled and archived. **Stated once**	The majority of obsolete personal medication records and warfarin directions had been cancelled and archived.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	38	The responsible person should ensure that completed medication administration records are readily retrievable. **Stated once**	A new filing system is now in place. Completed personal medication records, medication administration records and audit sheets are now readily retrievable.	**Compliant**

6.0 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 Elizabeth O'Rourke, 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:

Helen Daly
Pharmacist Inspector
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

WOOD LODGE
3 FEBRUARY 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 Elizabeth O'Rourke, Registered Manager,** during the inspection.

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 responsible person must ensure that robust systems are in place for the management of medicines for patients admitted or readmitted to the home. Records must facilitate a clear audit trail. **Ref: Sections 4.0 and 5.0**	Two	Two Staff nurses check medicines of patients re-admitted to the home. Registered manager carries out an Audit following new admissions	5 March 2015
2	13(4)	The responsible person must review and revise the systems in place for the management of nutritional supplements. Records must facilitate a clear audit trail. **Ref: Sections 4.0 and 5.0**	Two	A new supplement Audit is in place, Key workers audit their patients supplements which in turn are audited by Registered Manager.	5 March 2015
3	13(4)	The registered manager must ensure that two members of staff verify and sign the personal medication records when they are written and updated. **Ref: Sections 4.0 and 5.0**	One	Two members of staff verify and sign personal medication records when they are written and updated.	5 March 2015

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**
4	13(4)	The registered manager must ensure that two members of staff verify and sign all hand-written entries on the medication administration records. **Ref: Sections 4.0 and 5.0**	One	Two members of staff verify and sign all hand written entries on the medication records	5 March 2015
5	13(4)	The registered manager must ensure that controlled drugs in Schedules 2, 3 and 4 (Part 1) are denatured prior to their disposal. **Ref: Section 4.0**	One	Controlled drugs in schedules 2,3 and 4 are now denatured prior to disposal, There is now always a denaturing Kit on the premises	5 March 2015

RECOMMENDATION

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 responsible person should ensure that the management of when required medicines for the management of distressed reactions is reviewed and revised as detailed in the report. **Ref: Sections 4.0 and 5.0**	Two	Careplans have been implemented for management of distressed re-actions and documentation to support why it is given and effect.	5 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	Liz O Rourke
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Liam Lavery

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	11 March 2015
B.	Further information requested from provider				