NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018411**
Establishment ID No:	**11101**
Name of Establishment:	**Cairnmartin Court Care Home**
Date of Inspection:	**10 November 2014**
Inspector's Name:	**Paul Nixon**

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

Name of home:	Cairnmartin Court Care Home
Type of home:	Nursing Home
Address:	250 Ballygomartin Road Belfast BT13 3NG
Telephone number:	(028) 9072 2050
E mail address:	michellebaird@priorygroup.com
Registered Organisation/ Registered Provider:	Priory Elderly Care Ltd / Mrs Caroline Denny
Registered Manager:	Ms Michelle Baird – Registration Pending
Person in charge of the home at the time of Inspection:	Ms Michelle Baird
Categories of care:	Nursing (NH) I maximum of 31 beds DE maximum of 31 beds
Number of registered places:	62
Number of patients accommodated on day of inspection:	60
Date and time of current medicines management inspection:	10 November 2014 10:15 – 14:10
Names of inspectors:	Paul Nixon and Cathy Wilkinson
Date and type of previous medicines management inspection:	29 August 2012 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with the nurse manager, Ms Michelle Baird and registered nurses 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, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

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

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

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

Table 1: Compliance statements

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

Cairnmartin Court Care Home is a purpose built three storey, detached private nursing home.

The home offers bright and spacious accommodation for 62 patients on the ground and first floors. The bedrooms are all single rooms with ensuite shower and toilet facilities. Each has been furnished with a profiling bed and a range of furniture providing storage for patients' personal possessions.

There are sitting rooms and dining rooms located throughout the home, all are tastefully decorated and have comfortable furnishings. The main sitting room on the ground floor looks out on to an enclosed garden situated at the rear of the building. The first floor sitting room provides a panoramic view of North and East Belfast. All patients have access to the garden.

There are two assisted bathrooms on each floor, of the home, ensuring that bathing facilities are available for patients. Communal toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities are accessible to all patients and visitors.

The second floor accommodates the laundry, kitchen, staff rest rooms, storage space and a staff training room.

The home is registered to provide nursing care (NH) within the following categories and conditions:

NH - I Old age not falling into any other category to a maximum of 31 patients

NH - DE Dementia care to a maximum of 31 patients accommodated within the dementia unit.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Cairnmartin Court Care Home was undertaken by Paul Nixon and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 10 November 2014 between 10:15 and 14:10 hours. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors 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 inspectors met with the nurse manager, Ms Michelle Baird, and 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 in Cairnmartin Court Care Home 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.

The eight requirements and three recommendations which were made at the previous medicines management inspection on 29 August 2012 were examined during the inspection. The inspectors' validation of compliance is detailed in Section 5.0 of this report.

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

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the arrangements for staff medicines management training and competency assessments, the robust monitoring of solid formulation medicines not dispensed in the monitored dosage system blister packs, the routine recording of the dates of opening of medicine containers to facilitate audit activity and the additional records in place for warfarin.

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

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. There should be an increase in the level of audit of liquid formulation medicines, in order to ensure their administrations are in compliance with the prescribed instructions.

The incident where one BuTrans patch was not administered to a patient during October 2014 must be investigated and a written response submitted to RQIA.

Confirmation of medicine regimens should be in place for all new patients.

Staff roles with respect to the applications of external medicines should be reviewed.

The arrangements for the disposal of controlled drugs (including Schedule 4, Part 1 controlled drugs) should be reviewed to ensure there is evidence they were denatured prior to disposal.

Medicine records had been maintained in a largely satisfactory manner. In the general nursing unit, the disposal of all controlled drugs should be documented in the disposal of medicines record and two staff should routinely sign the entries.

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

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

The inspectors would like to thank the nurse manager and registered nurses 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 29 August 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	In-use insulin pens must be named and dated. **Stated twice**	Each insulin pen was named; two of the four pens examined were dated.	Substantially compliant
2	Reg. 13(4)	The manager must implement a robust auditing system on all non-blistered medicines. **Stated once**	There was recorded evidence of a robust auditing system on non-blistered solid formulation medicines. Audits on these medicines produced satisfactory outcomes. Five audits on liquid formulation medicines produced unsatisfactory outcomes. There should be an increase in the level of audit of liquid formulation medicines, in order to ensure administrations are in compliance with the prescribed instructions. **A recommendation is stated.**	Substantially compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	Reg. 13(4)	The administrations of inhaled medicines must be closely audited in order to ensure compliance with the prescribers' instructions. **Stated once**	There was recorded evidence that the administrations of inhaled medicines are audited in order to ensure compliance with the prescribers' instructions. One audit, on Symbicort Turbohaler prescribed for one patient, produced an unsatisfactory outcome.	Substantially compliant
4	Reg. 13(4)	The non-administrations of three bisoprolol 2.5mg tablets doses to patient A must be reported to the prescriber and their advice sought. **Stated once**	The person registered informed RQIA that the prescriber was contacted and advised the home to continue with the current regime. RQIA wasprovided with an update regarding this matter on 30 August 2012.	Compliant
5	Reg. 13(4)	The prescriber must be contacted to determine if diazepam, prescribed for patient B on a trial basis, is to continue. **Stated once**	The person registered informed RQIA that the prescriber was contacted and advised the home to continue administering diazepam on a trial basis to the patient.	Compliant
6	Reg. 13(4)	The manager must forward details of the outcomes of the medicines management audit activity to RQIA on a monthly basis until further notice. **Stated once**	These audits were submitted to RQIA on a monthly basis for four consecutive months.	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	Reg. 13(4)	The arrangements for managing patients' medicines on admission must be reviewed. **Stated once**	In the general nursing unit, two observations were made of instances where medicine regimens for new patients had not been confirmed with the prescriber. **This requirement is restated.**	Moving towards compliance
8	Reg. 13(4)	The arrangements for the application of topical medicines by care assistants within the dementia unit must be reviewed. **Stated once**	The arrangements for the application of topical medicines by care assistants within the dementia unit had been reviewed. However, in the general nursing unit, there was some confusion regarding the roles of the registered nurses and care staff with respect to the applications of external medicines. **A recommendation is stated.**	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The date of opening should be recorded on all medicine containers, in order to facilitate a clear audit trail. **Stated once**	This practice was observed.	**Compliant**
2	37	A running stock balance should be maintained for each warfarin preparation. **Stated once**	This practice was observed.	**Compliant**
3	38	In the absence of the prescriber's signature, two nurses should always initial or sign handwritten entries on the personal medication record and medication administration record sheets. **Stated once**	This practice was observed.	**Compliant**

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:	
A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are largely being administered to patients in accordance with the prescribers' instructions. However, the following seven audits produced unsatisfactory outcomes: - General Nursing Unit: One audit each on BuTrans patch (patch not applied during October 2014), digoxin elixir, furosemide liquid and Symbicort Turbohaler - Dementia Unit: One audit each on citalopram drops, memantine oral solution and ferrous fumarate solution. The outcomes of these audits were discussed with the nurse manager and operations manager. The incident where one BuTrans patch was not administered to a patient during October 2014 must be investigated and a written response submitted to RQIA. A requirement is stated. There should be an increase in the level of audit of liquid formulations, in order to ensure their administrations are in compliance with the prescribed instructions (see Criterion 37.7). In the general nursing unit, two observations were made of instances where medicine regimens for new patients had not been confirmed with the prescriber. In the dementia unit, with levothyroxine prescribed for a recently admitted patient, the entry on the personal medication record (50 micrograms) and the stock held (100 micrograms) did not match the information obtained from the GP practice (150 micrograms). The nurse manager agreed to ensure the correct dose is verified with the prescriber. These observations indicate the need for the	Substantially compliant

arrangements for managing patients' medicines on admission to be reviewed. A requirement is restated. The process for obtaining prescriptions was reviewed. The nurse manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing. The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained. The records in place for the use of 'when required' medicines in the management of distressed reactions were examined for three patients. Each of the three patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the medicine administration record sheets. The reasons for administration and outcomes had generally been recorded. The nurse manager stated that medicated external medicines are applied by registered nurses and that care staff only apply non-medicated topical medicines. However, this did not appear to always be the practice in the general nursing unit. The medication administration records indicated that care staff were applying Betnovate cream and Proctosedyl ointment. Examination of the Betnovate cream indicated that the tube had not been opened even though staff were recording that it had been used. Staff roles with respect to the applications of external medicines should be reviewed. A recommendation is stated.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection. There are Standard Operating Procedures for the management of controlled drugs.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There is a programme of staff medicines management training in the home. The nurse manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed. Care staff have received training on the management of thickening agents and competency assessments have been completed for them. A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained.	Compliant
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 nurse manager confirmed that the impact of medicines management training on staff members is evaluated through supervision and observation of practice. Staff appraisals and competency assessments are undertaken on an annual basis and a record of this activity is maintained. A sample of the staff competency assessments was examined.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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 placed into pharmaceutical clinical waste bins by nursing staff. The waste bins are removed by a clinical waste company. In the general nursing unit, there was no documented evidence that controlled drugs are denatured prior to their disposal. The arrangements for the disposal of controlled drugs (including Schedule 4, Part 1 controlled drugs) should be reviewed to ensure that there is evidence they were denatured prior to disposal. A recommandation is stated.	Substantially 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:	
There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. As stated in Criterion 37.1, there should be an increase in the level of audit of liquid formulations, in order to ensure their administrations are in compliance with the prescribed instructions. A recommendation is stated. Dates and times of opening had been recorded on the containers. This good practice is commended.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

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 were observed to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of each of the above records was examined and found to have been maintained in a satisfactory manner. There was a good correlation between the personal medication record and medication administration record entries and the details printed on the medicine labels. Records of the receipts and disposals of medicines had been appropriately completed in the dementia unit. The disposal of medicines record within the general nursing unit requires improvement to ensure that all controlled drugs are documented and that two staff routinely sign the entries. A recommendation is stated. .	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements. Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. The temperature range of the medicine refrigerators and the medicine storage rooms are monitored and recorded each day. Temperatures had been maintained within the recommended ranges. The following observations were discussed with the nurse manager, who agreed to ensure the necessary actions are taken to address the issues: - Tubes of topical medicines, which were being stored in one patient's room, were observed to be very dirty and a tube of Fucidin cream had no lid on it. - Two insulin pens each had a needle attached to them. - Oxygen cylinders were not chained to the wall.	Substantially compliant

STANDARD 39 - MEDICINE STORAGE

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.	**COMPLIANCE LEVEL**
Inspection Findings:	
In each unit, the medicine keys were observed to be in the possession of the registered nurse on duty. The controlled drug cabinet key was observed to be carried by the designated registered nurse, separately from the other medicine keys.	Compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

None

8.0 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 Michelle Baird (Manager, Registration Pending) and Mr Gavin O'Hare-Connolly (Operations Manager), during the inspection, 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 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 INSPECTION

CAIRNMARTIN COURT CARE HOME
10 November 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 **Ms Michelle Baird (Manager, Registration Pending) and Mr Gavin O'Hare-Connolly (Operations 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 REQUIREMENT **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 arrangements for managing patients' medicines on admission must be reviewed. **Ref: Criterion 37.1**	Two	Admission checklists have now been implemented with all registered nurses. GP medication lists must be obtained before admission and cross checked to most recent date. A copy will be maintained in the clinical notes and signed by admitting nurse and Home Manager.	10 December 2014
2	13(4)	The registered person must ensure that the incident where one BuTrans patch was not administered to a patient during October 2014 is investigated and a written response submitted to RQIA. **Ref: Criterion 37.1**	One	Butrans patch was administered with x2 micrograms patches to use up the last of the 5 micrograms stalk. Investigation completed and revealed clearly no omission, the Inspector reviewed 10mg records only and not 5mg records.	10 December 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	There should be an increase in the level of audit of liquid formulations, in order to ensure their administrations are in compliance with the prescribed instructions. **Ref: Criterion 37.1**	One	New audit forms have been implemented for all liquid medication. Deputy and Home manager will also audit these on a weekly basis - Home manager completing daily random audit / sampling. All nurses fully briefed on the importance of rolling audit and meaningful data in line with medicines administration.	10 December 2014
2	37	Staff roles with respect to the applications of topical medicines should be reviewed. **Ref: Criterion 37.1**	One	Clinical training sessions have been implemented for registered nurses and health care staff on application and recording of all topical medications, this will be reviewed six monthly, and updated as required.	10 December 2014
3	37	The arrangements for the disposal of controlled drugs (including Schedule 4, Part 1 controlled drugs) should be reviewed to ensure that there is evidence they were denatured prior to disposal. **Ref: Criterion 37.6**	One	Formal supervisions with all registered nurses have been completed. deputy and home manager will complete random sampling and report directly to the Operations Director weekly on disposal of controlled drugs. Staff Nurses have reviewed and signed the policies relating to same.	10 December 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	In the general nursing unit, the disposal of all controlled drugs should be documented in the disposal of medicines record and two staff should routinely sign the entries. **Ref: Criterion 38.2**	One	All registered nurses have been advised through supervisions that two staff must sign all enteries. Deputy and Home manager will carry out routine audits and random checks sampling.	10 December 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 and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Michelle Baird(HM) and Gavin O'Hare-Connolly (OD)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

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	19/11/2014
B.	Further information requested from provider		X	Paul W. Nixon	19/11/2014