NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18397**
Establishment ID No:	**1464**
Name of Establishment:	**Avila**
Date of Inspection:	**10 June 2014**
Inspector's Name:	**Paul Nixon**

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:	Avila
Type of home:	Nursing Home
Address:	32 Convent Hill Bessbrook Newry BT35 7AW
Telephone number:	(028) 3083 8969
E mail address:	avila@kilmoreycare.com
Registered Organisation/ Registered Provider:	Kilmorey Care Ltd Mrs Peggy O'Neill
Registered Manager:	Mrs Maria Lucille Holt
Person in charge of the home at the time of Inspection:	Mrs Maria Lucille Holt
Categories of care:	NH-I, NH-LD, NH-LD(E), NH-PH, NH-PH(E)
Number of registered places:	39
Number of patients accommodated on day of inspection:	37
Date and time of current medicines management inspection:	10 June 2014 10:00 – 14:00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	15 June 2011 Unannounced Medicines Management inspection

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with the registered manager, Mrs Lucille Holt and the 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

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

HOW RQIA EVALUATES SERVICES

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

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Avila Private Nursing Home was initially registered on 1 November 1989 and provides care for a maximum of 39 patients. The home also provides respite care.

The facility is located on the outskirts of Bessbrook and comprises of 10 single bedrooms, 13 double bedrooms, three sitting rooms, a chapel, conservatory, dining room, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

The gardens and grounds are satisfactory and adequate car parking facilities are available.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Avila was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 10 June 2014 between 10:00 and 14:00. This summary reports the position in the home at the time of the inspection.

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

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

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

This inspection indicated that the arrangements for the management of medicines in Avila are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted. The registered manager and staff are commended for their efforts.

The three requirements and three recommendations which were made at the previous medicines management inspection, on 15 June 2011, were examined during the inspection. Each of the three requirements and three recommendations are assessed as compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the robust arrangements for staff medicines management training and competency assessments, the additional monitoring arrangements for diazepam preparations, the additional administration records in place for warfarin and injections, the recording of the dates of opening of medicine containers and the maintenance of running stock balances for solid dose medicines not dispensed in the monitored dosage system blister packs.

There is a programme of staff training in the home. There are annual medicines management competency assessments for staff members who manage medicines.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had been administered in accordance with the prescribers' instructions.

There are robust arrangements in place for the management of controlled drugs.

Medicine records had been maintained in a satisfactory manner.

Medicines awaiting disposal must be securely stored.

In-use insulin pens should be stored in accordance with the manufacturers' recommendations. The date of opening should be recorded on each insulin pen.

The recording system in place for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions should include detailed care plans.

The inspection attracted a total of one requirement and three recommendations. The requirement 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 15 June 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The registered manager must ensure that robust systems are in place to audit the management of medicines. **Stated once**	Robust arrangements are in place to audit the management of medicines. In particular, the administrations of medicines not contained in the monitored dosage system blister packs are closely monitored. The community pharmacist conducts a medicines audit every few months and supplies the home with a written report and action plan.	Compliant
2	Reg. 13(4)	The registered manager must closely monitor the administrations of warfarin, in order to ensure compliance with the prescribers' instructions. **Stated once**	The arrangements for the management of warfarin were observed to be satisfactory.	Compliant
3	Reg. 13(4)	The registered manager must ensure both that the temperature of the medicines refrigerator is being appropriately managed and that the temperature range is being monitored and recorded on a daily basis. **Stated once**	The temperature of the medicines refrigerator was observed to be appropriately managed. The temperature range is monitored and recorded on a daily basis.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	In order to facilitate audit activity, the date of opening of a medicine container should be routinely recorded. **Stated twice**	This practice was observed.	Compliant
2	40	The prescribers should be requested to review the dosage directions for those medicines that are prescribed for regular administration but which are not being administered in this manner. **Stated twice**	The registered manager and registered nurses confirmed that prescribers are requested to review the dosage directions for those medicines that are prescribed for regular administration but which are not being administered in this manner.	Compliant
3	37	Running stock balances should be maintained for warfarin preparations. **Stated once**	This practice was observed.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Satisfactory arrangements were observed for the management of medicines. Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the robust arrangements for staff medicines management training and competency assessments, the additional monitoring arrangements for diazepam preparations, the additional records in place for the recording of warfarin and injections, the routine recording of the dates of opening of medicine containers and the maintenance of running stock balances for solid dose medicines not dispensed in the monitored dosage system blister packs. A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are being administered to patients in accordance with the prescribers' instructions. The registered manager and registered nurses advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for two recently admitted patients. The process for obtaining prescriptions was reviewed. The registered manager and registered nurses advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing. The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection. There are Standard Operating Procedures for the management of controlled drugs.	Compliant
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There is a programme of staff medicines management training in the home. The registered manager confirmed that staff who manage medicines are trained and competent. A record of the medicines management training and development activities completed by the staff is maintained. A sample of the staff competency assessments was examined and was observed to have been appropriately completed.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are medicines management competency assessments for staff members who manage medicines. Competencies are updated annually.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacy for disposal. The registered manager confirmed that the community pharmacist possesses a waste management licence.	Compliant
Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. The pharmacist conducts a medicines management audit every few months and provides the home with a written report and action plan. The recording of the dates of opening on medicine containers, carried forward quantities at the start of each 28 day medicine cycle and running stock balances for solid dose medicines not contained in the monitored dosage system blister packs all facilitate audit activity.	Compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicine records were observed to have been constructed and completed in a manner that facilitates audit activity. Staff are commended for their efforts.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A randomly selected sample of the above medicine records was assessed. These records had been maintained in a satisfactory manner. The personal medication records examined contained the required information and the entries had been signed by two registered nurses. The medicine administration record sheets examined were fully and accurately completed. The record of receipt of medicines contained the necessary information. The record of disposal of medicines was at the community pharmacy for signing and could not, therefore, be examined.	Compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. With the exception of medicines awaiting disposal, medicines were observed to be stored securely. Medicines awaiting disposal were observed to be sitting unattended in a store room, located off the treatment room. Staff not designated to manage medicines were observed to have access to this store room. The registered provider must ensure that medicines awaiting disposal are securely stored. A requirement is stated. The temperature range of the medicines refrigerator is monitored and recorded each day. Temperatures had been maintained within the recommended ranges. In-use insulin pens were observed to be stored in the medicines refrigerator. Once used for the first time, insulin pens should not be stored in the fridge; instead, they should be stored at controlled room temperature. The registered provider should ensure that in-use insulin pens are stored in accordance with the manufacturers' recommendations. A recommendation is stated. In-use insulin pens did not have the dates of opening recorded. The registered provider should ensure that the date of opening is recorded on each insulin pen. A recommendation is stated.	Substantially compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicine keys were observed to be in the possession of the registered nurses on duty. The controlled drug cabinet key was observed to be carried by the nurse-in-charge of the shift, separately from the other medicine keys.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of diazepam are also reconciled at each handover of responsibility. This good practice is commended.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

The Management of Distressed Reactions

The records in place for the use of 'when required' anxiolytic medicines in the management of distressed reactions were examined for three patients. None of the three patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the medicine administration record sheets. The reasons for administration and outcomes had been recorded in the daily progress notes. The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions includes detailed care plans. A recommendation is stated.

8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Lucy Holt (Registered Manager),** during the inspection, 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:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

AVILA
10 June 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Lucy Holt (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 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 provider must ensure that medicines awaiting disposal are securely stored. **Ref: Criterion 39.1**	One	Medicines awaiting disposal are securely stored in a locked cupboard	10 July 2014

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	39	The registered provider should ensure that in-use insulin pens are stored in accordance with the manufacturers' recommendations. **Ref: Criterion 39.1**	One	In use Insulin pens are stored in the medicine trolleys, in accordance with the manufacturers recommendations	10 July 2014
2	39	The registered provider should ensure that the date of opening is recorded on each insulin pen. **Ref: Criterion 39.1**	One	The date of opening is recorded on each Insulin pen.	10 July 2014
3	38	The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' medicines for the treatment of distressed reactions includes detailed care plans. **Ref: Section 7.0**	One	Detailed care plans have been formulated for those patients who are prescribed "when required" medicines for the treatment of distressed reactions.	10 July 2014

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	Lucy Holt
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peggy 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		Paul W. Nixon	30/06/14
B.	Further information requested from provider		X	Paul W. Nixon	30/06/14