



## **NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** IN18410

**Establishment ID No:** 1080

**Name of Establishment:** Edgewater Lodge  
(Orlock and Seaview Suites)

**Date of Inspection:** 13 October 2014

**Inspector's Name:** Paul Nixon

**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

<b>Name of home:</b>	Edgewater Lodge
<b>Type of home:</b>	Nursing Home
<b>Address:</b>	Orlock and Seaview Suites 4 Sunnydale Avenue Donaghadee BT21 0LE
<b>Telephone number:</b>	(028) 9188 8044
<b>E mail address:</b>	edgewater.lodge.m@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons Health Care / Mr James McCall
<b>Registered Manager:</b>	Mr Tiago Moreiro (Acting Manager)
<b>Person in charge of the home at the time of inspection:</b>	Mr Tiago Moreiro (Acting Manager)
<b>Categories of care:</b>	NH-DE, RC-DE
<b>Number of registered places:</b>	38
<b>Number of patients accommodated on day of inspection:</b>	Orlock Suite 17 Seaview Suite 16
<b>Date and time of current medicines management inspection:</b>	13 October 2014 10:00 – 14:15
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	8 August 2011 Unannounced

## 2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

### METHODS/PROCESS

Discussion with the acting manager, Mr Tiago Moreira and the designated staff managing medicines

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

## HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

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

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

**Table 1: Compliance statements**

<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**

Edgewater Lodge is situated on the outskirts of Donaghadee in a residential area. It is a purpose built facility with all patient accommodation at ground level. The home consists of two suites, each registered separately.

This report refers to the Orlock Suite which is subdivided into two units, Orlock Suite and Seaview Suite.

Orlock Suite provides 21 beds registered to provide nursing care for patients with dementia.

Seaview Suite provides 17 beds registered to provide residential care for residents with dementia.

Mr Tiago Moreira is the acting manager.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Edgewater Lodge (Orlock and Seaview Suites) was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 13 October 2014 between 10:00 and 14:15 hours. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

During the course of the inspection, the inspector met with the acting manager of the home, Mr Tiago Moreira, and the designated staff managing 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.

This inspection indicated that the arrangements for the management of medicines in Edgewater Lodge (Orlock and Seaview Suites) are compliant with legislative requirements and best practice guidelines. The acting manager and staff are commended for their efforts.

The four requirements and four recommendations which were made at the previous medicines management inspection on 8 August 2011 were examined during the inspection. Each of the requirements and recommendations is assessed as compliant.

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

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the robust arrangements for staff medicines management training and competency assessments, the recording of the dates of opening of medicine containers to facilitate audit activity, the double signing of handwritten entries on the personal medication records (PMRs) and medication administration records (MARs), and the additional records in place for the recording of the applications and removals of transdermal opioid patches.

There is a programme of staff training in the home. There are annual medicines management competency assessments for staff members who manage medicines.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines were being administered in accordance with the prescribers' instructions.

Medicine records had been maintained in a satisfactory manner.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions.

No requirements or recommendations resulted from this inspection; therefore a Quality Improvement Plan has not been appended on this occasion.

The inspector 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 8 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The registered manager must implement a robust auditing system in order to closely monitor the administration of all medicines, focusing on those medicines highlighted in the report.  <b>Stated once</b>	There are robust arrangements for monitoring the administration of medicines. Running stock balances are maintained for many of the boxed and bottled medicines and quantities remaining are often carried forward on the MARs. Audits performed on a range of randomly selected medicines generally produced good outcomes.	Compliant
2	Reg. 13(4)	The registered manager is required to submit written reports of the outcomes of the medicines management audit activity, to RQIA, on a monthly basis until further notice.  <b>Stated once</b>	These reports were submitted to RQIA over a period of four months.	Compliant
3	Reg. 13(4)	The medication administration record sheets must be accurately maintained.  <b>Stated once</b>	The MARs were observed to be accurately maintained.	Compliant
4	Reg. 13(4)	The routes of administration of eye-preparation medicines must be specified.  <b>Stated once</b>	This practice was observed.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>An Epilepsy Management Plan should be developed, with the relevant healthcare professionals, for the patient who is prescribed rectal diazepam.</p> <p><b>Stated once</b></p>	This Epilepsy Management Plan was developed.	<b>Compliant</b>
2	38	<p>The identified personal medication record sheets should be re-written</p> <p><b>Stated once</b></p>	All PMRs are reviewed and rewritten as required. Many of the PMRs had been recently rewritten.	<b>Compliant</b>
3	38	<p>Only the current personal medication record sheets should be kept in the medicines record file.</p> <p><b>Stated once</b></p>	This practice was observed.	<b>Compliant</b>
4	39	<p>The controlled drug cabinet should be reserved solely for the storage of controlled drugs.</p> <p><b>Stated once</b></p>	Only controlled drugs were being stored in the two controlled drug cabinets.	<b>Compliant</b>

**SECTION 6.0**

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

<b>Criterion Assessed:</b> 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits generally produced good outcomes, indicating that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Two medicine discrepancies in Seaview Suite were drawn to the attention of the acting manager who agreed to closely monitor their administrations in order to ensure compliance with the prescribed instructions.</p> <p>The acting manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for one recently admitted patient.</p> <p>The process for obtaining prescriptions was reviewed. The acting manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.</p> <p>The records in place for the use of 'when required' anxiolytic medicines in the management of distressed reactions were examined for two patients. Each of the two patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. The parameters for administration were recorded on the PMRs and records of administration had been maintained on the MARs. The reasons for administration and outcomes had been recorded in the daily progress notes.</p>	<p align="center">Compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection.</p> <p>There are Standard Operating Procedures for the management of controlled drugs.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>There is a programme of staff medicines management training in the home. The acting manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed.</p> <p>Care staff have received training on the management of topical medicines and thickening agents.</p> <p>A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained.</p>	<p>Compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The acting manager confirmed that he evaluates the impact of medicines management training on staff members through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.5 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 reported, in accordance with procedures, to the appropriate authorities.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.6 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>Discontinued or expired medicines are placed into pharmaceutical clinical waste bins by designated staff. The acting manager stated that two staff members dispose of all pharmaceutical waste into these bins. Two staff members denature controlled drugs. The waste bins are removed by a clinical waste company.</p>	<p>Compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.</p> <p>The registered manager performs a medicines management quality audit every six months; the last quality audit was performed on 29 September 2014. Either the registered manager or clinical lead nurse performs a monthly medicines management audit. Where applicable, an action plan is completed. Running stock balances are maintained for many of the boxed and bottled medicines and quantities remaining are generally carried forward on the MARs. The audit outcomes were reflected in the observations made during this inspection.</p> <p>Dates and times of opening had been recorded on the containers. This good practice is commended.</p>	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

**STANDARD 38 - MEDICINE RECORDS****Medicine records comply with legislative requirements and current best practice.**

<b>Criterion Assessed:</b> 38.1 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 medicine records were observed to be maintained in a manner that facilitates audit activity.	Compliant
<b>Criterion Assessed:</b> 38.2 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 records was examined and found to have been maintained in a very satisfactory manner.  There was a good correlation between the PMRs and MARs entries and the details printed on the medicine labels.  The MARs examined were fully and accurately completed.  The records of receipts and disposals of medicines contained the necessary information.	Compliant

## STANDARD 38 - MEDICINE RECORDS

<b>Criterion Assessed:</b> 38.3 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>	
A sample of entries in the controlled drug record books was reviewed and observed to have been maintained in the required manner.	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<b>Compliant</b>

**STANDARD 39 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
<b>Inspection Findings:</b>	
<p>In both suites, medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements.</p> <p>Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>The temperature range of the medicine refrigerator and the medicine storage rooms are monitored and recorded each day. Temperatures had been maintained within the recommended ranges.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
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.	
<b>Inspection Findings:</b>	
In both suites, the medicine keys were observed to be in the possession of the designated staff member. The controlled drug cabinet key was observed to be carried separately from the other medicine keys.	Compliant

## STANDARD 39 - MEDICINE STORAGE

<p><b>Criterion Assessed:</b> 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>In both suites, quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two designated staff twice daily, at each handover of responsibility.</p> <p>Records of stock balance checks were inspected and found to be satisfactory.</p> <p>Stocks of the Schedule 4 controlled drug, diazepam are also reconciled at each handover of responsibility. This good practice is commended.</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

None

## **8.0 QUALITY IMPROVEMENT PLAN**

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion. The registered manager / provider is asked to please complete and return a copy of the signature page at the end of the report for our records by **12 November 2014**.

Enquiries relating to this report should be addressed to:

**Paul Nixon**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the **unannounced medicines management inspection of Edgewater Lodge (Orlock and Seaview Suites)** which was undertaken on **13 October 2014** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Tiago Moreira	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Jim McCall <i>Carol Cousins</i>	
<b>Approved by:</b>	<b>Date</b>	<i>CAROL COUSINS DIRECTOR of OPERATIONS.</i>

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	<b>20/10/14</b>
B.	Further information requested from provider		X	Paul W. Nixon	<b>20/10/14</b>