

NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	IN021029
Establishment ID No:	1427
Name of Establishment:	Abbeylands
Date of Inspection:	14 January 2015
Inspector's Name:	Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Abbeylands
Type of home:	Nursing Home
Address:	441 Shore Road Whiteabbey Belfast BT37 9SE
Telephone number:	028 9086 4552
E mail address:	abbeylands@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Ms Eleanor Dodson
Person in charge of the home at the time of inspection:	Ms Eleanor Dodson
Categories of care:	Nursing: NH-I, NH-PH, NH-PH(E) Residential: RC-I, RC-MP, RC-MP(E), RC-PH(E) RC-A
Number of registered places:	87 (68 Nursing & 19 Residential)
Number of patients accommodated on day of inspection:	72 (53 Nursing & 19 Residential)
Date and time of current medicines management inspection:	14 January 2015 11:15 – 15:00
Names of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	7 May 2013 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 recommendations made during the previous medicines management inspection, 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.

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 Ms Eleanor Dodson, Registered Manager and registered nurses 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 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

Abbeylands is situated on the shores of Belfast Lough, off the dual carriageway leading to the M3 motorway. It is surrounded by landscaped gardens, patio areas and mature trees. Car parking facilities are also available. The home is close to shops in the village of Whiteabbey and a public transport route.

The nursing home is owned and operated by Four Seasons Health Care. Ms Eleanor Dodson has been the registered manager since November 2014.

Bedroom accommodation is provided in both double and single rooms and several rooms have en suite facilities. There is a range of communal lounges, dining rooms and sanitary areas.

The home is registered to provide care for a maximum of 87 persons under the following categories of care:

Nursing Care

- I Old age not falling into any other category
- PH Physical disability other than sensory impairment
- PH (E) Physical disability other than sensory impairment – over 65 years

Residential Care

- I Old age not falling into any other category
- MP Mental disorder excluding learning disability or dementia (2 residents)
- MP (E) Mental disorder excluding learning disability or dementia – over 65 years
- PH (E) Physical disability other than sensory impairment – over 65 years
- A Past or present alcohol dependence (1 resident)

The home is also approved to provide day care for one person.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Abbeylands was undertaken by Judith Taylor, Pharmacist Inspector on 14 January 2015 between 11:15 and 15:00. 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 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 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 registered manager of the home, Ms Eleanor Dodson and with the registered nurses on duty. The inspector observed practices for medicines management in one of the two treatment rooms (Seapark wing), 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 inspection found no areas of concern; however, some areas for improvement were noted.

The five recommendations which were made at the previous medicines management inspection on 7 May 2013 were examined. The inspector's validation of compliance can be noted in Section 5.0 below. Three of the recommendations have been complied with; one recommendation had been assessed as substantially compliant and one as not compliant. One recommendation is restated in the Quality Improvement Plan (QIP).

Most areas of the management of medicines are well controlled and examples of good practice were highlighted and acknowledged with the register manager; this included the governance arrangements and standard of record keeping.

Written policies and procedures for medicines management are in place.

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 the effectiveness of training through staff supervision, competency assessment and appraisal.

There is an auditing process for medicines. This includes frequent checks on a variety of medicines. The outcomes of the audit trails performed at the inspection showed largely satisfactory outcomes. As a few small discrepancies were observed, the registered manager advised that running stock balances of the identified medicines would be recorded and monitored from the day of the inspection onwards.

The majority of medicine records had been maintained in the required manner. The management of the disposal of medicines should be reviewed, to ensure that the disposal of medicines into the waste bins is witnessed by a second member of trained staff on every occasion and both staff sign the entry in the disposal of medicines record.

Medicines are stored safely and securely. The management of medicines which require cold storage requires review, to ensure all medicines are stored at the correct temperature.

The inspection attracted a total of one requirement and one recommendation which are detailed in the QIP.

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 7 May 2013:

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37 & 38	Two nurses should be involved in transcribing medicine details onto personal medication records and warfarin administration records. Stated twice	Two registered nurses are routinely involved in the transcribing of medicine details on warfarin administration records, and on personal medication records at the time of rewriting. This should also occur for new information added to the personal medication records. This was further discussed with the new registered manager with regard to safe practice and it was agreed that this would be closely monitored within the audit process. It was acknowledged that there were no discrepancies between the personal medication record entries and medicine labels.	Substantially compliant
2	37	The frequency of auditing of liquid medicines should be increased. Stated once	Examination of the audit records showed that liquid medicines are being audited on a regular basis.	Compliant
3	37	Prescriptions should be received into the home and checked against the order before dispensing. Stated once	The registered manager confirmed this practice is now in place.	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	38	Two nurses should sign entries in the record of medicines disposed of. Stated once	The disposal records for controlled drugs are signed by two designated members of staff. Records of the disposal of other medicines are not signed by two registered nurses and this should be addressed. This recommendation is restated	Not compliant
5	38	Photographs should be securely attached to personal medication records or a clearly labelled divider sheet and be of an appropriate size so as not to obscure information on the record. Stated once	The patient's photograph was attached to the personal medication records which were selected for examination at the inspection. Most of these did not obscure any information on the record. For one patient, the photograph had to be moved to view the information behind it. The registered manager advised that the photographs were due for replacement and smaller photographs would be obtained.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of medicines

Standard Statement - Medicines are handled safely and securely

The management of medicines is generally satisfactory and areas of good practice were noted at the inspection. This included alerts to inform staff of variable and multiple medicine doses, recording the dates of opening on medicines, separate administration sheets for a number of medicines, e.g. warfarin and records of the removal of medicine patches.

Written policies and procedures for medicines management are in place.

Medicines management training is provided through the completion of e-learning modules and also from external sources. Competency is assessed through supervision, observation of practice and staff appraisal. Records of staff training and competency assessments are maintained.

A system is in place to report and learn from medicine related incidents. One recently reported incident was discussed during the inspection. This had been managed appropriately.

There was evidence that care plans are in place for the management of dysphagia, distressed reactions, pain and emergency medicines for the treatment of hypoglycaemia and epileptic seizures.

A system to audit the management of medicines is in place. Audit trails on medicines are performed on a daily and weekly basis by the registered nurses and an overarching audit is also completed each month by the registered manager. There was evidence of the action taken following the identification of any medication discrepancies. Audits are also performed by a representative from the community pharmacy on a quarterly basis.

The management of medicines which are administered via enteral feeding tubes was examined. It was noted that the quantity of fluid intake is not totalled every 24 hours and on occasion, the volume of enteral feed administered is not recorded. This was brought to the registered manager's attention, who advised that this had been an area that had been recently identified for improvement and arrangements were being made to address this issue. It was agreed that this would be closely monitored.

The use of anxiolytic/antipsychotic medicines which are prescribed on an "as required" basis for the management of distressed reactions was examined. Care plans detailing the management of these medicines were 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. There was evidence that any change in the frequency of administration of these medicines had been reviewed in consultation with the prescriber.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine records

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

A sample of the records listed below was examined.

- Personal medication records
- Medication administration records
- Receipt of medicine records
- Disposal/transfer of medicine records
- Controlled drug records

The majority of records examined were well-maintained and facilitated the audit process. Staff are reminded that, in accordance with best practice, two trained members of staff should be involved in recording any new information on personal medication records. It was agreed that this would be discussed with staff for immediate action and closely monitored within the audit process.

Improvement is required in the maintenance of the disposal record. Two trained staff should be involved in the disposal of each medicine and both staff should sign to witness the disposal. There were several occasions, where there was one signature or no signature. This was further discussed in relation to the recent changes in the disposal of medicines in nursing homes. As this had been raised at the previous inspection, the recommendation is restated.

The registered manager was reminded that records of the administration of medicines prescribed for external use should clearly indicate which medicine has been administered on each occasion.

COMPLIANCE LEVEL: Substantially compliant

6.3 Storage of medicines

Standard Statement - Medicines are safely and securely stored

Medicine storage areas were tidy and organised.

All medicines were stored in locked cupboards or medicine trolleys. Satisfactory arrangements were in place for the management of controlled drug keys and other medicine keys.

Improvement is required in the management of medicines which require cold storage. The medicine refrigerator temperature records from October 2014 onwards, were examined. These indicated that satisfactory temperatures (2°C to 8°C) had been maintained in October 2014 and January 2015, however, the minimum refrigerator temperatures had been recorded below 2°C on several occasions in November and December 2014. The low temperatures had not been recognised as reportable by staff. It was also noted that the same maximum and minimum temperatures had been recorded for several days at a time, indicating that the refrigerator thermometer had not been reset every day. Insulin is stored in this refrigerator and temperatures must not fall below 2°C. The viability of the stock was discussed and it was agreed that this would be reviewed

after the inspection in consultation with the community pharmacist. The registered manager must closely monitor the management of refrigerator temperatures and ensure that all medicines which require cold storage are stored at the temperatures specified by the manufacturer. A requirement is made.

The good practice of including Schedule 4 (Part 1) controlled drugs in the daily stock reconciliation checks was acknowledged.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of medicines

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

The outcomes of the majority of audit trails, which were performed on a variety of medicines at the inspection, indicated that medicines had been administered in accordance with the prescribers' instructions. A few small discrepancies were noted and discussed with the registered manager, who advised that a running stock balance would be implemented following the inspection and this would be closely monitored. It was agreed that any further discrepancies would be investigated and where necessary, reported to RQIA.

There was evidence that medicines which require administration separately from food or other medicines had been administered at the correct time.

COMPLIANCE LEVEL: 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 **Ms Eleanor Dodson, 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

ABBEYLANDS

14 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 **Ms Eleanor Dodson, 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 the requirement and recommendation 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 REQUIREMENT

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 closely monitor the management of refrigerator temperatures and ensure that all medicines which require cold storage are stored at the temperature specified by the manufacturer. Ref: Section 6.3	One	The Nurse in Charge now audits this on a daily basis and the home manager audits this monthly. Nursing staff have been instructed to read the manufacturers specifications for medications requiring to be stored in the fridge.	15 February 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	38	Two nurses should sign entries in the record of medicines disposed of. Ref: Section 5.0 & 6.2	Two	Weekly audits are in place to ensure that two nurses sign. Nursing staff have been informed of this by the Manager.	15 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Eleanor Dodson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall  DIRECTOR OF OPERATIONS 24/2/2015

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