



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	14327
Establishment ID No:	1491
Name of Establishment:	Mountvale
Date of Inspection:	28 May 2013
Inspectors' Names:	Frances Gault and Cathy Wilkinson

1.0 GENERAL INFORMATION

Name of home:	Mountvale
Type of home:	Nursing Home
Address:	Brewery Lane Meeting Street Dromore BT25 1AH
Telephone number:	(028) 9269 9480
E mail address:	nursemanager@mountvalepnh.co.uk
Registered Organisation/ Registered Provider:	Mountvale Mr William Trevor Gage
Registered Manager:	Mrs Linda Kennedy
Person in charge of the home at the time of inspection:	Ms Eileen Kennedy
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,RC-I
Number of registered places:	51
Number of patients accommodated on day of inspection:	49
Date and time of current medicines management inspection:	28 May 2013 11:10 – 13:30
Name of inspectors:	Frances Gault & Cathy Wilkinson
Date and type of previous medicines management inspection:	21 February 2013 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 nursing 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 previous medicines management inspection of this home on 21 February 2013 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. As a result, representatives from RQIA met with the registered provider and registered manager on 1 March 2013. An assurance was received that the concerns would be addressed. The purpose of this visit was to determine what progress had been made in relation to these concerns, 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 Eileen Kennedy, Sister, 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 steps being taken to improve the standards in place for the management of medicines and address the concerns raised at the previous medicines management 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

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 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

Mountvale is located centrally in Dromore, County Down and is close to main transport routes and amenities.

The home can provide care for a maximum of 51 persons. Five of the 51 beds are registered to support residential care if required. When beds are available, respite care is regularly provided. The home no longer provides a day care service.

The home is registered to provide care under the following categories:

Nursing Care

- NH - I Old age not falling into any other category
- NH - PH Physical disability other than sensory impairment - under 65 years
- NH - PH (E) Physical disability other than sensory impairment – over 65 years

Residential Care

- RC - I Old age, not falling into any other category. Maximum of five residents

The facility is a two storey building comprising forty - seven single bedrooms and two double bedrooms, three sitting rooms, visitor's area, two dining rooms, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

Car parking is provided to the front of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Mountvale was undertaken by Frances Gault, RQIA Senior Pharmacy Inspector and Cathy Wilkinson, Pharmacist Inspector, on 28 May 2013 between 11:10 and 13:30. 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 concerns raised at the previous medicines management inspection had been addressed, to re-assess the home's level of compliance with the 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 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 sister in charge of the home, Ms Eileen Kennedy and with the registered nurses 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.

This inspection indicated that the arrangements for the management of medicines are substantially compliant with legislative requirements and best practice guidelines. The requirements and recommendations made at the previous medicines management inspection on 21 February 2013 were examined during the inspection. Eleven of the 12 requirements were compliant and one was moving towards compliance. The three recommendations were compliant. Significant improvement in the management of medicines was observed. This improvement was acknowledged to staff on duty during the inspection and the registered manager by telephone after the inspection. This improvement must now be sustained and failure to do so may result in enforcement action.

Medicines that were examined during this inspection were in stock and the sister advised that no doses of medicines had been missed since the last inspection due to insufficient stock. The nurses have all been made aware of their roles and responsibilities with regards to the administration of medicines and further additional training was provided with regards to these.

There has been a significant improvement in the standard of record keeping. The medicine administration records (MARs) sheets, receipt records and disposal records sampled were overall, observed to be fully and accurately maintained.

The storage of medicines within the medicine trolleys has been reviewed and revised. The staff upstairs spoke positively of the effect of the second trolley on the completion of the medicine round. All medicines that were examined during this inspection were easily located.

Some further improvement in the administration of external medicines by care assistants is still required. The records of administration of these medicines were observed to require improvement and the registered nurses should have oversight of this delegated task.

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

The inspectors would like to thank the 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 21 February 2013

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that all patients have a supply of their prescribed medicines. Stated three times	The medicines of all patients that were examined during this inspection were observed to be in stock. The sister in charge advised that patients have not missed any doses of medicines due to insufficient stock.	Compliant
2	13(4)	A record of the administration of thickening agents must be maintained. Stated three times	A record of the administration of thickening agents is maintained with the patient's food and fluid charts. They were observed to be fully completed.	Compliant
3	13(4)	The registered manager must ensure that there is a system in place to ensure that all reportable medication incidents are notified to RQIA. Stated twice	The registered manager has appropriately reported incidents since the last medicines inspection. No reportable incidents were noted during this inspection.	Compliant
4	13(4)	The registered manager must implement a robust auditing system which monitors all aspects of the management of medicines. Stated twice	The improvement noted during this inspection indicated that the current auditing arrangements are robust.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	<p>The registered manager must ensure that MARs sheets are fully and accurately maintained.</p> <p>Stated twice</p>	<p>MARs sheets examined during this inspection had been fully and accurately completed.</p>	<p>Compliant</p>
6	13(4)	<p>The registered manager must review the arrangements for the administration and recording of external medicines to ensure that they are administered as prescribed.</p> <p>Stated twice</p>	<p>The records of one patient that was examined indicated that further improvement is required in this area.</p>	<p>Moving towards compliance</p>
7	13(4)	<p>The registered manager must implement a robust reporting system to ensure that management are informed of any on-going difficulties in obtaining medicines.</p> <p>Stated once</p>	<p>The registered manager has spoken to each nurse individually regarding this issue and notices have been placed in prominent positions within the treatment rooms to inform staff of the action to be taken should medicines be in short supply.</p>	<p>Compliant</p>
8	13(4)	<p>Registered nurses must be retrained in the management of medicines to include their professional accountability to ensure that patients receive safe and competent care.</p> <p>Stated once</p>	<p>The registered manager has conducted individual supervision sessions with each registered nurse to discuss the concerns raised at the last inspection. External training on nurses' professional accountability and record keeping was also provided.</p>	<p>Compliant</p>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
9	13(4)	<p>The registered manager must regularly assess the competency of all the nursing staff in the management of medicines and record the outcomes to ensure that patients receive safe and competent care.</p> <p>Stated once</p>	<p>A competency assessment has been completed on all nurses since the last medicines management inspection and it is planned that this will be repeated every six months.</p>	<p>Compliant</p>
10	13(4)	<p>The registered manager must ensure that the morning medicine round is completed in a timely manner.</p> <p>Stated once</p>	<p>An additional nurse has been employed to cover five hours in the morning to help ease the work load during the morning medicine round. The sister in charge advised that the round is usually completed by 10:30 – 11:00.</p>	<p>Compliant</p>
11	13(4)	<p>The registered manager must ensure that complete and accurate records of all medicines received into the home and returned for disposal are maintained.</p> <p>Stated once</p>	<p>The records of receipt and disposal were observed to be accurately maintained.</p>	<p>Compliant</p>
12	13(4)	<p>The registered manager must ensure that medicines are safely and securely stored at all times.</p> <p>Stated once.</p>	<p>All medicines observed during this inspection were safely and securely stored.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The registered manager should review the management of bisphosphonates. Stated once	The administration of bisphosphonates was observed to be appropriately managed and recorded.	Compliant
2	39	The registered manager should review the storage of medicines within the trolleys. Stated once	An additional trolley has been purchased for medicines on the first floor. The medicines trolleys have been reorganised and medicines were easily located during the inspection.	Compliant
3	40	The registered manager should ensure that medicines that are administered can be readily identified. Stated once	All medicines examined during this inspection were readily identifiable.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

Improvements in the management of medicines were noted during this inspection. The sister in charge confirmed that since the last inspection, patients had not missed any doses of medicines due to insufficient stock. Arrangements for obtaining medicines have been clarified with the general practitioners' surgeries and the community pharmacy. Signage is prominently displayed in each treatment room, detailing the arrangements in place and the procedure to be followed for obtaining medicines in a timely manner.

Staff have had individual meetings with the manager to discuss the issues raised during the last medicines inspection and competency assessments have been completed. External training on the nurses' individual accountabilities and responsibilities with regard to the management of medicines and record keeping was also provided.

The sister in charge advised that an additional nurse has been employed to work across the two floors in the home during the morning medicine round. She advised that this has positively impacted on the length of time taken to complete the medicine round and that it was usually completed between 10:30 and 11:00am.

Monitoring arrangements for the management of medicines would appear to be robust. No significant issues regarding medicines management were observed during this inspection. The registered manager should continue this audit process. A recommendation has been made.

Medicine incidents had been appropriately reported to the relevant authorities.

COMPLIANCE LEVEL: Compliant

6.2 Medicine Records

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

The following records were examined:

- Personal medication record
- Medicines administered (MARs)
- Medicines requested and received
- Medicines transferred out of the home
- Medicines disposed of.

The personal medication records were satisfactory and contained all of the required information. All entries that were inspected had been signed and verified by two nurses.

The MARs sheets had been fully and accurately completed. All handwritten entries had been signed by two nurses. The staff should be reminded that receipt of controlled drugs should be recorded on the MARs sheets as well as the controlled drugs register.

Additional records of the administration of thickening agents by the care assistants were examined and found to be fully completed.

The record of medicines returned for disposal was examined and found to be appropriately maintained.

COMPLIANCE LEVEL: Substantially compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Medicines were observed to be safely and securely stored at the time of this inspection.

An additional medicines trolley has been obtained for the first floor. Storage of medicines within the medicine trolleys had been reorganised and all medicines audited were easily located.

Refrigerator temperatures are recorded on a daily basis and temperatures were mostly within the accepted range of +2°C to +8°C for medicines which required cold storage.

COMPLIANCE LEVEL: Compliant

6.4 Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

The outcomes of the audit trails which were carried out at this inspection indicated that medicines are generally administered in accordance with the prescribers' instructions.

Further attention is needed to ensure that the administration of external medicines to be administered by care assistants is in accordance with prescribed instructions. The records of one patient were examined in detail and the records indicated that the prescribed frequency of application of creams had not always been achieved. It was noted on one occasion that the application of Betnovate Scalp solution had been applied incorrectly. Several patients had recently been prescribed Duraphat toothpaste. The record of the administration of this medicine was completed infrequently. The registered manager must ensure that external medicines are appropriately administered and that there is oversight of this delegated task by the registered nurses. A requirement has been made.

All medicines examined during this inspection were appropriately labelled and marked with the date of opening which facilitated the audit process.

COMPLIANCE LEVEL: Substantially compliant

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 Eileen Kennedy, Sister**, 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:

Cathy Wilkinson
The Regulation and Quality Improvement Authority
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Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

MOUNTVALE

28 May 2013

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 Eileen Kennedy, Sister**, either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must ensure that external medicines are appropriately administered and that there is oversight of this delegated task by the registered nurses. Ref: Section 6.4	One	This task has now been delegated to the registered nurses to oversee the administration and recording of external medicines	28 June 2013

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should continue to monitor all aspects of the management of medicines through the routine audit process. Ref: Section 6.1	One	The Registered Manager will continue to audit all aspects of medication management	28 June 2013

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	Linda Kennedy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Trevor Gage

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	21/06/2013
B.	Further information requested from provider				