NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021109**
Establishment ID No:	**1497**
Name of Establishment:	**Sanville**
Date of Inspection:	**7 January 2015**
Inspector's Name:	**Helen Daly**

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:	Sanville
Type of home:	Nursing Home
Address:	17b Annagher Road Coalisland Dungannon BT71 4NE
Telephone number:	(028) 8774 8005
E mail address:	manager@sanvillepnh.co.uk
Registered Organisation/ Registered Provider:	Mr Brendan Gervin Mrs Alice McAleer
Registered Manager:	Mrs Bernadette Mooney
Person in charge of the home at the time of Inspection:	Mrs Bernadette Mooney
Categories of care:	NH-LD, NH-LD(E), NH-MP(E), NH-MP, NH-DE, NH-I, NH-PH, RC-I
Number of registered places:	36
Number of patients accommodated on day of inspection:	36
Date and time of current medicines management inspection:	7 January 2015 11:00am–2:45pm
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	10 July 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 inspection was determine what progress had been made in addressing the requirement and 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 (2008) and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Mrs Bernadette Mooney, Registered Manager, and staff on duty during the inspection
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 Minimum Standards (2008) and to assess progress with the issues raised 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

Sanville is a purpose built facility situated in its own grounds on the outskirts of Coalisland village in Dungannon, County Tyrone.

The home is owned and operated by Mr Brendan Gervin and Mrs Alice McAleer. The registered manager is Mrs Bernadette Mooney, who has been in post since May 2012.

There are well maintained grounds with a landscaped secure garden.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Sanville was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 7 January 201 5 between 11:00am and 2:45pm. 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 requirement and recommendations had been addressed, 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 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

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.

During the course of the inspection, the inspector met with the Registered Manager, Mrs Bernadette Mooney, and staff on duty.

This inspection indicated that the arrangements for the management of medicines in Sanville are substantially compliant with legislative requirements and best practice guidelines. The outcome of this medicines management inspection found no significant areas of concern regarding the management of medicines; however, some areas for improvement were identified.

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

The requirement and two recommendations which were made at the previous medicines management inspection on 10 July 2012 were examined during the inspection. The requirement and both recommendations were assessed as compliant. The inspector's validation of compliance is detailed in Section 5.0.

Policies and procedures for the management of medicines were available for inspection.

The outcomes of the majority of the audits which were carried out at this inspection were satisfactory indicating that the medicines had been administered as prescribed.

Records had been maintained in a satisfactory manner, the good practice of checking the personal medication records against the medication administration records at the beginning of each monthly cycle is acknowledged. The required consistency level should be recorded on the recording sheets which are used to record the administration of thickening agents.

Storage was observed to be tidy and organised. Oxygen cylinders should be securely chained at all times and dates of opening should be recorded on all medicines; this was discussed for corrective action.

The registered manager should review and revise the management of medicines which are prescribed to be administered when required for the management of distressed reactions as detailed in the report.

The inspection attracted two recommendations which are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 10 July 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The keys to the medicine cupboards must be removed and the medicines cupboards securely locked. **Stated once**	The treatment room and medicines cupboards were observed to be locked when the inspector arrived in the home. The keys were held by one of the registered nurses.	Compliant

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should ensure that written Standard Operating Procedures are available for the management of controlled drugs. **Stated once**	Written Standard Operating Procedures for the management of controlled drugs are now in place.	Compliant
2	38	The registered manager should ensure that medication administration record sheets (MARs) are fully and accurately completed and that two nurses sign and verify each handwritten entry. **Stated once**	The medication administration record sheets (MARs) which were reviewed at this inspection were observed to be fully and accurately completed. Two nurses had signed and verified each handwritten entry.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

This inspection evidenced that the management of medicines is substantially compliant with legislative requirements and best practice guidelines. The registered manager and staff are commended for their ongoing efforts.

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

Training on the management of medicines for registered nurses is provided annually by an external training company; the most recent training had been provided in July 2013. In addition training is provided by the community pharmacist on request; the content of this training is determined by the outcomes of the home's audit. Training on the use of inhaled medicines and eye preparations is planned for January 2015. Registered nurses have also received training on infection control, Parkinson's disease, multiple sclerosis, diabetes awareness and the administration of medicines via the enteral route within the last year.

The registered manager confirmed that there is annual competency assessment and appraisal for all registered nurses. Supervisions are completed twice each year or more frequently if a need is identified. The registered manager advised that records of all training, competency assessments, supervisions and appraisals are maintained; these were not reviewed during the inspection as the key to the personnel files was not available in the home; the registered manager had come into the home on her day off.

The registered manager confirmed that care staff had received training on the administration of emollient preparations and thickening agents within the last year.

The registered nurse advised that written confirmation of current medication regimens is obtained for all new admissions to the home.

The registered nurse advised that prescriptions are received into the home, checked and photocopied before being forwarded to the community pharmacy for dispensing. A copy of the most recent prescription is held on the medicines file. All medicines were available for administration as prescribed on the day of the inspection.

Discontinued or expired medicines are placed into special waste bins which are collected by a waste management company. Two nurses sign the records for the disposal of medicines. The registered manager confirmed that controlled drugs in Schedule 2, Schedule 3 and Schedule 4 (Part 1) are denatured in the home prior to their disposal.

Audits on the management and administration of medicines are completed at least monthly. Any discrepancies are discussed with the registered nurses for corrective action. Copies of these audits and resultant action plans were available for inspection. The personal medication records are checked against the prescriptions each month to ensure accuracy. Daily running stock balances are maintained for some medicines which are not contained within the blister pack system. A review of these balances indicated that they had been accurately maintained.

The management of warfarin was reviewed for one patient and found to be satisfactory. Dosage directions are received in writing and stock levels are counted after each administration.

The management of medicines prescribed for Parkinsons's disease were reviewed and found to be satisfactory. The registered nurses confirmed that these medicines are administered at the times specified by the prescriber.

The registered manager advised that five patients are currently prescribed thickening agents. The management of thickening agents was reviewed for two of these patients. The thickening agents had been recorded on the personal medication records and medication administration records. Records of administration by care staff are maintained on separate recording sheets. It is recommended that the required consistency level is recorded on these sheets.

Three patients are prescribed medicines which can be administered 'when required' for the management of distressed reactions. The directions for use were clearly recorded on the personal medication records and medication administration records. Detailed care plans for the use of these medicines are not in place and the reason for and outcome of each administration are not recorded on all occasions. It is recommended that the management of medicines which are prescribed to be administered when required for the management of distressed reactions should be reviewed and revised to ensure that:

- detailed care plans are in place
- the reason for and outcome of each administration are recorded on all occasions

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

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

Samples of the following records were examined:

Personal medication record
Medicines administered
Records of medicines received
Records of medicines disposed of
Controlled drug records

Personal medication record (PMRs)

The PMRs had been maintained in a satisfactory manner. Two registered nurses had signed the PMRs at the time of writing and at each update.

Medication administration records (MARs)

The MARs had been maintained in a mostly satisfactory manner. They are checked for correlation with the PMRs each month and records of this activity are maintained. Hand-written entries on the MARs are now verified and signed by two registered nurses.

Records of medicines received into the home

The sample of records reviewed indicated that records of medicines which are received into the home had been maintained in a satisfactory manner.

Records of medicines disposed of

The records of medicines disposed of had been maintained in a satisfactory manner. Two registered nurses are involved in the disposal of medicines and both sign the records of disposal.

Controlled drug book

The sample of records which was reviewed had been maintained in a satisfactory manner.

COMPLIANCE LEVEL: Compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Storage was observed to be tidy and organised.

The maximum, minimum and current refrigerator temperatures are monitored and recorded each day. There is evidence that the thermometer is being reset each day and that corrective action is taken if readings outside the accepted range ($2^{o}C$ – $8^{o}C$) are observed.

The room temperature is also recorded each day; satisfactory recordings below 25 ^{o}C were observed.

A number of oxygen cylinders are available in the home. Appropriate signage was in place but the cylinders were not securely chained to a wall. Oxygen cylinders must be securely chained to a wall in order to prevent them falling over and causing an injury. This was addressed during the inspection.

The date of opening had not been recorded on a number of containers including Movicol sachets, insulin and control solutions. The registered manager advised that all registered nurses are aware of the need to record dates of opening and that this would be discussed for corrective action.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

The majority of medicines are supplied in a blister pack system. The audits which were carried out on these medicines produced satisfactory outcomes.

Running stock counts are maintained for medicines (including inhalers) which are not contained in the blister pack system. A review of these counts indicated that they had been accurately maintained. Two minor discrepancies in the administration of inhaled medicines were observed; the registered manager advised that they would be closely monitored.

As stated in Section 6.3 the date of opening had not been recorded on supplies of Movicol sachets and hence audits could not be completed on these medicines.

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 **Mrs Bernadette Mooney, Registered Manager,** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Helen Daly
Pharmacist Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

SANVILLE

7 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 specific actions set out in the Quality Improvement Plan were discussed with **Mrs Bernadette Mooney, Registered Manager,** during the inspection. The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all 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	38	The registered manager should ensure that the required consistency level is recorded on the administration recording sheets which are used for thickening agents. **Ref: Section 6.1**	One	COMMUNICATED TO ALL STAFF AND RECORDED IN EACH INDIVIDUAL THICKEN FLUID RECORD CHART	7 February 2015
2	37	The registered manager should review and revise the management of medicines which are prescribed to be administered when required for the management of distressed reactions to ensure that: • detailed care plans are in place • the reason for and outcome of each administration are recorded on all occasions **Ref: Section 6.1**	One	COMMUNICATED TO ALL NURSING STAFF	7 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	B MOONEY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	A MC ALEER

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	18/2/2015
B.	Further information requested from provider				