NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020363**
Establishment ID No:	**1074**
Name of Establishment:	**Colinvale Court**
Date of Inspection:	**12 August 2014**
Inspectors' Names:	**Paul Nixon** **Helen Daly**

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:	Colinvale Court
Type of home:	Nursing Home
Address:	Glen Road Belfast BT11 8BU
Telephone number:	(028) 9060 4316
E mail address:	louisvillegroup@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mr Raymond Liam Murphy
Registered Manager:	Ms Stephanie J Shannon
Person in charge of the home at the time of Inspection:	Mrs Aveen Donnelly (Temporary Home Manager)
Categories of care:	NH-DE
Number of registered places:	50
Number of residents accommodated on day of inspection:	48
Date and time of current medicines management inspection:	12 August 2014 10:30 – 16:30
Name of inspectors:	Paul Nixon Helen Daly
Date and type of previous medicines management inspection:	17 September 2013 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 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 17 September 2013, had shown that the systems in place for the management of medicines were substantially compliant with legislative requirements and best practice guidelines. A whistleblower recently contacted RQIA and alleged a number of safeguarding issues in relation to the safety and wellbeing of patients in the home. The allegations included matters in relation to the systems for the management of medicines, in particular with respect to the inappropriate use and disposal of medicines.

The purpose of this inspection was to review the systems in place and to assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes (2008) and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS / PROCESS

Discussion with Mrs Aveen Donnelly (Temporary Home Manager) and nurses on duty
Mr Raymond Murphy (Registered Person) attended the feedback
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 Home Minimum Standards (2008) and to assess progress with the issues raised 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 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

Colinvale Court is situated just off the Glen Road in West Belfast adjacent to Louisville. It is centrally located within the local community and is very convenient to shops, community services and other amenities. There are good parking facilities within the grounds of the home and the facility is on a public transport route with bus stops adjacent to the premises.

The home provides accommodation for 50 patients over two floors. The layout is designed to facilitate small groups of patients living in a domestic like environment with all services and facilities within the structure designed to advance this concept.

Colinvale Court is registered to provide nursing care for patients who require dementia care (NH-DE).

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Colinvale Court was undertaken by Paul Nixon and Helen Daly, RQIA Pharmacist Inspectors, on 12 August 2014 between 10:30 and 16:30. This summary reports the position in the home at the time of the inspection.

This medicines management monitoring inspection followed the receipt of allegations from a whistleblower regarding a number of safeguarding issues in relation to the safety and wellbeing of patients in Colinvale Court and the management of medicines. The focus of the inspection was to 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 inspectors examined the arrangements for 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 Mrs Aveen Donnelly, Temporary Home Manager. Mr Raymond Murphy, Registered Person, was present for the feedback. 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 outcome of this medicines management inspection found significant areas of concern regarding the management of medicines. The three requirements and nine recommendations which were made at the previous medicines management inspection, on 17 September 2013, were examined during the inspection. The three requirements were each assessed as not compliant. These issues have been subsumed into the failure to comply notice which was issued following the inspection. Three recommendations are assessed as compliant and four recommendations are assessed as not compliant. Two recommendations are incorporated into requirements and two recommendations are restated. Two recommendations were not

examined and are carried forward in the Quality Improvement Plan issued as a result of this inspection.

The registered person has failed to ensure that there are robust governance and management procedures for the management of medicines within the home. This was raised at the previous inspection on 17 September 2013. Despite assurances given by the registered persons in the returned Quality Improvement Plan that this had been addressed, the inspectors found that there was no evidence of an effective medicines auditing process to ensure systems are maintained in accordance with legislative requirements and professional standards.

The evidence seen during the inspection raises concerns regarding the knowledge and competency of the registered nurses working in the home.

The outcome of this inspection showed the need for the registered person to review the medicines management policies and procedures.

The registered person had failed to ensure that patients have a continuous supply of their prescribed medication. The poor management of the stock control of medicines meant that some prescribed medicines had been or were unavailable for administration as prescribed. There was no evidence that registered nurses had demonstrated professional accountability in that no appropriate corrective action had been taken to ensure continuity of supplies. There was also no evidence that the registered nurses had acknowledged the potential effect this may have had on patients' health. At the feedback session, it was stated that the registered person was required to advise RQIA by 13 August 2014 at 17:00 hours that all patients had a supply of prescribed medicines. An urgent action letter was issued. On 13 August 2014, the temporary home manager notified RQIA that an audit of actual and potential out of stock medicines was carried out and that all prescribed medications were available.

There was poor management of medicines prescribed for newly admitted patients.

The management of controlled drugs was unsatisfactory in relation to recording, administration, disposal, storage and stock balance reconciliation checks. Registered nurses failed to administer weekly transdermal opioid patches as prescribed to three patients. The discrepancy in morphine sulphate 10mgs/5mls solution, prescribed for one patient, must be investigated and a written response submitted to RQIA.

Improvements are needed in the management of warfarin, specifically in relation to dealing with warfarin dosage instructions and the recording of warfarin stock balances.

Records of medicines requested, received, prescribed, administered and disposed of had not been maintained in such a manner as to ensure that there was a clear audit trail and to demonstrate that medicines were being appropriately managed and administered. The issue in relation to the completion of the disposal of medicines record had been raised at the inspection on 17 September 2013 and the registered persons had given an assurance, in the returned Quality Improvement Plan, that it had been addressed.

At the conclusion of this inspection, the safety of some patients, with respect to the administration of medicines could not be assured. Following discussion with senior management in RQIA it was decided to advise the registered person of RQIA's intention to issue a Failure to Comply Notice. A meeting was held between RQIA and Mr Raymond Murphy (Registered Person) on 15 August 2014. At the meeting, the concerns in relation to breaches in regulation and the safety and wellbeing of patients were discussed in detail.

Following discussion with the registered person and due to the concerns evidenced during the inspection it was decided that a Failure to Comply Notice with respect to Regulation 13 (4) (b) and (c) of The Nursing Homes Regulations (Northern Ireland) 2005 would be served. Full compliance with the Notice must be achieved by 18 October 2014.

The inspection attracted a total of 19 requirements and five recommendations which are detailed in the Quality Improvement Plan. Ten of the requirements have been subsumed into the failure to comply notice.

The inspectors would like to thank the registered person, the temporary home manager, and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 17 September 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administrations of the eight medicines that produced unsatisfactory audit outcomes, in order to ensure compliance with the prescribers' instructions. **Stated once**	There was no evidence of any medicines management audit activity having been performed. **This requirement is incorporated into a new requirement regarding the home's auditing system.**	**Not compliant**
2	13(4)	The registered manager must review the current medicines management audit arrangements and make the necessary changes to ensure all aspects are frequently monitored and that appropriate follow-up action is taken whenever deficiencies in standard are observed. **Stated once**	There was no evidence of any medicines management audit activity having been performed. **This requirement is incorporated into a new requirement regarding the home's auditing system.**	**Not compliant**
3	13(4)	The entries in the disposal of medicines record must always be signed by the two members of nursing staff who disposed of the medicines. **Stated once**	The majority of entries had not been signed by two persons. **This requirement is restated.**	**Not compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The standard operating procedures detailing the arrangements for the management of controlled drugs should be expanded to include the arrangements for the ordering, transport and receipt of controlled drugs and amended to reflect the current arrangements for the disposal of controlled drugs. **Stated once**	This recommendation was not examined and is carried forward to the next inspection.	**Not examined**
2	37	The written procedures for the disposal of medicines should be amended to reflect current practice. **Stated once**	This recommendation was not examined and is carried forward to the next inspection.	**Not examined**
3	37	The route of application of eye-treatment medicines should always be recorded on the patient's personal medication record sheet. **Stated once**	This practice was observed.	**Compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	An up-to-date photograph of the patient should always be attached onto the designated section of their personal medication record sheet. **Stated once**	Most patients were observed to not have their photograph attached onto the designated section of their personal medication record sheet. **This recommendation is restated.**	**Not compliant**
5	37	The temperature range of the medicines refrigerator should be monitored and recorded daily in order to ensure it is being maintained within the recommended range of +2°C and +8°C. **Stated once**	There are two medicine refrigerators. One refrigerator only has the current temperature monitored and recorded. The temperature was sometimes 21°C. The other refrigerator, which was being used to store insulin, was unlocked and the temperature was not recorded. **This recommendation has been incorporated into a requirement.**	**Not compliant**
6	37	The temperature of the medicines storage room should be monitored daily in order to ensure it is maintained at or below +25°C. **Stated once**	This practice was observed.	**Compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	37	An additional refrigerator should be purchased for the storage of nutritional supplements. **Stated once**	An additional refrigerator has been obtained and is in use.	**Compliant**
8	37	In-use insulin pens should have the patient's name and date of opening clearly stated on them. **Stated once**	Two insulin pens were observed to not have the patient's name and date of opening clearly stated on them. **This recommendation has been incorporated into a requirement.**	**Not compliant**
9	37	Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions, using in-date quality control solutions. **Stated once**	This practice does not occur. **This recommendation is restated.**	**Not compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

The registered person has failed to ensure that there are robust governance and management procedures for the management of medicines within the home. This was raised at the previous inspection on 17 September 2013. There was no evidence of an effective medicines auditing process to ensure systems are maintained in accordance with legislative requirements and professional standards. The registered person must have procedures in place to regularly monitor and audit all areas of the management of medicines to ensure that they are in compliance with legislative requirements and minimum standards. Systems must be in place to ensure that any shortfalls are identified and appropriate action is taken. A requirement has been made.

The evidence seen during the inspection raises concerns regarding the knowledge and competency of the registered nurses working in the home. Management was unable to provide the inspectors evidence of staff training and competency assessments. The registered person must ensure that all registered nurses have received further training on the issues raised during the inspection, including their professional accountability, and been deemed competent in the management of medicines. A record of the competency assessments must be maintained and available for inspection. A requirement has been made.

The outcome of this inspection showed the need for the registered person to review the medicines management policies and procedures. A requirement has been made.

The registered person has failed to ensure that patients have a continuous supply of their prescribed medication. The poor management of the stock control of medicines meant that some medicines had been or were unavailable for administration as prescribed. It was evidenced, from several of the records examined, that some patients had been without a supply of their prescribed medicines for up to 11 days. There was no evidence of the action taken by the registered nurses to address this. There was also no evidence that the registered nurses had acknowledged the potential effect this may have had on patients' health. An urgent action letter was issued, stating that the registered person had to ensure prescribed medicines are available for administration to all patients by 13 August 2014 at 17:00 hours. On 13 August 2014, the temporary home manager emailed RQIA to confirm that an audit of actual and potential out of stock medications was carried out and that all prescribed medications were available for administration. A robust stock control system must be implemented to ensure patients have a continuous supply of their medication. This will necessitate ensuring that requests for prescribed medicines are followed up, by the registered nurses, if prescriptions and medicines are not obtained from the general medical practitioner and community pharmacist in a timely fashion and also that management is informed of any shortfall in the supply of medicines. Two requirements have been made.

There was poor management of medicines prescribed for newly admitted patients. It was evidenced that adequate supplies of medicines were not available for two patients receiving respite care. The registered nurse advised that this was the responsibility of the family. This is a further indication that registered nurses lack knowledge regarding their roles and responsibilities in the care of patients. Robust systems must be in place if families are sharing responsibility for acquiring medicines during periods of respite care to ensure that patients have a continuous supply of their prescribed medication. A requirement has been

made. Records of prescribing, request, receipt and disposal had not been maintained in a satisfactory manner.

The arrangements for the management of controlled drugs were unsatisfactory. Issues with respect to recording are detailed in Section 6.2. Registered nurses had failed to administer weekly transdermal opioid patches as prescribed to three patients. There was no evidence that registered nurses were aware of the omissions, despite the requirement that these medicines are checked at regular intervals. Transdermal opioid patches must be administered in accordance with the prescribed instructions. The controlled drug record book indicated that there was 100mls morphine sulphate 10mgs/5mls solution in stock for one patient. This controlled drug was not in stock and there was no record of its destruction. The registered person must investigate this discrepancy and submit a written response to RQIA. Two requirements have been made.

There was lack of a robust system for managing warfarin for one patient. Dosage directions had not been received in writing and daily stock counts were not being accurately maintained. This has the potential for an error in administration to occur and to be unidentified, which could affect the wellbeing of the patient. A robust system must be in place for the management of warfarin dosage directions and the recording of warfarin stock balances. A requirement has been made.

Blood glucose meters do not have quality control checks performed on them in accordance with the manufacturers' instructions. Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions, using in-date quality control solutions. The recommendation which was made at the previous inspection is restated.

The inspectors discussed best practice in relation to the management of when required medicines for distressed reactions and medicines prescribed for Parkinson's disease were discussed with the responsible person and temporary home manager. The administration of 'when required' medicines should be documented in the care plan and the daily notes should evidence the administration. Medicines for Parkinson's disease should be administered promptly at the specified time to ensure that the patients' health needs are maximised.

COMPLIANCE LEVEL: Not compliant

6.2 Medicine Records

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

Records of medicines requested, received, prescribed, administered and disposed of had not been maintained in such a manner as to ensure that there was a clear audit trail and to demonstrate that medicines were being appropriately managed and administered. Issues in relation to the completion of disposal records had been raised at the inspection on 17 September 2013.

The following observations were made:

Request and receipt of medicines records

Gaps were observed in the records of the request and receipt of medicines, particularly with respect to quantities, dates and staff signatures. The receipts of some medicines had not been recorded. The request and receipt of medicines records must be fully and accurately maintained in order to provide a clear audit trail and to identify potential stock control issues. A requirement has been made.

Personal medication record (PMRs)

The following matters need to be addressed:

- The patient's medicine allergy status was sometimes not specified
- Warfarin was not specified for one patient
- The abbreviation 'i.u.'(instead of international units) was used to record the insulin dose for two patients
- One medicine had a double entry (generic name and proprietary name)
- The medicine strengths were missing for some inhalers and nebules
- Most patients' photographs were either missing or were not attached onto the designated section of the record sheets
- Two registered nurses do not routinely sign handwritten entries.

The PMRs must be fully and accurately maintained. A requirement has been made.

An up-to-date photograph of the patient should always be attached onto the designated section of their PMR. A recommendation has been restated.

Two registered nurses should sign all handwritten entries on the PMRs. A recommendation has been made.

Medication administration records (MARs)

The MARs had been maintained in a mostly satisfactory manner however some MARs sheets could not be located. MARs must be filed so as they are available for inspection. A requirement has been made.

Registered nurses sometimes delegate the responsibility of administering thickening agents and external preparations; records of the administration are not, however, maintained. Where care staff administer thickening agents and external preparations accurate records of administration must be maintained. The registered person must review the arrangements for the recording of delegated tasks. A requirement has been made.

Disposal of medicines record

The entries in the disposal of medicines record were often not signed by the two members of nursing staff who disposed of the medicines. The entries in the disposal of medicines record must always be signed by the two members of nursing staff who disposed of the medicines. A requirement has been restated.

Medicine doses removed for disposal from one patient's Medipak had not been recorded. All medicine disposals must be recorded. A requirement has been made.

Records for controlled drugs

The administrations and disposals were not always recorded and witnessed by a second suitably competent person. Following the destruction of controlled drugs, the running balance was sometimes not brought to zero. Running stock reconciliation checks are not completed at shift changes. Accurate records for the administration, disposal and stock balance reconciliation checks of controlled drugs must be maintained. A requirement has been made.

COMPLIANCE LEVEL: Not compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

The majority of medicines were stored safely and securely and in accordance with the manufacturers' instructions.

There are two medicine refrigerators. One refrigerator only has the current temperature monitored and recorded. The temperature reading was sometimes 21°C. The other refrigerator, which was being used to store insulin, was unlocked and the temperature was not recorded; the need to ensure this refrigerator is locked was discussed. The temperature range of each medicine refrigerator must be monitored and recorded daily in order to ensure it is being maintained within the recommended range of 2°C and 8°C. A requirement has been made.

Several medicines (Insulin pens, Procal, Seretide) were unlabelled. For one patient, medicines in a compliance aid did not have their descriptions specified. Two insulin pens currently in use did not have the patient's name and date of opening stated on them. All medicines must be clearly labelled. A requirement has been made.

The controlled drug cabinet was full. The need to purchase a larger capacity controlled drug cabinet was discussed. One patient's temazepam was contained in a multi compartment compliance aid pack which was being stored in the medicines trolley. The temporary home manager agreed to ensure that it was immediately moved to the controlled drug cabinet.

A number of oxygen cylinders were being stored in the treatment room; three were not stored securely. The need for all oxygen cylinders to be stored securely was discussed.

COMPLIANCE LEVEL: Moving towards compliance

6.4 Administration of Medicines

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

As previously stated, the poor management of the stock control of medicines meant that some prescribed medicines had been or were unavailable for administration as prescribed. It was evidenced during the inspection, from several of the records examined, that some patients had been without a supply of their prescribed medicines for up to 11 days.

Of the range of medicines which were audited, 14 medicines showed an unsatisfactory correlation between the prescribed instructions, patterns of administration and stock balances. The outcomes were discussed with the registered person and temporary home manager at the end of the inspection who agreed to closely monitor these medicines as part of the increased level of audit activity. As previously stated, the registered person must have procedures in place to regularly monitor and audit all areas of the management of medicines to ensure that they are in compliance with legislative requirements and minimum standards. Systems must be in place to ensure that any shortfalls are identified and appropriate action is taken.

There was a variation between the dosage instructions specified on the PMR and the medicine label of one supply of Ebixa pump. The correct dosage instructions for this medicine must be clarified with the prescriber. A requirement has been made.

COMPLIANCE LEVEL: Not 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 residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mr Raymond Murphy, Registered Person, and Mrs Aveen Donnelly, Temporary Home 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:

Paul W. Nixon
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

COLINVALE COURT
12 AUGUST 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 **Mr Raymond Murphy, Registered Person and Mrs Aveen Donnelly, Temporary Home 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 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 person must ensure that prescribed medicines are available for administration to all patients by 13 August 2014 at 17:00 hours. **Ref: Urgent Actions Letter; Section 6.1**	One	The unannounced medicines inspection has highlighted systemic and individual failings in the managmenet of medicines within the home. As a result, a meeting was held on 22nd August with registered nurses, to present the findings of the inspection report. Once approved, this QIP will be shared with all registered nurses, in order to encourage inclusivity in the improvement process. It will also be available in the home's foyer, for patients' relatives to access, together with the full medicines management inspection report. Confirmation that all prescribed medicines were in stock was provided to the RQIA on 15h August. However, ongoing daily monitoring of this has identified a culture of complacency in relation to medication omissions. A weekly report will be submitted to the RQIA until further notice, detailing any missed doses. A system is in place for all registered nurses to record any shortfalls in medications and the corrective action taken to obtain the missing medication.	Immediate action 13 August 2013

				One individual nurse has been nominated as the person responsible for stock control of medicines and this will be checked twice weekly. The nominated nurse for stock control will take responsibility for the ordering process, by ensuring that quantities ordered, correlate exactly with the required amount. Any discrepency in quantities are to be rectified with the general practitioner, early in the ordering cycle. The ordering process is to be separate from that of sister home, Louisville. The order forms are currently posted with a stamped address envelope to GPs, for return postage to the home. The current system of returning scripts is fragmented and will be reviewed to ensure that that prescriptions are managed appropriately and promptly. For future admission, it must be made clear at pre-admission stage that sufficient medication must be provided on the day of admission, until the management of medications has been subsumed into the home's monthly ordering process with the contracted pharmacist.	

2	13(4)	The entries in the disposal of medicines record must always be signed by the two members of nursing staff who disposed of the medicines. **Ref: Sections 5.0 and 6.2**	Two	Both the weekly and monthly auditing processes have been expanded to identify the presence/absence of a second signatory in the medicines disposal book. In addition, staff will commence using one individual page in the drug disposal book, for clarity. A sample of a completed form is available on the notice board, for staff to see how the forms are to be completed.	9 September 2014
3	13(4)	The registered person must have procedures in place to regularly monitor and audit all areas of the management of medicines to ensure that they are in compliance with legislative requirements and minimum standards. Systems must be in place to ensure that any shortfalls are identified and appropriate action is taken. **Ref: Sections 6.1 and 6.4**	One	The governance arrangements in relation to medicines management have been reviewed. Monitoring of out of stock medications will be carried out daily. Medicines audits will be carried out weekly by the sister in the home; Monthly audits will similarly be conducted by the contracted pharmacist.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered person must ensure that all registered nurses have received further training on the issues raised during the inspection, including their professional accountability, and been deemed competent in the management of medicines. A record of the competency assessments must be maintained and available for inspection. **Ref: Section 6.1**	One	Medicines Supervision was carried out on 22nd August, detailing all issues raised during the unanounced medicines inspection. Registered nurses were provided with a copy of the NMC Records Management Booklet; and a copy of the NMC (2007) Medicines Management Guidelines. All staff will be required to sign for receipt of same. All registered nurses have been provided with a medicines competency assessment. This competency assessment will be completed on an annual basis and incorporated into the induction process for new staff members. As part of the quality improvement monitoring arrangements, it is intended that the medicines competency assessments will be completed following the provision of medicines management training and following assessment by a qualified trainer, who has supervised at least two drug rounds with each nurse. These competency assessments will maintained in the manager's office and will be available for future inspection. Ongoing training is being organised for registered nurses in relation to	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014

				medicines management,	
5	13(4)	The registered person must review the medicines management policies and procedures. **Ref: Section 6.1**	One	On 22nd August, a standard operating procedures (SOP) for controlled drugs was issued to all registered nurses. The medicines management policies and procedures will be completely reviewed by 9th Novemeber, to ensure that all issues raised in the unannounced medicines inspection are included.	9 November 2014
6	13(4)	The registered person must implement a robust stock control system to ensure patients have a continuous supply of their prescribed medication. **Ref: Sections 6.1 and 6.4**	One	There is one nominated person responsible for stock control of medicines. This nominated person is responsible for checking twice weekly, that there is at least 5 days supply of medicines, in stock. Staff are also aware that if there is a change of prescription mid-cycle, that additional ordering of medicines should be done, where quantities ordered may not be sufficient. Staff are also aware of the collective responsibility of all nurses, in respect of medications being out of stock. The organisational behaviour regarding the management of medicines needs to be addressed, in particular the culture of complacency around documentation and stock control. This is an ongoing objective of the home manager.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	13(4)	The registered person must ensure that robust systems are in place if families are sharing responsibility for acquiring medicines during periods of respite care to ensure that patients have a continuous supply of their prescribed medication. **Ref: Section 6.1**	One	At pre-admission stage, it will be communicated to family members that a continuous supply of prescribed medication must be provided to the home on the day of admission. On the day of admission, the admitting nurse is responsible for counting the received medication to ensure that sufficient quantities have been provided - this is to be recorded in the drugs received book. The medicines policy and procedures will reflect the home's policy that medipack systems will no longer be accepted in the home. This will also be communicated to families of repeat-respite patients, who may have provided this system in the past.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014
8	13(4)	The registered person must ensure that transdermal opioid patches are administered in accordance with the prescribed instructions. **Ref: Section 6.1**	One	Medicines Supervision 22nd August addressed the findings of the unannounced medicines inspection, in relation to that late application of transdermal opioid patches. The personal medication records are to be reviewed for clarity of instruction. A patch prompt calendar is in place, but is not intended to supersede the written instruction on the personal medication record. A twice daily patch checking form will be instituted and held in the drug kardex, to ensure that patches are in place. It is intended that due dates for patch applications are also diarised.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014

9	13(4)	The registered person must investigate the discrepancy in morphine sulphate 10mgs/5mls solution, prescribed for one patient, and submit a written response to RQIA. **Ref: Section 6.1**	One	The discrepancy in morphine sulphate was investigated and a written response submitted to RQIA Pharmacy on 22nd August 2014.	9 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
10	13(4)	The registered person must ensure that a robust system is in place for the management of warfarin dosage directions and the recording of warfarin stock balances. **Ref: Section 6.1**	One	Medicines supervision carried out August 22nd, regarding the management of warfarin dosages. Staff are aware that two signatures are necessary, when administering warfarin and when transcribing changes to direction. Fax copies of INR results and changes in dosages, must be requested from the GP and signed by the nurse, who recieves the fax copy. Staff are aware of their responsibilities in recording count-downs of warfarin, by way of physically counting the stock balance, rather than a theoretical count, based on what was recorded previously.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014
11	13(4)	The registered person must ensure that the request and receipt of medicines records are fully and accurately maintained. **Ref: Section 6.2**	One	Medicines supervision August 22nd addressed need for date of ordering to be recorded on order book. The current format will be changed to facilitate this. Medications will be counted in and cross-referenced against quantities ordered. This will be audited weekly by nursing staff and on a monthly basis by the pharmacist; and addressed with individual staff members accordingly. Controlled drugs will be counted in with two signatories, rather than one. Contracted pharmacist also aware to receive a signature on delivery to the home.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 201.
12	13(4)	The registered person must ensure that personal medication records are fully	One	All personal medication records are in the process of being re-written for	This requirement is

		and accurately maintained. **Ref: Section 6.2**		clarity, cross-referenced with the prescriptions and checked complete against information received from GPs. The weekly and monthly auditing prosesses have been expanded to identify issues such as, allergy section not being completed, illegibility, absence of photographs, absence of second signatory in both prescibed and discontinued medicines.	subsumed into the Failure To Comply Notice issued on 19 August 2014
13	19(3)(b)	The registered person must ensure that medication administration record sheets are filed so as they are available for inspection. **Ref: Section 6.2**	One	This has been addressed in the Medicines Supervision 20th August. MAR sheets that were incorrectly filed have now been put back into the existing filing system.	9 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
14	13(4)	The registered person must review the arrangements for the recording of delegated tasks. **Ref: Section 6.2**	One	Arrangements for the recording of delegated tasks has been reviewed, namely the use of thickening agents and the topical application of creams and ointments. Respective Competency Assessments are available and will be used on an annual basis going forward. The care staff will use an amended MAR sheet to document these tasks. Ongoing training is being sought, with regards to these delegated duties and it is intended that these competencies, will be incorporated into the induction of all new staff.	9 September 2014
15	13(4)	The registered person must ensure that all medicine disposals are recorded. **Ref: Section 6.2**	One	The medicines disposal book will be audited as part of the weekly and monthly auditing processes. This will be checked for appropriate method of disposal and presence of a second signatory.	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014
16	13(4)	The registered person must ensure that records for the administration, disposal and stock balance reconciliation checks of controlled drugs are accurately maintained. **Ref: Section 6.2**	One	All staff have been instructed that side by side reconciliation checks of controlled drugs must be done twice daily. All registered nurses issued with a copy of the NMC (2007) Medicines Management Guidelines and a copy of the home's standard operating procedures (SOP) for the management of controlled drugs. New control drug registers will replace the current system	This requirement is subsumed into the Failure To Comply Notice issued on 19 August 2014

				of recording.	
17	13(4)	The registered person must ensure that the temperature range of each medicines refrigerator is monitored and recorded daily in order to ensure it is being maintained within the recommended range of 2°C and 8°C. **Ref: Section 6.3**	One	The form for recording refridgerator temperatures has been re-formated, to include remedial action taken when temperatures recording outside normal parameters. This was addressed in the Medicines Supervision 20th August. The fridge temperatures will also be checked as part of the weekly and monthly auditing processes.	9 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
18	13(4)	The registered person must ensure that all medicines are clearly labelled. **Ref: Section 6.3**	One	Labelling of all medicines has been checked by the contracted pharmacist. Labelling of medicines has been addressed in the Medicines Supervision, carried out 20th August, specifically in relation to missing labels and instances where there is disparity between the instructions on the personal medication record and the label attached to the medication box/bottle/inhaler. The labelling of medicines has been incorporated into the weekly and monthly medicines auditing processes.	9 September 2014
19	13(4)	The registered person must ensure that the correct dosage instructions for the administration of Ebixa pump, prescribed for one patient, are clarified with the prescriber. **Ref: Section 6.4**	One	The label on the ebixa pump now correlates with the instruction on the drug kardex, following clarification with the GP.	9 September 2014

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	Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions, using in-date quality control solutions. **Ref: Sections 5.0 and 6.1**	Two	Individual glucometers have been ordered for each patient, who requires blood glucose monitoring. Each glucometer will be quality control checked on a weekly basis and this will be audited as part of the weekly and monthly medicines auditing processes.	9 September 2014
2	38	An up-to-date photograph of the patient should always be attached onto the designated section of their personal medication record sheet. **Ref: Sections 5.0 and 6.2**	Two	All patients have a dated photograph attached to their personal medication record sheet. The weekly and monthly audit process has been expanded to identify absences of photographs.	9 September 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	37	The standard operating procedures detailing the arrangements for the management of controlled drugs should be expanded to include the arrangements for the ordering, transport and receipt of controlled drugs and amended to reflect the current arrangements for the disposal of controlled drugs. **Ref: Section 5.0** **Carried forward from the previous inspection**	One	The standard operating procedures for management of controlled drugs (SOP) has been issued to all registered nurses and a copy is retained for reference in the Medicines Management Folder, held in the Treatment Room. This document details ordering, transport, receipt and disposal of controlled drugs. The weekly and monthly auditing process has been amended to identify instances where this is not being adhered to. A copy of the CD SOP has also been provided to the contracted pharmacist.	Ongoing

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The written procedures for the disposal of medicines should be amended to reflect current practice. **Ref: Section 5.0** **Carried forward from the previous inspection**	One	The Medicines Management Policy and Procedure is in the process of being amended, to reflect correct disposal of medicines. The presence of a secondary signature in the drugs disposal book has been incorporated into the weekly and monthly medicines audit tool.	Ongoing
5	38	Two registered nurses should sign all handwritten entries on the personal medication records. **Ref: Section 6.2**	One	Medicines Supervision carried out with registered nurses on 20th August, re-emphasised the need for two registered nurses to sign all handwritten entries on the personal medication records. The personal medication records of all patients are being re-written for clarity, cross-referenced with prescriptions and available medical history. The presence of two signatures for all prescribed and discontinued medications has been incorporated into a weekly medicines audit tool used by the home. It will additionally be audited on a monthly basis, by the contracted pharmacist in his/her audits. All registered nurses have been provided with a copy of the NMC (2007) Standards for Medicines Management and a copy of same is available for reference in a Medicines Management Folder, held in the	9 September 2014

				Treatment Room.	

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	Aveen Donnelly (Temporary Home Manager)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Raymond Murphy

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	18/09/14
B.	Further information requested from provider		X	Paul W. Nixon	18/09/14