



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018463
Establishment ID No: 1479
Name of Establishment: Chestnut Lodge
Date of Inspection: 24 February 2015
Inspector's Name: Cathy Wilkinson

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:	Chestnut Lodge
Type of home:	Nursing Home
Address:	47 Carrickaness Road Benburb Dungannon BT71 7NH
Telephone number:	028 3754 8706
E mail address:	chestnut.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mrs Maureen Claire Royston
Registered Manager:	Mr Paul Gildernew
Person in charge of the home at the time of Inspection:	Mr Paul Gildernew
Categories of care:	RC-MP(E), NH-PH, RC-I, RC-MP, NH-I, NH-DE
Number of registered places:	38
Number of patients accommodated on day of inspection:	31
Date and time of current medicines management inspection:	24 February 2015 10:30 – 12:45
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	23 November 2011 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 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 Mr Paul Gildernew, 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

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

Chestnut Lodge is located approximately two miles from Benburb in its own landscaped grounds.

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

Nursing Care

I - old age not falling into any other category
DE - dementia

Residential Care

RC - I - Old age not falling into any other category.

MP - care for one resident in the mental health category of care excluding learning disability (under the age of 65).

MP (E) - Mental disorder excluding learning disability or dementia (over the age of 65).

Chestnut Lodge is also registered to provide day care for two service users.

The home comprises 30 single bedrooms, five double bedrooms, three sitting rooms, dining room, kitchen, laundry, bathroom, shower and toilet facilities, staff accommodation and offices.

Adequate car parking facilities are provided at the front of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Chestnut Lodge was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 24 February 2015 between 10:30 and 12:45. 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, Mr Paul Gildernew and with 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 Chestnut Lodge are substantially compliant with legislative requirements and best practice guidelines. No significant areas of concern were noted during the inspection, although some areas where improvements in the management of medicines are necessary were identified and highlighted during the inspection.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with the care inspector.

The six requirements and one recommendation made at the previous medicines management inspection on 23 November 2011 were examined during the inspection. Five of the requirements and the recommendation were assessed as compliant. The other requirement was assessed as substantially compliant. The inspector's validation of compliance is included in Section 5.0 below.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines.

Areas of good practice were observed and highlighted, including fully and accurately maintained personal medication records and medicine administration records, satisfactory audit outcomes, robust arrangements for highlighting when the next dose of weekly/monthly medicines is due, and a robust system for stock control.

There is a programme of staff training for medicines management.

A wide range of audits was performed on randomly selected medicines. The outcomes of these audits indicated that generally satisfactory correlation existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies that were noted during the inspection were discussed with the manager.

The management of medicines that are prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that all of the relevant records are maintained.

Personal medication records and medicine administration records (MARs) had been maintained in a satisfactory manner and the management and staff are commended for their efforts. The registered manager should monitor the completion of the record of medicines disposed of to ensure that it is signed by two nurses on each occasion.

Storage was observed to be tidy and organised and records showed that the refrigerator temperature is maintained within the required range of 2°C to 8°C.

The inspection attracted a total of two recommendations which 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 23 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must closely monitor the administration of:</p> <ul style="list-style-type: none"> • Liquid form medicines, inhaled medicines and eye preparations • Medicines which are prescribed at a variable dosage (eg 10ml/15ml daily, or 1 or 2 daily) • Medicines which are prescribed at multiple daily dosage <p>Stated once</p>	<p>A routine audit programme is in place and medicines audited during this inspection showed generally satisfactory outcomes. Some further monitoring of inhaled medicines is necessary.</p>	<p>Substantially compliant</p>
2	13(4)	<p>The necessary improvements must be made in the standard of maintenance of the personal medication records and medicine administration records.</p> <p>Stated once</p>	<p>The sample of these records that was examined during this inspection had been fully and accurately maintained.</p>	<p>Compliant</p>
3	13(4)	<p>The maintenance of aerochambers and systems in place for washing and drying medicine cups must be reviewed to meet infection control standards.</p> <p>Stated once</p>	<p>These processes have been reviewed and are now satisfactory.</p>	<p>Compliant</p>

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	<p>The management of insulin pens must be reviewed to ensure that:</p> <ul style="list-style-type: none"> • All pens are individually labelled • In-use pens are stored at room temperature • The date of opening is recorded on the in-use insulin pens to facilitate audit and disposal at expiry. <p>Stated once</p>	<p>On the day of the inspection pens were individually labelled and marked with the date of opening. In use pens were stored at room temperature.</p>	Compliant
5	13(4)	<p>Nurses must receive training on the use of the refrigerator thermometer and administration of inhaled medicines.</p> <p>A competency assessment must be completed with each nurse.</p> <p>Stated once</p>	<p>This training had been completed. Competency assessments which cover all aspects of the management of medicines are completed annually.</p>	Compliant
6	13(4)	<p>The acting manager must ensure that non-prescribed medicines are administered in accordance with the home's policy and procedures.</p> <p>Stated once</p>	<p>The administration of non-prescribed medicines was noted to be satisfactory.</p>	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	<p>The management of warfarin should be reviewed to ensure that:</p> <ul style="list-style-type: none"> • The original dosage directions are retained on the medicines file • A daily running stock balance is maintained. <p>Stated once</p>	This recommendation has been implemented.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES
Medicines are handled safely and securely.

Criterion Assessed:	COMPLIANCE LEVEL
<p>37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.</p>	
Inspection Findings:	
<p>Satisfactory arrangements were observed to be in place for most areas of the management of medicines</p> <p>The outcomes of the audits which were performed on a range of randomly selected medicines indicated that generally satisfactory correlation existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies were noted in several inhaled medicines and further monitoring of these medicines was advised.</p> <p>The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home.</p> <p>Prescriptions are ordered by the home and a copy is retained for reference.</p> <p>The management of warfarin was reviewed for two patients. Written confirmation of the regime is held on file. A daily running stock balance is maintained. Audits produced satisfactory outcomes.</p> <p>The management of medicines that are prescribed on a 'when required' basis for the management of distressed reactions was reviewed. The use of these medicines has been discussed with the patients' next of kin and evidence of these discussions and the rationale for use are included in the patients' care plans and was provided for inspection. The administration of these medicines is recorded on the patients' medication administration records, however the reason for administration and the outcome had not been documented. This was discussed with the registered manager and staff during the inspection. The registered manager should review the management of these medicines. A recommendation has been made.</p>	<p align="center">Substantially compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

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<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. They were not examined during this inspection.</p>	<p>Not examined</p>
<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Update training on the management of medicines is provided regularly for all nursing staff. Competency assessments are also completed regularly. Records were available for inspection.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there is annual staff appraisal and that nurses have regular supervision.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

Inspection No: IN018463

<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. One medication related incident has been reported since April 2014. It was managed appropriately.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Discontinued or expired medicines are returned to a waste management company.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

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<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Audits are completed regularly and records were available for inspection. The date of opening had been recorded on medicines which facilitates the audit process</p> <p>The community pharmacist completes quarterly audits.</p>	<p>Compliant</p>
<p>INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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:	
Medicine records had been completed in such a manner as to ensure that there is a clear audit trail.	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records and medication administration records which were reviewed at this inspection had been maintained in a generally satisfactory manner.</p> <p>The records of medicines received into the home were observed to be maintained in a generally satisfactory manner.</p> <p>The records of disposal of waste medicines were examined. The registered manager was reminded that these records should be signed by the nurse disposing of the medicines and the second nurse who witnesses the disposal. A recommendation has been made.</p>	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Inspection No: IN018463

<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Observation of the controlled drug record books indicated that records had been maintained in a satisfactory manner.</p>	<p>Compliant</p>

<p>INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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:	
<p>Storage was observed to be tidy and organised. There was sufficient storage space in the medicine trolleys and medicine cupboards.</p> <p>The temperature of the medicines refrigerators is monitored and recorded daily and had been maintained within the required range of 2°C to 8°C.</p> <p>In use insulin pens had been labelled with the patient's name and the date of opening had been recorded.</p> <p>Signage to advise of the appropriate method of washing the medicine cups was observed.</p> <p>Oxygen cylinders were securely chained to the wall.</p>	<p align="center">Compliant</p>

STANDARD 39 - MEDICINES STORAGE

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<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The key to the controlled drugs cabinets, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys by the nurse in charge of each unit.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.</p>	<p>Compliant</p>

<p>INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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 **Mr Paul Gildernew, 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:

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



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

**CHESTNUT LODGE
24 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Paul Gildernew, 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.

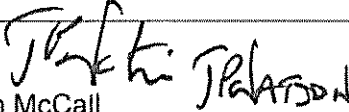
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

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 review the management of medicines prescribed for distressed reactions to ensure that all of the relevant records are maintained. Ref: Criterion 37.1	One	A review has taken place of the management of medications prescribed for distressed reactions. All residents who require prn medication will have a care plan in place specific to their reactions. All nurses have been instructed to document the time, date and reason why a prn medication has been administered.	27 March 2015
2	38	The registered manager should monitor the completion of the record of disposed medicines to ensure that it is signed by two nurses. Ref: Criterion 38.2	One	From the date of inspection the disposal of medications has signed and dated by two nurses at all times.	27 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](mailto:pharmacists@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	PAUL GILDERNEW
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 24/3/15

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	24/3/15
B.	Further information requested from provider				