NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN017441**
Establishment ID No:	**1744**
Name of Establishment:	**Melmount Manor Care Centre**
Date of Inspection:	**17 November 2014**
Inspectors' Names:	**Helen Mulligan** **Judith Taylor**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS
Tel: 028 8224 4828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	Melmount Manor Care Centre
Type of home:	Nursing Home
Address:	1 Orchard Road Strabane BT82 9QR
Telephone number:	(028) 7138 3990
E mail address:	Annie.frobisher@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Mrs Annie Frobisher
Person in charge of the home at the time of Inspection:	Ms Kate McElwee (Sister)
Categories of care:	RC-DE, NH-I, NH-PH, NH-DE
Number of registered places:	81
Number of patients accommodated on day of inspection:	77
Date and time of current medicines management inspection:	17 November 2014 10:35 to 15:40
Name of inspectors:	Helen Mulligan Judith Taylor

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 staff on duty during the inspection and telephone discussion with Mrs Annie Frobisher (registered manager) on 18 November 2014
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.

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):

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 inspectors 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

Melmount Manor Care Centre is situated on the Orchard Road, a short distance from the centre of Strabane, Co. Tyrone.

The nursing home is owned and operated by Larchwood Care Homes (NI) Ltd.

Mrs Annie Frobisher is the registered manager. Mrs Frobisher has been in post since the home was registered under the ownership of Larchwood Care Homes (NI) Ltd. on 3 December 2013.

The home is divided into four units:

- Foyle (general nursing unit) 12 single bedrooms
- Mourne (general nursing unit) 19 single bedrooms
- Dennett (dementia nursing unit) 38 single bedrooms
- Sperrins (dementia residential unit) 12 single bedrooms

The home is registered to provide care for a maximum of 81 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
DE	dementia care to a maximum of 38 patients accommodated within the dementia unit

Residential care

DE	dementia care to a maximum of 12 residents

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Melmount Manor Care Centre was undertaken by Helen Mulligan and Judith Taylor, RQIA Pharmacist Inspectors, on 17 November 2014 between 10:35 and 15:40. This summary reports the position in the home at the time of the inspection. This is the first medicines management inspection of the home since its registration with RQIA under the ownership of Larchwood Care Homes (NI) Ltd. on 3 December 2013.

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 inspectors 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 inspectors met with the registered nurses and care 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.

The inspection indicated that the arrangements for the management of medicines in Melmount Manor Care Centre are substantially compliant with legislative requirements and best practice guidelines. No areas of significant concern with regard to the management of medicines were identified during this inspection, although some areas where improvements are necessary were noted and identified.

Some areas of good practice were noted and highlighted during the inspection. Written policies and procedures for the management of medicines were in place. Medicine records were maintained in such a way as to ensure a clear audit trail. Robust procedures were in place for auditing and monitoring medicines in the home. Records showed that registered nurses have been trained and deemed competent to administer medicines in the home. The majority of medicines were stored safely and securely and a new treatment room has been installed in the Dennett unit. Arrangements for the management of anticoagulant medicines and medicines prescribed on an “as required” basis were robust. The majority of medicine audits undertaken during the inspection produced satisfactory results, indicating medicines are being administered as prescribed.

Improvements are necessary in the management of personal medication records and records of the administration of external medicines and thickening agents by care staff. Records of the administration of bisphosphonate medicines should indicate that they are being administered clear of food and other medicines in accordance with the manufacturers’ instructions.

Some improvements are necessary in the management of inhaled medicines, thickeners and medicines prescribed for external use.

Arrangements for the cold storage of medicines are not robust and should be reviewed.

Arrangements for the disposal of medicines in the Sperrins unit must be reviewed and revised to ensure they comply with legislative requirements.

The inspection attracted a total of four requirements and three recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

The inspectors would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection process.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This is the first medicines management inspection of this home following its registration by the new provider, Larchwood Care Homes (NI) Ltd. on 3 December 2013.

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:	
Arrangements for the management of medicines in this home were generally satisfactory. The admission procedure was reviewed for one resident recently admitted to the Sperrins unit. Written confirmation of the resident's current medication regime had been obtained from the prescriber. Medicine audits were undertaken during the inspection. The majority of these produced satisfactory results, indicating that medicines are being administered as prescribed. Some discrepancies were noted during the audits of inhaled medicines. The registered manager should review and revise the management of these medicines to ensure that they are administered as prescribed and are included in the home's auditing procedures on a regular basis. A recommendation is made. The management of medicines prescribed for external use were reviewed during the inspection. Prescription records and records of their administration were not adequately maintained. Some of these medicines had not been administered as prescribed. There was no evidence that these medicines are included in the home's auditing and monitoring procedures on a regular basis. The management of these medicines must be reviewed and revised. A requirement is made. The arrangements in place for the management of anticoagulant medicines were reviewed and noted to be satisfactory. The arrangements in place for the management of medicines prescribed for Parkinson's disease were reviewed and audited and were noted to be robust. This good practice is commended.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Individual patient protocols were in place for the management of medicines prescribed on an "as required" basis. This is good practice.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines were in place.	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 was evidence that staff receive training on the management of medicines as part of the induction process for new members of staff. Update training is provided on an annual basis. Records of staff training are maintained. The registered manager confirmed that staff in the home have been trained and deemed competent to administer medicines. The registered manager advised that update training for care staff on the management of medicines has not been provided recently. The registered manager confirmed this will be addressed at the earliest opportunity and no further action is required at this time.	Substantially 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:	
Staff competency with respect to the management of medicines is reviewed on an annual basis. Records show staff competency was reviewed in June 2014. Staff on duty confirmed that staff supervision is completed on a quarterly basis.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
No medication errors or incidents have been reported to RQIA. Staff on duty were aware of the correct procedure for reporting errors and incidents to RQIA.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines for disposal in the nursing units are collected by a licensed waste disposal company. Records show that controlled drugs for disposal were denatured by home staff prior to their disposal and collection. Medicines for disposal in the Sperrins unit are currently collected by the community pharmacist. Medicines for disposal in a registered nursing home must be collected by a company licensed to carry waste medicines. Some records of the disposal of medicines were not signed by two designated members of staff. This should be addressed. The management of waste medicines must be reviewed and revised to address these issues. A requirement is made.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
Staff on duty advised that medicines are audited on a monthly basis by the deputy manager. The registered manager confirmed that records of medicine audits are maintained and that any significant discrepancies would be investigated and an action plan developed to address any areas for improvement. Daily monitoring and auditing procedures were in place for controlled drugs, medicines prescribed on an "as required" basis, medicines not dispensed in monitored dosage cassettes and nutritional supplements. This is good practice and facilitated the audit of medicines during the inspection process.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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:	
Medicine records were constructed and completed and filed in such a manner as to ensure that there was a clear audit trail. Stock balances of medicines are carried forward at the beginning of each medicine cycle and medicines not stored in monitored dosage cassettes are dated when opening. This good practice is commended.	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:	
Some discrepancies were noted between prescription details on personal medication records (PMRs) and the corresponding medication administration records (MARs). Some medicines were not recorded on the patients' PMRs and some doses were incorrectly recorded. PMRs must be current and accurately maintained. The registered manager must review all PMRs in the home to ensure they are adequately maintained. A requirement is made. The majority of records of medicines administered were adequately maintained by registered nurses/senior care staff and facilitated the audit process. A small number of incomplete records were noted. Staff were reminded that a record of the administration of all medicines must be maintained. Records of the administration of thickening agents by care staff were not adequately maintained. The registered manager should review the management of these medicine records. A recommendation is made.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Arrangements for the management of bisphosphonate medicines should be reviewed and revised to ensure records show these medicines have been administered clear of food and other medicines, in accordance with the manufacturers' instructions on every occasion. A recommendation is made. Records of medicines ordered and received were adequately maintained. Records of medicines transferred out of the home were adequately maintained. These were signed by the individual receiving them. Records of medicines disposed of were reviewed. Some records were not signed by two designated members of staff. A requirement regarding the safe disposal of medicines is made under Criterion 37.6.	
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:	
The receipt, administration and disposal of Schedule 2 controlled drugs has been recorded in controlled drug record books in the home. Staff in the Sperrins unit were reminded that the recorded balance of controlled drugs should be returned to zero when they are disposed of or transferred out of the home. The date of administration of one controlled drug patch was incorrectly recorded in the Dennett unit. Staff were reminded that records must be accurately maintained.	Substantially compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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:	
The majority of medicines were stored safely and securely. A damp smell was noted by the inspector in the Mourne unit. During the inspection, staff advised that this was due to a problem with the taps and the floor covering. Staff advised this was being addressed by the registered provider. Following the inspection, the RQIA estates inspector was notified of this issue. Staff on duty advised that the medicines refrigerator in the Sperrins unit was not working. A build-up of ice was noted in the refrigerator in the Mourne unit and the maximum and minimum temperatures are not being recorded. Staff were unsure of the correct procedure for re-setting the medicines refrigerator thermometer. Arrangements for the cold storage of medicines must be reviewed and revised. A requirement is made. Arrangements for stock control were appropriate. The temperature of each of the treatment rooms has been monitored on a daily basis and records show these medicine storage areas have been maintained at or below 25°, in accordance with the manufacturers' instructions.	Substantially compliant

STANDARD 39 - MEDICINES 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:	
Key control in this home was appropriate.	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, Schedule 3 controlled drugs subject to safe custody requirements and Schedule 4 controlled drugs have been reconciled on each occasion when responsibility for safe custody is transferred. Records of stock checks have been maintained. Following the recent changes to the controlled drugs legislation, stocks of tramadol are also reconciled at each handover of responsibility. This is good practice.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Anxiolytic and antipsychotic medicines prescribed on an "as required" basis for the management of distressed reactions

Robust procedures were noted to be in place for the management of these medicines. Records were well-maintained and patient care plans were in place. There was no evidence of any excessive or regular administration of these medicines.

Individual pain management protocols were also in place for patients with dementia. This is good practice

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 **Sister Kate McElwee and Mrs Annie Frobisher, 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 Mulligan
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

MELMOUNT MANOR CARE CENTRE
17 NOVEMBER 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 **Sister Kate Mc Elwee**, **Nurse- in-charge**, during the inspection and **Mrs Annie Frobisher, Registered Manager**, after the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must review and revise the management of medicines prescribed for external use. **Ref: Criterion 37.1**	One	A new system of management and paperwork have been put in place to address the issues ensuring external medication and their adminstration is recorded. This has also been added as an item in the monthly audit.	30 days
2	13(4)	The registered manage must review and revise the management and disposal of pharmaceutical waste. **Ref: Criterion 37.6 and 38.2**	One	The system in the nursing home has been implemented in the Residential Unit bringing it into line with the rest of the Home.	30 days
3	13(4)	The registered manager must review and revise the management of personal medication records. **Ref: Criterion 38.2**	One	An addition has been added to the monthly audit which will ensure the auditor checks the Kardex,the MARRS and the Doctors prescription match. Within a week of the inspection each named nurse audited their own patients records.	30 days
4	13(4)	The registered manager must review and revise the arrangements in place for the cold storage of medicines. **Ref: Criterion 39.1**	One	A new fridge has been put in place to ensure minimum and maximum temperatures can be checked and recorded.	30 days

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 and revise the management and monitoring of inhaled medicines**.** **Ref: Criterion 37.1**	One	This item has been added as part of the monthly audit to ensure monitoring takes place on a ensuring regular basis enabling action to be taken if required.	30 days
2	38	The registered manager should review and revise the management of records of the administration of thickening agents by care staff. **Ref: Criterion 38.2**	One	Supervision has taken place to highlight the importance of documenting the use of thickening fluids. The new fluid balance chart has a colum in which to record type/consistancy of fluids.	30 days
3	38	The registered manager should ensure that all records of the administration of bisphosphonate clearly indicate that they have been administered clear of food and other medicines, in accordance with the manufacturers' instructions. **Ref: Criterion 38.2**	One	It is documented on the MARRS sheet the exact time the bisphosphonate is adminitered identifying that they are given 30mins clear of other medication or food.	30 days

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	Annie Frobisher
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		Helen Mulligan	16/12/2014
B.	Further information requested from provider		no		