NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021221**
Establishment ID No:	**1502**
Name of Establishment:	**Valley Nursing Home**
Date of Inspection:	**26 February 2015**
Inspectors' Names:	**Cathy Wilkinson** **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:	Valley Nursing Home
Type of home:	Nursing Home
Address:	8 Tullybroom Road Clogher BT76 0UW
Telephone number:	028 8554 8048
Registered Organisation/ Registered Provider:	Valley Nursing Home (MPS) Ltd Mr Paul Warren-Gray
Registered Manager:	Miss Lorraine Margaret Coote
Person in charge of the home at the time of Inspection:	Ms Louise Hughes (Acting manager)
Categories of care:	NH-MP, NH-MP(E), NH-TI, NH-DE, NH-I, NH-PH, NH-PH(E), RC-I
Number of registered places:	96
Number of patients accommodated on day of inspection:	85
Date and time of current medicines management inspection:	26 February 2015 10:40 – 15:30
Names of inspectors:	Cathy Wilkinson Judith Taylor
Date and type of previous medicines management inspection:	29 July 2013 Unannounced Monitoring

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

RQIA had received information raising concerns about the management of medicines and controlled drugs within Valley Nursing Home. Several medication related incidents regarding the management of Schedule 4 controlled drugs had also been reported by the home. The purpose of this inspection was to ensure that the management of controlled drugs was safe and that the procedures in place were robust. The Quality Improvement Plan from the previous medicines management inspection of 29 July 2013 was also reviewed.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Ms Louise Hughes, Acting 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 inspectors examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

3.0 PROFILE OF SERVICE

Valley Nursing Home is situated in its own private grounds, close to the village of Clogher.

Tullybroom House, a single-storey building adjacent to the nursing home, was registered as part of Valley Nursing Home by RQIA in 2007.

The home can accommodate a maximum of 96 patients and residents.

The bedroom accommodation comprises single bedrooms, some of which are en-suite, and double bedrooms. Day rooms and sitting rooms are available for patients and residents. An activity area and three dining rooms, including a small kitchenette are also available. Bath and shower facilities and toilets are situated throughout the home.

The laundry facilities are located within the grounds of the home.

There are adequate car parking facilities at the front and side of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Valley Nursing Home was undertaken by Cathy Wilkinson and Judith Taylor, RQIA Pharmacist Inspectors, on 26 February 2015 between 10:40 and 15:30. 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 if the processes in place for the management of medicines and controlled drugs were robust, to re-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 inspectors examined the arrangements for the 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 inspectors met with the acting manager of the home, Ms Louise Hughes and with the registered nurses and staff on duty. The inspectors 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 are substantially compliant with legislative requirements and best practice guidelines.

The four requirements and seven recommendations made at the previous medicines management inspection on 29 July 2013 were examined during the inspection. Three of the requirements were found to be compliant and the other was substantially compliant. Five of the seven recommendations were assessed as compliant, one was substantially compliant and the other was not compliant.

The outcome of this inspection showed that improvements have been made since the previous medicines management inspection, however the arrangements in place for the management of controlled drugs require improvement; they must be denatured prior to disposal, and the controlled drugs record book must be fully and accurately maintained. Standard Operating Procedures for the management of controlled drugs must be updated to reflect the current disposal guidance.

An incident whereby a patient was receiving the incorrect dosage of a controlled drug was noted during the inspection. The responsible person must fully investigate this incident and send a written report of the outcome and action taken to RQIA.

The storage of medicines is generally satisfactory, however oxygen cylinders must be chained to a solid wall to prevent them toppling. This was discussed at the previous medicines management inspection and the recommendation made has been restated.

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

The inspectors would like to thank the acting 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 29 July 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that records of the administration of thickening agents are adequately maintained. **Stated twice**	Records of the administration of thickening agents were provided for inspection. They had been appropriately completed.	**Compliant**
2	13(4)	The registered manager must ensure that suitable arrangements are in place for the cold storage of medicines and that all medicines are stored at the correct temperature. **Stated twice**	The temperature of the medicines refrigerators had been monitored and recorded daily. Only the current temperature was being recorded in the Amadeus suite. The acting manager advised that a maximum/minimum thermometer had been ordered and these temperatures would be recorded once this had been received.	**Substantially compliant**
3	13(4)	The registered manager must review the discrepancies noted during the medicines audit and take action where appropriate. The registered manager must continue to closely monitor and audit medicines in the home and any further discrepancies must be reported to RQIA. **Stated once**	This was completed following the last medicines management inspection. Discrepancies have been appropriately reported to RQIA.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must investigate the error noted in the administration of warfarin to Patient 2, in consultation with the prescriber. The findings of the investigation and any action taken must be reported to RQIA, Omagh office. **Stated once**	This was completed following the previous medicines management inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should ensure that records of the administration of warfarin and records of daily stock balances of supplies of warfarin are adequately maintained in accordance with the home's policies and procedures. **Stated twice**	The sample of these records that were reviewed had been fully and accurately maintained.	**Compliant**
2	37	The registered manager should ensure that stock balances of supplies of lactulose liquid are monitored on a daily basis. **Stated twice**	A running stock balance of lactulose is recorded. Some discrepancies were noted, however, the acting manager advised that this would be closely monitored.	**Substantially compliant**
3	37	The registered manager should review and revise the management of dysphagia and thickening agents to address the issues highlighted. **Stated twice**	The management of dysphagia has been reviewed and revised. There were speech and language assessments and care plans in place. One patient's thickening agent had not been recorded on the personal medication record; however this was addressed during the inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	39	The registered manager should risk-assess the storage arrangements for external use in the Tullybroom House Unit. (Recommendation carried forward from the previous inspection on 4 February 2013) **Stated once**	External medicines were observed to be stored in individual plastic bags.	**Compliant**
5	37	The registered manager should review and revise the policies and procedures for the management of medicines for respite patients to ensure they are robust. **Stated once**	The management of medicines for patients in receipt of respite care was reviewed and found to be satisfactory.	**Compliant**
6	39	The registered manager should review and revise the management of sharps boxes. **Stated once**	Sharps boxes were observed to be dated and not overfilled.	**Compliant**
7	39	The registered manager should review and revise the arrangements in place for the storage of oxygen cylinders. **Stated once**	Oxygen cylinders had not been chained to the wall in accordance with the advice contained in Estates and Facilities Alert, Ref: EFA/2010/008, Department of Health, 27 July 2010. **This recommendation is restated**	**Not compliant**

6.0 OTHER AREAS EXAMINED

Management of Controlled Drugs

The systems in place for the management of controlled drugs are not robust.

At the time of the inspection, controlled drugs that were no longer required were being returned to the pharmacist for disposal. In accordance with Safer Management of Controlled Drugs – A Guide to Good Practice in Primary Care (Northern Ireland), "Controlled drugs must be rendered irretrievable prior to onward safe disposal". The responsible individual must review and revise the disposal arrangements for controlled drugs to ensure that all controlled drugs in Schedule 2, 3 and 4 (Part 1) are denatured prior to disposal. The Standard Operating procedures for the management of controlled drugs should also be updated to reflect these changes. A requirement and a recommendation have been made.

Examination of the controlled drugs record books indicated that improvement was required. On occasion, a record of receipt had not been made and on a number of occasions a record of disposal or return to the patient on discharge had not been made. During the inspection, a number of fentanyl patches could not be accounted for. The registered nurse advised that these patches had been returned to the pharmacist. Confirmation that these had been received by the pharmacist was provided later during the inspection. The responsible individual must ensure that all receipts and disposals of controlled drugs are recorded in the controlled drug record book. A requirement has been made.

One patient had been prescribed oxycodone MR tablets. The dosage instructions recorded on the personal medication record were unclear. The directions on the medication label did not match those recorded on the personal medication record or the MARs. The acting manager was asked to confirm the current prescribed dosage with the prescriber. The acting manager advised during a telephone call on 4 March 2015 that the patient's dosage had been reduced by the general practitioner and the patient had been receiving the incorrect dose. It was not clear when this has had occurred. The acting manager was asked to fully investigate this incident and report the outcome, including the learning for registered nurses, to RQIA. A requirement has been made.

The current supply of oxycodone MR in stock was Longtec brand and the administration had been recorded as Oxycontin brand in the controlled drug record book. The acting manager was reminded that the generic name or correct brand name must be recorded in the controlled drugs record book.

The outcome of the examination of the procedures in place for controlled drugs evidenced that improvements are required. Robust systems must be in place to ensure that all controlled drugs are accounted for at each stage of their use within the home. The responsible individual must ensure that all registered nurses have knowledge of their professional accountability with respect to the management of controlled drugs. A requirement has been made.

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with Ms Louise Hughes, Acting 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 MONITORING INSPECTION

VALLEY NURSING HOME
26 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 **Ms Louise Hughes, Acting 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 responsible individual must review and revise the disposal arrangements for controlled drugs to ensure that controlled drugs in Schedule 2, 3 and 4 (Part 1) are denatured prior to disposal. **Ref: Section 6**	One	Denaturing kits are now insitu on each of the units and training has been held by the Pharamist re: the appropriate /proper usuage of same.	30 March 2015
2	13(4)	The responsible individual must ensure that all receipts and disposals of controlled drugs are recorded in the controlled drug record book. **Ref: Section 6**	One	A staff meeting was held with all Staff Nurses to reiterate proper usuage of the CD book and the Pharmacist provided training re: same.	30 March 2015
3	13(4)	The responsible individual must fully investigate the incident regarding the incorrect dosage of oxycodone being administered and report the findings including the learning for registered nurses, to RQIA. **Ref: Section 6**	One	This has been investigated and Form 2 has been sent (Refer to same.) .	30 March 2015

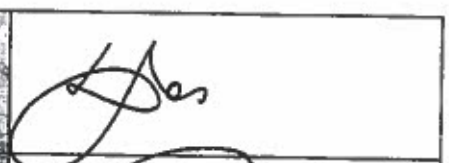
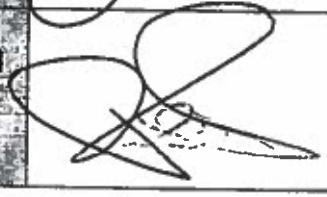
NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The responsible individual must ensure that all registered nurses have knowledge of their professional accountability with respect to the monitoring of controlled drugs. **Ref: Section 6**	One	Medication Management Training has been organised to take place on 09/04/2015.	30 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	39	The registered manager should review and revise the arrangements in place for the storage of oxygen cylinders. **Ref: Sections 4 & 5**	Two	All oxygen cylinders are now all properly secured.	30 March 2015
2	37	The responsible individual should ensure that the Standard Operating Procedures for the management of controlled drugs are updated. **Ref: Section 6**	One	Procedures have been updated accordingly.	30 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			13/4/15
B.	Further information requested from provider				