



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 18108
Establishment ID No: 1443
Name of Establishment: Clareview House
Date of Inspection: 10 April 2014
Inspector's Name: Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Clareview House
Type of home:	Nursing Home
Address:	105 Doagh Road Ballyclare BT39 9ES
Telephone number:	(028) 9334 9694
E mail address:	clareview.nursinghome@btconnect.com
Registered Organisation/ Registered Provider:	Mrs Naomi Carey Hutchinson Homes Ltd
Registered Manager:	Mrs Sharon Bell
Person in charge of the home at the time of inspection:	Mrs Sharon Bell
Categories of care:	NH-I, NH-PH(E), RC-I, RC-PH(E)
Number of registered places:	35
Number of patients accommodated on day of inspection:	33
Date and time of current medicines management inspection:	10 April 2014 10:30 – 15:25
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	10 December 2012 Unannounced monitoring inspection

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 Mrs Sharon Bell, 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 since registration with the Hutchinson Homes group in October 2013.

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 inspector 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

Clareview House is situated just off the Doagh Road on the outskirts of Ballyclare town centre, on a main bus route to Ballymena, Antrim and Belfast. It was formerly a private dwelling and has been adapted and extended to provide nursing and residential care.

Clareview House is a two storey nursing home providing communal lounges, dining facilities, a range of bath, shower and toilet facilities and accommodation in single bedrooms. Stairs and a passenger lift access the first floor of the home. Car parking facilities are available.

A change of ownership of the home took place in October 2013. The home is now registered as part of Hutchinson Homes Ltd.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Clareview House was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 10 April 2014 between 10:30 and 15:25. 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 registered manager of the home, Mrs Sharon Bell, and the registered nurses and 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 was the first medicines management inspection following registration as part of Hutchinson Homes Ltd in October 2013. This inspection indicated that the arrangements for the management of medicines in Clareview House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

Policies and procedures for the management of medicines are in place. Standard operating procedures for controlled drugs have been developed and implemented.

There is a programme of training in the home. There are regular medicines management competency assessments for nursing staff and a system of supervision and appraisal for nursing staff and designated care assistants.

Some examples of medicines being 'out of stock' were observed. The registered manager must ensure that all medicines are available for administration as prescribed.

Medicine records had been mostly well maintained. However, routine times of medicine administration on medicine administration sheets must accurately reflect the actual times of administration as recorded on personal medication records.

Records of administration of external preparations by designated care assistants must be accurately maintained. Records of refusal of prescribed medicines must also be accurately maintained and regular refusal must be reported to the prescriber

The outcomes of audit trails, performed on randomly selected medicines, showed that the majority of these medicines had been administered in accordance with the prescribers' instructions. However, audit results indicate that the administration of analgesic medicines prescribed for use 'when required' is not always accurately recorded.

The arrangements in place for the storage of controlled drugs and the maintenance of the controlled drug record book are satisfactory.

Medicines were mostly being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. However, robust arrangements must be put into place for the management of medicine refrigerator temperatures and Versatis patches must be resealed after use in accordance with the manufacturer's instructions.

The inspection attracted a total of seven requirements and no recommendations. The requirements 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

This was the first medicines management inspection of Clareview House following registration as part of Hutchinson Homes Ltd in October 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: <p>Satisfactory arrangements were observed to be in place for most areas for the management of medicines.</p> <p>The outcomes of audit trails, performed on randomly selected medicines, showed that the majority of these medicines had been administered in accordance with the prescribers' instructions.</p> <p>The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.</p> <p>The registered manager stated that copies of prescriptions are kept in the home and that prescriptions are received into the home and checked against the order before being dispensed, which is considered good practice.</p> <p>The management of anticoagulant medicines was reviewed during the inspection. There was evidence that written confirmation of warfarin regimes is obtained from the prescriber. This is attached to the daily record sheet onto which the warfarin dose regime is transcribed. A procedure for the use of anticoagulants is in place. The management of warfarin includes daily administration and stock counts involving two nurses, and the use of a separate warfarin administration record, indicating good practice.</p> <p>The administration of medicines for the management of Parkinson's disease and the administration of thickened fluids were examined and found to be satisfactory.</p>	<p>Compliant</p>

<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Written policies and procedures for the management of medicines are in place. It was advised that old copies of policy and procedure documents that do not reflect the current arrangements in place for the management of medicines in the home should be removed and archived. Standard Operating Procedures for controlled drugs are in place.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The registered manager and staff on duty confirmed that nursing staff who manage medicines are trained and competent. Records of staff training are maintained and available for inspection, indicating that medicines management training was most recently undertaken in October 2013. Members of nursing staff have attended training on the administration of medicines via PEG tube; in addition to medicines management training on the new pharmacy system which was provided by the supplying pharmacy.</p> <p>The registered manager advised that designated care assistants are trained on the administration of external preparations, dysphagia and thickening fluids, and that records are maintained.</p> <p>Sample signatures and initials for nursing staff and designated care assistants are maintained.</p>	<p>Compliant</p>

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:	
The registered manager confirmed that staff competency, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and appraisal, and records are maintained.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager stated that medication errors and incidents would be reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are discarded by the nurses into designated bins and satisfactory records maintained. These bins are periodically uplifted and replaced by a contractor, who possesses a waste disposal license. The medicines disposal container is stored securely. Controlled drugs are denatured by two nurses prior to disposal.	Compliant

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:	
<p>There was evidence that medicines are being audited on a regular basis. Following a change in the provider of pharmacy services to the home in recent months, a new system of audit has been developed and implemented. All boxed medicines are counted on a daily basis and a running stock balance maintained. Monthly audits on many aspects of medicines management are undertaken including supplements, insulin, external and eye preparations, liquids and bisphosphonate medicines. A global audit is also undertaken monthly by the registered manager, resulting in the production of an action plan for any issues arising. Records are maintained and were available for examination.</p>	<p>Compliant</p>

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:	
The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were noted to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>Personal medication records and records of medicines administered were generally well maintained. However, routine times of administration on medicine administration sheets do not accurately reflect the actual times of administration as recorded on personal medication records. These must correlate. A requirement is stated.</p> <p>The administration of external preparations by designated care staff was not always accurately recorded. A requirement is stated.</p> <p>A range of audits was performed on randomly selected medicines. The majority of these audits showed satisfactory correlation between the prescriber's instructions, patterns of administration and stock balances of the medicines selected for audit. However, some discrepancies in the stock balances of analgesic medicines prescribed for use 'when required' were observed. These findings indicate that records for the administration of</p>	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

<p>when required analgesic medicines are not being accurately maintained. Medication administration records must be accurately maintained. A requirement is stated.</p> <p>Some discrepancies were observed in the balances of inhaled medicines and laxative medicines. During discussion with the registered manager and nurses on duty it appears that these medicines are often refused, however they are recorded as administered. Refusal of prescribed medication must be accurately recorded and regular refusal must be reported to the prescriber. A requirement is stated.</p> <p>Additional administration and stock balance records were in place for antibiotics, warfarin and other medicines prescribed for use with varying administration intervals. This is good practice.</p> <p>Records of medicines ordered and received and medicines disposed of/ transferred out of the home were well maintained.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Observation of the controlled drugs record book indicated records are being maintained in a satisfactory manner. Records of the receipt, administration and disposal of controlled drugs had been documented and signed by two nurses.</p> <p>One entry was missing chronologically from the controlled drug record book but had been recorded immediately when this was noticed the following day.</p> <p>On one occasion, one dose of a controlled drug had been loaned from one patient to another when no stock was available. This was clearly documented; however the registered manager must ensure that all medicines are available for administration as prescribed. A requirement is stated.</p> <p>Quantities of a randomly selected sample of controlled drugs matched the corresponding balances recorded in the controlled drug record book.</p>	Substantially compliant

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

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines were mostly found to be stored securely under conditions that conform to statutory and manufacturers' requirements. However, two packs of Versatis patches had been cut to open below the seal for resealing the pack after use. This is not in accordance with the manufacturer's instructions. A requirement is stated.</p> <p>Arrangements for the stock control of medicines were examined. Some examples of prescribed medicines being out of stock were observed. The registered manager stated that these had arisen due to the recent change in the supplying pharmacy and attempts to align supplies. The registered manager must ensure that all medicines are available for administration as prescribed. A requirement is stated.</p> <p>Oxygen is stored and managed appropriately and appropriate signage is in place.</p> <p>Arrangements for monitoring the medicines refrigerator temperature were examined. Temperature records for the refrigerator were examined and although temperatures were found to be within the accepted range of 2°C to 8°C on the day of inspection, deviations from this range had been recorded over recent months. The registered manager agreed to remind staff that the fridge thermometer should be reset daily after recording temperatures. Robust arrangements must be in place for the management of medicine refrigerator temperatures. A requirement is stated.</p> <p>Records are maintained of the weekly calibration of blood glucose meters.</p> <p>The temperature of the treatment room is monitored and recorded on a daily basis.</p> <p>Dates and times of opening were generally recorded on medicine containers in use, including limited shelf-life medicines. This is good practice.</p>	<p align="center">Substantially compliant</p>

STANDARD 39 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys. Medicine keys are held by the nurse-in-charge of the shift. The registered manager is responsible for spare medicine cupboard keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of balance checks were inspected and found to be satisfactory.</p>	<p>Compliant</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 **Mrs Sharon Bell, 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:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CLAREVIEW HOUSE

10 APRIL 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 **Mrs Sharon Bell, Registered Manager**, during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements 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 ensure that routine times of administration on medicine administration sheets accurately reflect the actual times of administration as recorded on personal medication records. Ref: Criterion 38.2	One	In conjunction with the pharmacist Mr L Gracey and the trained staff in the home the routine administration times accurately reflect the actual times of administration	11 May 2014
2	13(4)	The registered manager must ensure that the administration of external preparations by designated care staff is accurately recorded. Ref: Criterion 38.2	One	There is paperwork in place to ensure the accurate recording of administration by care staff and the training of the care staff in regards to the completion of these records has been carried out and further updates are happening 9 th June 2014.	11 May 2014
3	13(4)	The registered manager must ensure that medication administration records are accurately maintained. Ref: Criterion 38.2	One	Memo sent out to all staff and raised the issue at staff meeting and on one to one meetings. Auditing process also in place to address any further issues...by staff with overview monthly audit by manager and pharmacist	11 May 2014
4	13(4)	The registered manager must ensure that the refusal of prescribed medication is accurately recorded and that regular refusal is reported to the prescriber. Ref: Criterion 38.2	One	Addressed at staff meeting and also through the auditing process	11 May 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	13(4)	The registered manager must ensure that all medicines are available for administration as prescribed. Ref: Criteria 38.3 & 39.1	One	This issue has been successfully addressed as our pharmacist has developed a good working relationship with our Ballyclare and Templepatrick surgeries which underpins our own good working relationship with them	11 May 2014
6	13(4)	The registered manager must ensure that robust arrangements are in place for the management of medicine refrigerator temperatures. Ref: Criterion 39.1	One	Auditing process now addresses this issue and it is raised at staff meetings and a memo also given with the facility for further training in the same as needed.	11 May 2014
7	13(4)	The registered manager must ensure that Versatis patches are resealed after use in accordance with the manufacturer's instructions. Ref: Criterion 39.1	One	All staff informed of the requirement to open the packs correctly and reseal as per manufacturer's instructions and this is checked visually and within the auditing process	11 May 2014

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	Sharon Bell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Naomi Carey

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	10/6/14
B.	Further information requested from provider		no	R Lloyd	10/6/14