



## **RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** IN017267  
**Establishment ID No:** 1798  
**Name of Establishment:** Millverne  
**Date of Inspection:** 1 September 2014  
**Inspector's Name:** Helen Mulligan

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
**'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Millverne
<b>Type of home:</b>	Residential care home
<b>Address:</b>	66 Mill Street Enniskillen BT74 6DW
<b>Telephone number:</b>	(028) 6634 6000
<b>E mail address:</b>	julesmccaffrey@aol.com
<b>Registered Organisation/ Registered Provider:</b>	Carewell Homes Ltd Mrs Carol Kelly
<b>Registered Manager:</b>	Mrs Julianne Treacy
<b>Person in charge of the home at the time of inspection:</b>	Mrs Julianne Treacy
<b>Categories of care:</b>	RC-I, RC-DE, RC-MP, RC-MP(E)
<b>Number of registered places:</b>	35
<b>Number of residents accommodated on day of inspection:</b>	31
<b>Date and time of current medicines management inspection:</b>	1 September 2014 9:30 to 12:45
<b>Name of inspector:</b>	Helen Mulligan
<b>Date and type of previous medicines management inspection:</b>	Unannounced 5 September 2011

## 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

### METHODS/PROCESS

Discussion with Mrs Julianne Treacy (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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

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

Standard 32: 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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Millverne is registered to provide care for up to 35 residents. The registered manager of the home is Mrs Julianne Treacy.

The home is situated in its own grounds on Mill Street, a short distance from the centre of Enniskillen. The grounds around the home are landscaped with car parking spaces to the front of the home. There is an enclosed garden at the back of the home for use by the residents in the dementia unit.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Millverne was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 1 September 2014 between 9:30 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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Julianne Treacy and with the staff 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 Millverne are substantially compliant with legislative requirements and best practice guidelines. No significant areas of concern were noted during the inspection, but some improvements in the management of medicines are necessary.

The two recommendations made at the previous medicines management inspection on 5 September 2011 were examined during the inspection. Full compliance with these recommendations was noted. The inspector's validation of compliance is detailed in Section 5.0 below.

Areas of good practice were noted and highlighted during the inspection. Medicines are stored safely and securely. Records show staff have been trained and deemed competent to manage medicines in the home. Written policies and procedures for the management of medicines are in place and these are subject to regular review. Medicine records are well-maintained and facilitated the audit process. Staff in the home audit medicines on a regular basis.

The majority of medicine audits undertaken during the inspection produced satisfactory results. Improvements are necessary in the management of anticoagulant medicines and some liquid medicines. Supplies of nutritional supplements should be audited on a regular basis.

The management of distressed reactions with respect to the use and control of anxiolytic and antipsychotic medicines should be reviewed and revised.

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

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

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 5 September 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Records of the administration of bisphosphonate medicines should indicate that doses have been administered 30 minutes clear of food and other medicines.</p> <p><b>Stated once</b></p>	<p>Records of the administration of bisphosphonate medicines were reviewed during the inspection. These records indicate that doses are administered at least 30 minutes clear of food and other medicines.</p>	<b>Compliant</b>
2	30	<p>The level of audit of analgesic medicines prescribed on an "as required" basis should be increased.</p> <p><b>Stated once</b></p>	<p>Records of completed audits show that analgesic medicines prescribed on an "as required" basis are audited on a regular basis.</p>	<b>Compliant</b>



## SECTION 6.0

### STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  Arrangements for the management of medicines in this home are generally satisfactory.  Written confirmation of current medication regimes is obtained from a health or social care professional when residents are admitted to the home. This was evidenced during the inspection for one resident who was recently admitted to the home.  Orders for medicines are made in writing to the prescriber and prescriptions are collected by home staff and checked against the home's orders and personal medication records before being forwarded to the community pharmacist for dispensing. This is good practice.  A randomly selected sample of medicines was audited during the inspection. The results of these audits were generally satisfactory, indicating that medicines are being administered as prescribed. However, significant discrepancies were noted in a supply of Gaviscon liquid and a supply of ProCal liquid. The registered manager should increase the level of audit of liquid medicines in the home and any further discrepancies must be investigated and reported to RQIA. A recommendation is made. The registered manager should ensure that supplies of nutritional supplements are included in the audit process. A recommendation is made.  The management of anticoagulant medicines (warfarin) was reviewed during the inspection. Written confirmation of current warfarin regimes is obtained from the prescriber. Separate warfarin administration records are maintained and stock balances of supplies of warfarin are monitored and recorded on a daily basis. This is good practice. However, a review of the administration of warfarin tablets to two residents in the home showed that on two occasions, (24 August 2014 and 26 August 2014) the wrong dose of warfarin had been administered.	Substantially compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Following the inspection, the registered manager provided confirmation by e-mail on 2 September 2014 that the prescriber and hospital had been notified of the errors and had advised the registered manager that no further action was necessary. The registered manager must ensure that anticoagulant medicines are administered in accordance with the prescriber's instructions. A requirement is made.</p> <p>The home has a robust system in place for the management of monthly and 3-monthly injections.</p>	
<p><b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Written policies and procedures for the management of medicines are in place. There was evidence that these were reviewed and updated in February 2014.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager provided written evidence that staff have been trained and deemed competent to manage medicines as part of the home's induction process for new staff and as an annual update.</p> <p>Records of the following staff training were noted during the inspection:</p> <ul style="list-style-type: none"> <li>• Challenging behaviour, 1 April 2014</li> <li>• Medicines management, 13 May 2014 and 7 April 2014</li> <li>• Management of dementia, 28 May 2014 and 23 July 2014</li> <li>• Administration of topical medicines, 12 March 2014 and 1 May 2014</li> <li>• Management of dysphagia and thickening agents, 12 March 2014</li> <li>• Management of diabetes, 30 January 2012</li> </ul>	Compliant

**STANDARD 30 - MANAGEMENT OF MEDICINES**

<b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
There was evidence that staff receive update training on medicines management on an annual basis. Competency is also reviewed annually. There was evidence of regular staff appraisal and supervision.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Staff in this home are not required to administer any medicines using specific techniques.</p>	<p>Not applicable</p>
<p><b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Medication errors and incidents are managed appropriately.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Medicines for disposal are returned to the community pharmacist.</p>	<p>Compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.8 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medicines are audited on a twice-weekly basis. Records of completed audits were reviewed during the inspection; no significant discrepancies were noted.	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice.**

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The majority of medicine records were well-maintained and facilitated the audit process.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A sample of each of the above medicine records was reviewed during the inspection. These records were noted to be maintained to a satisfactory standard; this good practice was highlighted and acknowledged during the inspection.	Compliant

## STANDARD 31- MEDICINE RECORDS

<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Samples of records in the controlled drugs record book were reviewed and found to be satisfactory. Quantities of controlled drugs in the home at the time of the inspection correlated with the quantities recorded in the controlled drugs record book.	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

**STANDARD 32 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

**Criterion Assessed:**

32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.

**COMPLIANCE LEVEL**

**Inspection Findings:**

Medicines in this home are stored safely and securely.

The room temperature of medicine storage areas is monitored and recorded on a daily basis; records show the temperature is maintained at or below 25°C, in accordance with manufacturers' instructions.

Maximum and minimum medicine refrigerator temperatures are monitored and recorded on a daily basis and all recorded temperatures were within the recommended range of 2 - 8°C. One supply of ProCal liquid had not been refrigerated after opening. This supply was removed for disposal during the inspection. Staff are reminded that ProCal liquid has a limited life once opened and must be refrigerated.

Appropriate arrangements are in place for checking blood glucometers.

Controlled drugs are stored appropriately.

During the inspection, staff were also reminded that spacer devices and masks used to deliver doses of inhaled medicines should be labelled with the name of the resident and kept covered when not in use, for infection control purposes.

Substantially compliant



## STANDARD 32 - MEDICINES STORAGE

<p><b>Criterion Assessed:</b> 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Key control during the inspection was noted to be satisfactory.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 32.3 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><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Records show that 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. Supplies of diazepam tablets are also reconciled on a daily basis, indicating good practice.</p>	<p>Compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

## **7.0 ADDITIONAL AREAS EXAMINED**

### **Management of distressed reactions**

The use and control of anxiolytic/antipsychotic medicines prescribed on an “as required” basis for the management of distressed reactions was reviewed for two residents in the home. The prescribed medicines were recorded on the residents’ personal medication records and included the parameters for administration. Daily notes of the administration/management of these medicines were maintained; some of these were incomplete. These records should include the reason for administration and the effect observed following administration. The care plans for the management of distressed reactions for these residents were incomplete. These issues should be addressed. A recommendation is made.

## 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 residents 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 residents 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 Julianne Treacy, 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

### RESIDENTIAL CARE HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

**MILLVERNE  
1 SEPTEMBER 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.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Julianne Treacy, Registered Manager**, during the inspection visit.

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 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 Residential Care 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 ensure that anticoagulant medicines are administered in accordance with the prescriber's instructions.  <b>Ref: Criterion 30.1</b>	One	All senior carers have been advised to ensure that anticoagulants are administered in accordance with the prescribers instructions. At this time we no longer have any residents prescribed Warfarin.	30 days

**RECOMMENDATIONS**

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	30	The registered manager should increase the level of audit of liquid medicines and any further discrepancies must be investigated and reported to RQIA  <b>Ref: Criterion 30.1</b>	One	Audits of liquid medicines are being carried out more frequently. Any discrepancies will be investigated and reported to RQIA.	30 days
2	30	The registered manager should ensure that nutritional supplements are included in the home's auditing procedures.  <b>Ref: Criterion 30.1</b>	One	Nutritional supplements are included in the homes auditing procedures.	30 days
3	30	The registered manager should review and revise the arrangements in place for the management of anxiolytic and antipsychotic medicines prescribed on an "as required" basis for the management of distressed reactions.  <b>Ref: Section 7.0</b>	One	All staff administering anxiolytic and antipsychotic medicines prescribed on a PRN basis have been advised to do so within the scope of the resident's care plan. This includes assessing that all other causes of distressed reactions have been ruled out.	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](mailto:pharmacists@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Julianne Treacy
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Carol Kelly

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	21 October 2014
B.	Further information requested from provider		No		