



NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No: IN018433

Establishment ID No: 11145

Name of Establishment: Madelayne Court

Date of Inspection: 9 December 2014

Inspectors' Names: Judith Taylor & Cathy Wilkinson

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Madelayne Court
Type of home:	Nursing Home
Address:	1-27 Nursery Avenue Portstewart BT55 7LG
Telephone number:	(028) 7083 1014
E mail address:	manager.madelayne.ni@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Ms Elaine Allen (registration pending)
Person in charge of the home at the time of inspection:	Ms Elaine Allen
Categories of care:	NH-TI, NH-DE, NH-I, NH-MP(E), NH-PH(E), RC-I,
Number of registered places:	64
Number of patients accommodated on day of inspection:	60
Date and time of current medicines management inspection:	9 December 2014 10:50 – 15:15
Names of inspectors:	Judith Taylor & Cathy Wilkinson
Date and type of previous medicines management inspection:	29 January 2014 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 residential care homes. A minimum of two inspections per year is required.

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to determine if the improvements noted at the inspection on 29 January 2014 had been sustained and to confirm the progress made in addressing the recommendations from the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

The 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 Elaine Allen, Nurse 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:

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

Madelayne Court is a purpose built three storey detached nursing home. There are three suites, two nursing and one residential. Ms Elaine Allen is the nurse manager of the home and has been in post since September 2014.

Downhill Suite is situated on the lower ground floor and has 17 beds available for residential care, in single room, en suite accommodation.

Dunseverick Suite is situated on the ground floor and has 22 beds available for people living with dementia and nursing needs, in single room, en suite accommodation.

Dunluce Suite is situated on the first floor and has 25 beds available for general nursing care, in single en suite accommodation.

The home offers bright and spacious accommodation. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage for patients' personal possessions. Each room has a lockable space for patients' valuables. The soft furnishings are to a high standard and great attention has been paid to individualising each room. The tasteful use of pictures and a variety of colour schemes ensures that each bedroom has a unique feel.

Each suite is an individual, self-contained suite with a small kitchenette with facilities for making a cup of tea or a snack.

Lounges and dining rooms are available on both floors. There is music and televisions are provided within the lounges.

There is an activity room where patients may undertake activities such as art, gardening, exercising or can just sit and take in what is going on.

There is also a multisensory room where patients may relax in a therapeutic environment, listening to music and watching the lights and the movement of the equipment.

A passenger lift ensures that facilities on each floor are accessible to all patients and visitors. To the side of the building is an enclosed garden which the patients can access via patio doors.

The home provides care under the following categories:

Nursing Care

I	Old age not falling into any other category
DE	Dementia care
MP (E)	Mental disorder excluding learning disability or dementia over 65 years
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill

Residential Care

I	Old age not falling into any other category
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4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Madelayne Court was undertaken by Judith Taylor and Cathy Wilkinson, RQIA Pharmacist Inspectors on 9 December 2014 between 10.50 and 15.15. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes, to determine if the safety of patients, with respect to the administration of medicines could be assured and if the improvements evidenced at the inspection on 29 January 2014 had been sustained.

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 nurse manager of the home, Ms Elaine Allen and with the 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 seven recommendations made at the previous medicines management monitoring inspection on 29 January 2014 were examined during the inspection. Four of the recommendations have been assessed as compliant. The other three recommendations have been assessed as moving towards compliance. The inspector's validation of compliance is included in Section 5.0 below.

It was concluded that the management of medicines in Madelayne Court is substantially compliant with the legislative requirements, professional standards and best practice guidance. There were no significant areas of concerns; however, some areas for improvement were noted.

The findings of this inspection indicate that most of the improvements evidenced at the inspection on 29 January 2014 had been sustained, particularly in the two nursing suites (Dunseverick and Dunluce). Management and staff are commended for their continuing efforts. Areas of good practice were identified and acknowledged throughout the inspection. However, the management of medicines in the Downhill Suite should be further reviewed, to ensure the good practice evidenced in the nursing suites is implemented in this suite. This was discussed with the nurse manager who gave assurances that this would be a focus from the day of the inspection onwards

Further staff training has been completed since the previous medicines management inspection. The nurse manager advised that all staff responsible for medicines would soon be completing additional training through e-learning modules. She also advised that staff competencies had been assessed and a daily meeting is held with staff to discuss any issues.

Robust arrangements are in place for the management of controlled drugs. The good practice of including controlled drugs, which are not subject to the safe custody legislation in the daily stock reconciliation checks, was acknowledged.

The management of warfarin must be reviewed. A discrepancy in the dosage administered was found for one patient and in recent weeks there had been incidents involving warfarin. Although it was noted that new documentation had been developed and implemented, the need for a robust system to administer warfarin was highlighted at the inspection. A requirement is made. The nurse manager has recently changed practice to ensure two members of trained staff are involved in the administration of warfarin.

An improvement in the management of medicines prescribed for distressed reactions was evidenced in the two nursing suites. Detailed care plans are in place and the parameters for administration are clearly recorded on the personal medication records. There was correlation between the administration records and the daily notes with regard to the reason for and effect of the administration. In the Downhill Suite, there was non-correlation with the personal medication records and medication administration records with respect to the dosage of the anxiolytic medicines for one resident. It is recommended that this is reviewed; there should be consistent practice across the home and records should be clear and unambiguous.

The management of medicines which are prescribed at weekly, monthly and three monthly intervals is satisfactory. There are systems in place to remind staff of the date or day of administration.

The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. The good practice of maintaining running stock balances for several medicines which are not supplied in the blister pack system was acknowledged. This readily facilitates the audit process.

It was noted that in the previous medicine cycles, two medicines had been omitted due to being out of stock. For one medicine, this had occurred on two occasions, and resulted in six doses being missed. The process for the ordering and receipt of medicines must be reviewed to ensure that all medicines are available for administration as prescribed. A requirement is made.

The majority of medicine records were found to have been well maintained in the two nursing suites and there was evidence that the records are checked for accuracy on a regular basis. In the Downhill Suite, improvements are necessary in the completion of the personal medication records and medication administration records, mainly in relation to external preparations; it is recommended that these are closely monitored to ensure the records are fully and accurately maintained at all times. Improvement is also necessary in the administration records for thickening agents and the recommendation made at the previous medicines management inspection is restated.

The storage arrangements for medicines are largely satisfactory. Treatment rooms are tidy and organised. Temperatures of medicines storage areas are monitored and recorded on a daily basis. In the Downhill Suite, the records of the temperatures for the medicine refrigerator indicated that there was slight deviation from the accepted range of 2°C to 8°C; staff confirmed that this had already been identified. Two insulin pens did not state the date of opening. It is recommended that the management of in use insulin pens is monitored within the audit process to ensure that the date of opening is recorded to facilitate removal and replacement when the expiry date is reached. The evidence suggested that one insulin pen had been used after the expiry date had passed.

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

The inspectors would like to thank the nurse 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 January 2014:

No requirements were made following the inspection on 29 January 2014.

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	<p>The registered manager should develop the care plan regarding the management of diabetes for the resident in the Downhill Suite.</p> <p>Stated once</p>	<p>A detailed care plan regarding the management of diabetes, including the action to take in the event of hypoglycaemia, was evidenced in the Downhill Suite.</p>	Compliant
2	38	<p>The registered manager should closely monitor the record keeping pertaining to discontinued medicines on personal medication records.</p> <p>Stated once</p>	<p>The sample of personal medication records selected in each of the three suites indicated that the records pertaining to discontinued medicines had been well maintained. Dates of discontinuation had been recorded, a line had been struck through the entry and two members of trained staff had signed the entry.</p>	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
3	38	<p>The registered manager should closely monitor the management of external preparations to ensure that all external preparations are administered in strict accordance with the prescribers' instructions and records of administration are fully completed on every occasion.</p> <p>Stated once</p>	<p>Improvement was noted in the two nursing suites (Dunseverick and Dunluce), as records of the prescribing and administration of external preparations were well maintained. However, this was not always evidenced in the Downhill Suite. For one resident, it could not be clarified which external preparations are currently prescribed and for this same resident, staff advised that some of the external preparations are being self-administered.</p> <p>A recommendation pertaining to the management of external preparations including self-administered medicines in the Downhill Suite is made</p>	<p>Moving towards compliance</p>
4	38	<p>The registered manager should closely monitor the management of thickening agents to ensure the administration is recorded on every occasion.</p> <p>Stated once</p>	<p>The management of thickening agents should be further reviewed. When administered by registered nurses this is recorded, however, the care staff who are responsible for administration do not always record the administration. There was no evidence of any monitoring.</p> <p>This recommendation is restated</p>	<p>Moving towards compliance</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
5	38	<p>The registered manager should ensure that a record of the transfer of medicines to the resident for self-administration is maintained.</p> <p>Stated once</p>	<p>A small number of residents are responsible for the self-administration of external preparations. The management of one resident's self-administered medicines was examined. A care plan and protocol is in place. A record of each issue of a medicine to the resident is recorded.</p>	Compliant
6	39	<p>The registered manager should obtain spare medicine keys for medicine cupboards/trolleys.</p> <p>Stated once</p>	<p>The nurse manager confirmed that spare keys are available and that she maintains responsibility for these keys.</p>	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
7	40	<p>The registered manager should review the records pertaining to distressed reactions to ensure accurate records are maintained on every occasion.</p> <p>Stated once</p>	<p>There was evidence that the management of medicines prescribed for distressed reactions is well controlled in the two nursing suites (Dunseverick and Dunluce). This included detailed care plans, full dosage directions for the medicine on personal medication records and a record of the reason for and outcome of the administration on every occasion.</p> <p>However, the management of distressed reactions in the Downhill Suite should be reviewed. For one resident, the personal medication records and administration records did not correlate with regard to the anxiolytic medicines prescribed. This was discussed with the nurse manager and staff and should be reviewed.</p> <p>A recommendation specific to the prescribing and administration records for distressed reactions in the Downhill Suite is made</p>	<p>Moving towards compliance</p>

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 Elaine Allen, Nurse 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:

Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

MADLAYNE COURT

9 DECEMBER 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Elaine Allen, Nurse 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 the requirement 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)	<p>The responsible individual must ensure that robust arrangements are in place for the management of warfarin.</p> <p>Ref: Section 4.0</p>	One	<p>Home Manager has reviewed processes for the administration of warfarin in the home and local policy has subsequently been developed in line with best practice. Two staff are now required to witness and countersign for any administered warfarin at all times; this also includes doubly checking the Warfarin schedule as prescribed by GP, MAR Charis/INR Chart and the Prescription Record.</p> <p>Home Manager has introduced new recording sheets which will minimise risk of error and facilitate ongoing audit. All staff who administer medication have now been asked to read and sign for the understanding of the home's warfarin administration policy.</p> <p>Manager/Deputy carrying out random checks to ensure compliance</p>	10 January 2015
2	13(4)	<p>The responsible individual should review the ordering process for medicines to ensure that all medicines are available for administration as prescribed.</p> <p>Ref: Section 4.0</p>	One	<p>Nursing staff on each unit now have responsibility for the ordering of monthly medication for the residents on their unit. Nursing staff have been instructed to liaise with GP'S and Pharmacy in a timely fashion and inform Home Manager immediately in any circumstance where medication is not delivered as requested.</p>	10 January 2015

Home Manager has undertaken supervision with nursing staff and has reiterated to nurses their responsibility to ensure that they make available to residents the required medication.

Home Manager has organised training for staff in relation to Boots MDS and this is scheduled to take place on the 14th January 2015

Home Manager/Deputy will carry out random audits to ensure the company's ordering and supply of medication procedure is fully implemented at all times

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	38	<p>The registered manager should closely monitor the management of thickening agents to ensure the administration is recorded on every occasion.</p> <p>Ref: Sections 4.0 & 5.0</p>	Two	<p>Staff have been instructed again on the use of thickening agents, this is recorded on the fluid chart on each occasion. Nursing staff have been instructed to ensure that care staff are made fully aware of the processes to be followed when administering/using thickening agents each time.</p> <p>Home Manager/Deputy Manager and Nursing staff will monitor adherence to this on a daily basis</p>	10 January 2015
2	38	<p>The registered manager should review the records of prescribing and administration of medicines for the management of distressed reactions in the Downhill Suite, to ensure accurate records are maintained on every occasion.</p> <p>Ref: Sections 4.0 & 5.0</p>	One	<p>Home manager has reviewed the records in Downhill Suite with staff and instructed staff to develop specific and detailed care plans for residents prescribed medications for distressed reactions. Care plan would indicate possible interventions to be tried out before the decision to administer medication is made and the processes to follow should if desired outcome is not achieved.</p> <p>The staff will therefore ensure that the MAR charts/prescription is clear on:</p> <ul style="list-style-type: none"> - how much to give - the max time between repeating the dose if the required outcome did not occur. 	10 January 2015

				<p>Staff will also record on the reverse of the MAR charts the reason for the administration of such medication on every occasion and an entry made in the daily observation notes the reasons why the medication was administered and the outcome/effects from administering such medication to help in the review process.</p> <p>Staff have also been instructed to ensure that regular use of such medications is reviewed with the GP monthly</p> <p>Home Manager/Deputy Manager carrying out weekly pharmacy audits on the use of any prescribed anxiolytics in line with company requirements to ensure that any deficits are fully investigated.</p>	
3	38	<p>The responsible individual should review the management of external preparations (including self-administered medicines) in the Downhill Suite to ensure records are fully and accurately maintained on every occasion.</p> <p>Ref: Sections 4.0 & 5.0</p>	One	<p>Home Manager has reviewed with staff on Downhill Unit the management of external preparations and put systems in place to accurately record the administration of external preparations including those self administered by resident</p> <p>Manager/Deputy will carry out random checks weekly to ensure compliance</p>	10 January 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
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4	38	<p>The responsible individual should review the management of in use insulin pens within the audit process to ensure that the date of opening is recorded to facilitate removal and replacement when the expiry date has been reached.</p> <p>Ref: Section 4.0</p>	One	<p>Home Manager/ Deputy Manager will audit insulin pens on a weekly basis, ensuring that date of opening is recorded, and the appropriate disposal of insulin pen when expired.</p>	<p>10 January 2015</p>
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Elaine Allen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>[Handwritten Signature]</i>



QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		<i>[Handwritten Signature]</i>	12/2/15.
B.	Further information requested from provider				