NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021027**
Establishment ID No:	**1447**
Name of Establishment:	**Rivervale Country**
Date of Inspection:	**2 February 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:	Rivervale Country
Type of home:	Nursing Home
Address:	56a Dunamore Road Cookstown BT80 9NT
Telephone number:	(028) 8675 1787
E mail address:	rivervale.nursinghome@myrainbowmail.com
Registered Organisation/ Registered Provider:	Ms Helena Margaret O'Neill Miss Cecelia Theresa O'Neill
Registered Manager:	Ms Helena Margaret O'Neill
Person in charge of the home at the time of Inspection:	Ms Helena Margaret O'Neill
Categories of care:	Nursing: NH-DE, NH-I, NH-PH, NH-PH(E), NH-MP, NH-MP(E) Residential: RC-DE, RC-I, RC-PH, RC-PH(E), RC-MP, RC-MP(E)
Number of registered places:	20
Number of patients accommodated on day of inspection:	12
Date and time of current medicines management inspection:	2 February 2015 11:00 – 14:30
Names of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	28 May 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 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 recommendation 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.

METHODS/PROCESS

- Discussion with Ms Helena O'Neill, 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 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

Rivervale Country is a nursing home which is situated on Dunamore Road approximately seven miles outside the town of Cookstown.

The nursing home is owned and operated by Ms Helena O'Neill and Ms Cecelia O'Neill. The registered manager is Ms Helena O'Neill who has been in this position for approximately 20 years.

Accommodation for patients/residents is provided single and double bedrooms over two floors. Access to the first floor is via a passenger lift and stairs.

Communal lounges, a dining area and catering and laundry services are provided on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 20 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 under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care (maximum 5 patients)
MP	mental disorder excluding learning disability or dementia under 65 years
MP (E)	mental disorder excluding learning disability or dementia over 65 years

Residential care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care (maximum 1 resident)
MP	mental disorder excluding learning disability or dementia under 65 years
MP (E)	mental disorder excluding learning disability or dementia over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Rivervale Country was undertaken by Judith Taylor, Pharmacist Inspector, on 2 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 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 Helena O'Neill, and with the staff 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 Rivervale Country are moving towards compliance with legislative requirements and best practice guidelines. The outcomes of the inspection found no significant areas of concern; however, areas for improvement were noted. This included audit, record keeping and storage.

The five requirements and 12 recommendations made at the previous medicines management inspection on 28 May 2012 were examined during the inspection. The level of compliance achieved can be observed in the tables following this summary. One requirement and seven recommendations have been assessed as compliant; two requirements and two recommendations have been assessed as substantially compliant; two recommendations have been assessed as moving towards compliance, one requirement and one recommendation have been assessed as not compliant. One requirement could not be examined and is carried forward. One requirement and two recommendations have been restated in the quality improvement Plan (QIP). The benefit of including the completed quality improvement plan from the previous medicines management inspections in the audit process to ensure there are no restated requirements or recommendations was discussed.

There was evidence that the policies and procedures for medicine management had been updated following the previous inspection. Areas for further development were discussed. Detailed standard operating procedures for controlled drugs should be developed and implemented; the recommendation is restated.

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 a system in place to audit medicines management; however, due to the findings of the inspection, as detailed below, this must be reviewed. The majority of audit trails which were performed on a variety of randomly selected medicines produced satisfactory outcomes, indicating that these medicines had been administered as prescribed. However, discrepancies were observed in a number of liquid medicines and some external preparations and these were brought to the registered manager's attention at the inspection. A robust audit process which covers all aspects of medicines management and is effective in identifying areas for improvement must be developed and implemented. The previous recommendation has been subsumed into a requirement.

The records of the receipt and disposal of medicines and controlled drugs had been generally well maintained. However, improvements are needed in the standard of record of keeping of personal medication records. This issue has been raised before and the requirement is restated. It is imperative that these records are kept up to date at all times, as they may be used as a reference source by other health care professionals. Improvements are also needed in the completion of the administration records. For one patient there was no evidence of the administration of one nutritional supplement. The registered manager assured that this medicine was being administered; however, a separate administration sheet had not been put in place for this patient, as is the usual practice. A record of all administered medicines must be maintained. She confirmed that this would be implemented immediately after the inspection. In accordance with safe practice, two staff should sign to verify the accuracy of handwritten updates on medication administration records; the recommendation has been restated.

The use of anxiolytic/antipsychotic medicines which are prescribed on a 'when required' basis for distressed reactions was examined for one patient. A care plan was not in place and the reason for and the effect of the administration had not been recorded. This should be reviewed to ensure that these records are maintained. A recommendation is made.

Whilst it was acknowledged that a fluid intake chart had been maintained to record the administration of medicines, enteral feeds and flushes of water through the nasogastric tube, the total fluid balance recorded did not tally with the number recorded by staff; they had recorded the total daily volume specified on the feeding regimen. This was discussed with the registered manager who started to address this during the inspection. Staff are reminded that all medicine records must be accurately maintained.

Medicines are stored safely and securely. However, the storage arrangements must be reviewed with regard to cold storage and lidocaine plasters. Examination of the records of the medicine refrigerator temperatures indicated there were several occasions when the temperature had deviated outside the accepted range of 2^{o}C to 8^{o}C in September 2014, December 2014 and January 2015. There was no evidence that this had been recognised as inappropriate and required corrective action. Insulin is stored in the medicine refrigerator and minimum temperatures must be maintained above 2^{o}C. A requirement has been made. Lidocaine plasters are prescribed for a small number of patients; the sachets containing the plasters must be sealed immediately after a plaster is removed to ensure optimum efficacy of the plaster. It was noted that these sachets had not been resealed and were subject to potential moisture loss. The storage of lidocaine plasters should be reviewed. A recommendation has been made.

The inspection attracted a total of four requirements and four recommendations. The requirements and recommendations 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 28 May 2012:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must review and revise personal medication records to ensure they are appropriately maintained in accordance with DHSSPS guidance. **Stated once**	The sample of personal medication records which was examined indicated that several of these were not accurate, even though the entry had been verified by a second member of staff. Each of these was highlighted at the inspection. The date of writing was not recorded and the patient's allergy status was not always recorded. **This requirement has been restated**	**Not compliant**
2	13(4)	The registered manager must ensure that a record is kept of all medicines administered in the home. **Stated once**	The majority of records pertaining to the administration of medicines had been maintained in the required manner. Some omissions were discussed.	**Substantially compliant**
3	13(4)	The registered manager must ensure that details of the receipt, administration and disposal of Schedule 2 controlled drugs are recorded in the home's controlled drugs register. **Stated once**	Examination of the controlled drug register indicated that satisfactory records regarding Schedule 2 controlled drugs had been maintained.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that spacer devices for delivering inhaled medicines are cleaned and stored appropriately. **Stated once**	There were no spacer devices in current use at the time of the inspection. **This requirement has been carried forward for examination at the next medicines management inspection**	**Not examined**
5	13(4)	The registered manager must review and revise the management of thickening agents for Patient A, to ensure that they are being administered in accordance with the Speech and Language Therapist's instructions. **Stated once**	The registered manager confirmed that this had been addressed for this patient after the previous inspection. Examination of the use of thickening agents for two patients indicated that administration records and speech and language therapists report correlated in relation to the prescribed consistency of thickened fluid; however, the thickening agent had not been recorded on either patient's personal medication record. All prescribed medicines must be recorded on the personal medication record and this was further discussed in relation to the maintenance of these records.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should review and revise the home's written policies and procedures for medicines to ensure they are current and cover each of the activities associated with the management of medicines. **Stated once**	There was evidence that the medicines management policies and procedures had been updated following the previous inspection and included policies on oxygen, rectal diazepam and administration of medicines via nasogastric tubes; however, some areas for further development were discussed and it was agreed these would be actioned at the earliest opportunity.	**Substantially compliant**
2	37	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. **Stated once**	Specific standard operating procedures for controlled drugs had not been developed. However, within the main medicine policy there was evidence of brief details regarding the controlled drug record book, administration and disposal. This was discussed with reference to the legislation and the procedures should be detailed and also include the safe storage, ordering and management of errors/incidents for controlled drugs. It was noted that one Schedule 4 controlled drug had not been denatured prior to disposal. A copy of the RQIA guidance on Standard Operating Procedures for the management of controlled drugs and the RQIA guidance on the Disposal of Medicines was left with the registered manager at the inspection. **This recommendation has been restated**	**Moving towards compliance**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	37	The registered manager should ensure that all patient identifiable information is removed from obsolete medicines before they are placed in the medicines disposal bin. **Stated once**	The registered manager confirmed that all medicine labels are removed from stock before disposal.	**Compliant**
4	37	The registered manager should review and revise the home's auditing procedures to ensure they are robust and comprehensive. **Stated once**	The outcomes of the inspection indicate that a robust audit process is not in place and the current process has not been effective in identifying areas for improvement. Discrepancies were observed in several of the audit trails performed on liquid medicines and areas for improvement in record keeping and storage were also identified and discussed with the registered manager. **This recommendation has been subsumed into a requirement**	**Moving towards compliance**
5	38	The registered manager should ensure that handwritten entries on medication administration records are verified and signed by two designated members of staff. **Stated once**	Examination of the handwritten entries on medication administration records indicated that two members of staff are not routinely involved in the transcribing of medicine updates. **This recommendation has been restated**	**Not compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	38	The registered manager should ensure that records of medicines disposed of are signed by the two members of staff who witness the medicines being placed in the medicines disposal bin. **Stated once**	Examination of the disposal of medicines record indicated that two registered nurses are involved in the disposal of medicines.	**Compliant**
7	39	The registered manager should ensure that medicines prescribed for internal use are stored separately from medicines prescribed for external use. **Stated once**	Medicines prescribed for external use are stored in a separate cupboard from medicines which are prescribed for internal use.	**Compliant**
8	39	The registered manager should ensure that a risk assessment is carried out when medicines are stored in patients' rooms and/or on the tea trolley. **Stated once**	The registered manager advised that this had been revised. Currently any medicines which are stored in patient's bedrooms are now stored in locked cupboards. She advised there are no medicines stored on the tea trolley.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
9	39	The registered manager should ensure that storage arrangements for oxygen cylinders are reviewed and revised. **Stated once**	Oxygen cylinders are chained to the wall in the treatment room and signage is in place. The tubing and nasal cannula were covered. Although a policy regarding oxygen had been developed this did not include reference to the use of cannula and it was agreed that this policy would be further developed.	**Substantially compliant**
10	37	The registered manager should ensure that quality control checks are performed on blood glucometers on a regular basis. **Stated once**	Blood glucometers are checked with control solutions each week to ensure they are in good working order. The date of opening of the control solutions is recorded and the current supply was in date.	**Compliant**
11	37	The registered manager should ensure that details of the administration of medicines through nasogastric tubes are included in patients' care plans where appropriate. **Stated once**	One patient's care plan was examined and this included reference to the nasogastric tube and the administration of medicines. This is supported by the personal medication record which states the route as nasogastric tube.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
12	37	The registered manager should review and revise individual patient protocols for the administration of rectal diazepam to ensure they are comprehensive. **Stated once**	A policy for the administration of rectal diazepam has been developed and is also specified in the patient's care plan. This includes details of the dose, when to administer the diazepam and procedures to follow if there is no effect from the diazepam.	**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 **Ms Helena O'Neill**, **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

RIVERVALE COUNTRY
2 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 **Ms Helena O'Neill, 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 review and revise personal medication records to ensure they are appropriately maintained in accordance with DHSSPS guidance. **Ref: Sections 4.0 & 5.0**	Two	All personal medication records have been revised in accordance with DHSSPS guidance.	4 March 2015
2	13(4)	The registered manager must ensure that spacer devices for delivering inhaled medicines are cleaned and stored appropriately. **Ref: Section 5.0 (carried forward)**	One	A policy has been devised to ensure that when a spacer device has been used, it will be cleaned and stored as per manufacturers instructions	Ongoing
3	13(4)	The registered manager must develop and implement a robust auditing process which covers all aspects of medicines management. **Ref: Sections 4.0 & 5.0**	One	A robust auditing system has been put in placeas recommended by RQIA. Staff have been retrained on auditing.	4 March 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must put robust arrangements in place for the cold storage of medicines. **Ref: Section 4.0**	One	A robust system has been put in place to ensure that the cold storage is correct. Staff have been retrained.	4 March 2015

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote 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 ensure that written Standard Operating Procedures are available for the management of controlled drugs. **Ref: Sections 4.0 & 5.0**	Two	The written standards for operating procedures on the management of controlled drugs has been developed in accordance with RQIA guidelines.	4 March 2015
2	38	The registered manager should ensure that handwritten entries on medication administration records are verified and signed by two designated members of staff. **Ref: Sections 4.0 & 5.0**	Two	Hand written entries on medication records are verified and signed by two members of staff. Staff have been retrained.	4 March 2015
3	37,38	The registered manager should review and revise the management of medicines for anxiolytic/antipsychotic medicines which are prescribed on a 'when required' basis, to ensure the relevant records are maintained. **Ref: Section 4.0**	One	The policy and management on anxxiolytic/antipsychotic medicines which are prescribed on a" when required basis" has been reviewed to ensure relevant records are maintained	4 March 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PER	TIMESCALE
4	39	The registered manager should make the necessary arrangements to ensure that lidocaine plasters are stored in accordance with the manufacturer's instructions. **Ref: Section 4.0**	One	Staff have been trained and instructed to check medicines on an ongoing basis to ensure storage is in full compliance with manufacturer's instructions.	4 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 and return to pharmacists@rqia.org.uk:

NAME OF REGISTERED MANAGER COMPLETING QIP	Helena O'Neill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Helena O'Neill

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	19/3/15
B.	Further information requested from provider				