NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18218**
Establishment ID No:	**11107**
Name of Establishment:	**Rose Martha Court**
Date of Inspection:	**30 April 2014**
Inspectors' Names:	**Paul Nixon and Judith Taylor**

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:	Rose Martha Court
Type of home:	Nursing Home
Address:	30 Westbourne Avenue Ballymena BT43 5LW
Telephone number:	(028) 2564 8165
E mail address:	manager.rosemartha@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Logan Logeswaran (Registration Pending)
Registered Manager:	Ms Nicola Culleton (Registration pending)
Person in charge of the home at the time of Inspection:	Ms Nicola Culleton
Categories of care:	NH - DE, I, PH, PH(E) and TI RC - DE and RC - I
Number of registered places:	100
Number of patients accommodated on day of inspection:	98
Date and time of current medicines management inspection:	30 April 2014 10:15 – 16:50
Names of inspectors:	Paul Nixon and Judith Taylor
Date and type of previous medicines management inspection:	3 December 2013 Unannounced Monitoring inspection

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Ms Nicola Culleton (Manager) and the designated staff on duty in each suite
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 inspectors examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Rose Martha Court is a purpose built two storey detached private nursing home.

The home was registered in 2010 and offers bright and spacious accommodation for 100 people.

The home is divided into four suites:

- Braid (Residential care dementia unit with 18 beds)
- Galgorm (Residential frail elderly unit with 20 beds)
- Maine (Nursing dementia unit with 29 beds)
- Slemish (Nursing frail elderly unit with 33 beds)

All bedrooms are single rooms with en suite facilities. Each has been furnished with a profiling bed, a range of furniture providing storage for patients' / residents' personal possessions and a television. There are eight assisted bathrooms in the home ensuring that bathing facilities are available to meet all patients' needs.

There are sitting rooms and dining rooms located throughout the home. A small kitchenette is located on each floor with facilities for making a cup of tea or a snack.

There is an activity room where patients/residents may undertake various activities and a relaxation room where patients/residents can unwind and relax in peace and quiet. An enclosed garden is situated at the side of the building and this can be accessed by patients / residents.

Toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities throughout the home are accessible to all patients / residents and visitors.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rose Martha Court was undertaken by Paul Nixon and Judith Taylor, RQIA Pharmacist Inspectors, on 30 April 2014 between 10:15 and 16:50. 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 manager of the home, Ms Nicola Culleton, and the designated staff on duty in each suite. 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 Rose Martha Court 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 two requirements and two recommendations which were made at the previous medicines management inspection, on 5 April 2011, were examined during the inspection. One requirement is assessed as compliant and one requirement is assessed as substantially compliant. The two recommendations are assessed as compliant.

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

Areas of good practice were noted and highlighted during the inspection and the manager and staff are commended for their efforts. These include the robust medicines management audit activity, the routine recording of the dates of opening of medicine containers to facilitate audit activity, verification of handwritten entries on the personal medication record sheets by two designated staff members, the additional monitoring arrangements for memantine liquid preparations and the supplementary records that are in place for medicines prescribed to be administered on a 'when required' basis, antibiotics, benzodiazepines, bisphosphonates, insulin and warfarin.

There is a programme of staff medicines management training in the home. There are annual medicines management competency assessments for staff members who manage medicines. These competencies have been updated within the past 12 months.

The outcomes of a wide range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. Three audits on liquid formulation medicines in Maine Suite

produced unsatisfactory outcomes. The responsible individual should ensure that the administrations of liquid formulation medicines in Maine Suite are closely monitored to ensure the patients are receiving the prescribed doses.

Prescriptions should be reviewed by the home before being sent to the community pharmacy for dispensing.

In Slemish Suite, robust arrangements must be in place for the management of opioid transdermal patches. Patches must always be applied in accordance with the prescribed instructions. Systems must be in place to ensure patches remain in place and any removed/non-adhered patches are found and records of disposal maintained.

A care plan must be in place for any patient who is administered medication covertly.

An epilepsy management plan should be in place for any patient who is prescribed rectal diazepam or buccal midazolam for the treatment of status epilepticus.

In Maine Suite, the glucometer control solutions were in use beyond their recommended shelf lives and expiry dates. In Braid Suite, there was no recorded evidence of glucometer quality control checks. The responsible individual should ensure that appropriate arrangements are in place for performing glucometer quality control checks.

All controlled drugs in Schedule 4 (part 1) should be denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. Two designated staff members should witness medicines being placed in the medicines disposal bin and should sign the disposal record.

Medicine records had been maintained in a largely satisfactory manner. In Galgorm Suite, a record must be kept of each medicine placed in the waste container for disposal.

Medicines were generally stored safely and securely, in accordance with the manufacturers' instructions. In Maine and Slemish Suites, the temperature range of the medicine refrigerator must be maintained within the recommended range of 2°C and 8°C. In Braid Suite, all laxatives should be labelled appropriately.

The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.

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

The inspectors would like to thank the manager and the designated staff members on duty in each suite for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 3 December 2013:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The responsible individual must investigate the discrepancy in Mezolar Matrix transdermal patch, prescribed for a patient in Galgorm Suite, and submit a written response to RQIA. **Stated once**	This incident was investigated and a written response was submitted to RQIA on 13 December 2013.	Compliant
2	Reg. 13(4)	The responsible individual must continue to monitor the administration of liquid formulation medicines to patients to ensure they are receiving the prescribed dose. Any discrepancies should be reported to RQIA. **Stated once**	Most audits that were performed on liquid formulation medicines produced satisfactory outcomes. However, three audits on liquid formulation medicines in Maine Suite produced unsatisfactory outcomes. A recommendation is stated.	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The responsible individual should ensure that all staff cross-reference the controlled drug record book with the controlled drug stock balance book when reconciling stocks of controlled drugs. **Stated once**	This practice was observed.	Compliant
2	38	The responsible individual should ensure that any amendments to the entries in the controlled drug record books are made by a signed and dated entry in the margin or at the bottom of the page. **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:	
Largely satisfactory arrangements were observed to be in place for the management of medicines. Areas of good practice were noted and highlighted during the inspection and the manager and staff members are commended for their efforts. These include the robust medicines management audit activity, the routine recording of the dates of opening of medicine containers to facilitate audit activity, verification of handwritten entries on the personal medication record sheets by two designated staff members, the additional monitoring arrangements for memantine liquid preparations and the supplementary records that are in place for medicines prescribed to be administered on a 'when required' basis, antibiotics, benzodiazepines, bisphosphonates, insulin and warfarin. The outcomes of a wide range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. Three audits on liquid formulation medicines in Maine Suite produced unsatisfactory outcomes. The responsible individual should ensure that the administrations of liquid formulation medicines in Maine Suite are closely monitored to ensure the patients are receiving the prescribed doses. A recommendation is stated. The manager and the designated staff on duty in each suite advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Several of these written confirmations were examined and were observed to correlate with the entries on the personal medication record and medication administration record sheets. The process for obtaining prescriptions was reviewed. The manager advised that prescriptions are not reviewed by the home before being sent to the pharmacy for dispensing. A recommendation is stated. In Slemish Suite, several observations were made of instances where patients had either pulled off their opioid transdermal patches early or the patch was not in place. There was no record to indicate whether or not these	Substantially compliant

patches had been found or if they had been disposed of. Also, in Slemish Suite, several observations were made of instances where opioid transdermal patches, prescribed to be replaced every seven days, had not been replaced for eight days. The responsible individual must ensure that robust arrangements are in place for the management of opioid transdermal patches in Slemish Suite. Patches must always be applied in accordance with the prescribed instructions. Systems must be in place to ensure patches remain in place and any removed/non-adhered patches are found and records of disposal maintained. A requirement is stated. The arrangements for the management of warfarin were examined. The current written confirmation of dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained. In Braid Suite, two patients have medication covertly administered. In each instance, there was no care plan covering this arrangement. The responsible individual must ensure that a care plan is in place for any patient who is administered medication covertly. A requirement is stated. In Maine Suite, two patients are prescribed rectal diazepam for the treatment of status epilepticus. Neither patient had an epilepsy management plan. The responsible individual should ensure that an epilepsy management plan is in place for any patient who is prescribed rectal diazepam or buccal midazolam for status epilepticus. A recommendation is stated. It was acknowledged that there were no recent occasions when these medicines would have been needed. In Maine Suite, the glucometer control solutions had first been used on 4 October 2013. The expiry date on each solution was March 2014. In Braid Suite, there was no recorded evidence of glucometer quality control checks. The responsible individual should ensure that appropriate arrangements are in place for performing glucometer quality control checks. A recommendation is stated.	

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The written policies and procedures detailing the arrangements for the management of medicines were not examined in detail during this inspection. There are Standard Operating Procedures for the management of controlled drugs.	Compliant
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 manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and observed to have been appropriately completed. Care staff have received training on the management of topical medicines and 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:	
There are medicines management competency assessments for staff members who manage medicines. These competencies have been updated for all relevant staff within the past 12 months.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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
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 returned to the community pharmacy for disposal. The manager confirmed that the community pharmacist possesses a waste management licence. Controlled drugs in Schedules 2 and 3 are denatured and therefore rendered irretrievable, by two staff members, before their return to the community pharmacist for disposal. However, controlled drugs in Schedule 4 (part 1) are not denatured before being uplifted by the community pharmacist. Controlled drugs in Schedule 4 (part 1) should be denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. A recommendation is stated. In each suite, two designated members of home staff do not witness medicines being placed in the medicines disposal bin. This is best practice. Two designated members of staff should witness medicines being placed in the medicines disposal bin and should sign the disposal record. A recommendation is stated. In Galgorm Suite, a specific record is not maintained of the disposal of medicines (see Criterion 38.2). In Maine Suite, there was a considerable volume of medication awaiting uplift for disposal. This was drawn to the attention of the manager, who gave an assurance that she would arrange for the community pharmacist to uplift the waste containers without delay. The manager was reminded that waste containers should be collected for disposal on a regular basis.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

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 systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. Weekly audits take place in each of the four units, which includes the examination of the records belonging to a random sample of patients. Weekly audits are also completed on patients' medicines, using the dates of opening of containers as the base level for this activity, ensuring that all patients' medicines are audited during the course of the four-week medication cycle. Dates and times of opening had been recorded on the containers. This good practice is commended.	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 was found to have been maintained in a broadly 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. The personal medication records examined contained the required information. Handwritten entries had been verified and signed by two staff members. The medicine administration record sheets were observed to have been generally well completed. However, in Slemish Suite, there were a few instances where the reasons for non-administration of medicine doses had not been clearly specified. This was drawn to the attention of the manager. In Galgorm Suite, a specific record is not maintained of the disposal of medicines. A requirement 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

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:	
In each suite, storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Appropriate arrangements are in place for the stock control of medicines. In each suite, the temperature range of the medicine refrigerator is monitored and recorded each day. However, in Maine and Slemish Suites, the temperatures were often recorded as having been in the range of 8°C to 11°C. In Maine and Slemish Suites, the temperature range of the medicine refrigerator must be maintained within the range of 2°C and 8°C. A requirement is stated. In each suite, the temperature of the medicine storage room is monitored in order to ensure it is maintained at or below 25°C. In Braid Suite, some unlabelled laxative sachets and pods were observed in the medicine trolleys. The responsible individual should ensure that all laxative medicines are labelled appropriately. A recommendation is stated. In Slemish Suite, Daktacort and Timodine creams were being stored in the medicine cupboards. The need to store these medicines in the medicine refrigerator was discussed. The need for staff in Slemish Suite to ensure that sachets containing Versatis plasters are kept sealed was discussed.	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 suite, the medicine keys were observed to be in the possession of the designated staff members. The controlled drug cabinet key was observed to be carried by the designated person-in-charge, 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 twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

The Management of Distressed Reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for seven patients. Only three of the seven 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 sheets and records of administration had been maintained on both the medicine administration record sheets and supplementary recording sheets. For five of the seven patients, the reason for administration and outcome had not been routinely recorded in the daily progress notes. The responsible individual should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is stated.

For several patients, the administrations of the prescribed 'when required' anxiolytic medication for distressed reactions had developed into a regular daily pattern. The need for the prescriber to be requested to review the dosage instructions in such instances was discussed with the manager.

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 Nicola Culleton (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:

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Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ROSE MARTHA COURT
30 APRIL 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Nicola Culleton (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 responsible individual must ensure that, in Slemish Suite, robust arrangements are in place for the management of opioid transdermal patches. Patches must always be applied in accordance with the prescribed instructions. Systems must be in place to ensure patches remain in place and any removed/non-adhered patches are found and records of disposal maintained. **Ref: Criterion 37.1**	One	Systems in place to ensure patches remain in place and records for any removed/non-adhered patches are found and a records of disposal are maintained. Audit system in place to ensure this is adhered too.	30 May 2014
2	13(4)	The responsible individual must ensure that a care plan is in place for any patient who is administered medication covertly. **Ref: Criterion 37.1**	One	Care Plan in place for residents whose medication is administered covertly. All relavent multi-disciplinary professionals are consulted regarding the administration of medication which is administered covertly.	30 May 2014
3	13(4)	The responsible individual must ensure that, in Galgorm Suite, a record is kept of each medicine placed in the waste container for disposal. **Ref: Criteria 37.6 and 38.2**	One	With immediate effect records are maintained regarding medicine placed in the waste container for disposal.	30 May 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The responsible individual must ensure that, in Maine and Slemish Suites, the temperature range of the medicine refrigerator is maintained within the recommended range of 2°C and 8°C. **Ref: Criterion 39.1**	One	Daily temperature readings of the medicine refrigerators are maintained within all units. Staff record any actions required. This is audited by the Home Manager.	30 May 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	The responsible individual should ensure that the administrations of liquid formulation medicines in Maine Suite are closely monitored to ensure the patients are receiving the prescribed doses. **Ref: Criterion 37.1**	One	Weekly audits of liquid medicines continue to be recorded within each unit. Manager overseas the audit process and continues to monitor.	30 May 2014
2	37	The responsible individual should ensure that prescriptions are reviewed by the home before being sent to the community pharmacy for dispensing. **Ref: Criterion 37.1**	One	Monthly prescriptions are collected by the Pharmacy and them the Home reviews each script prior to being sent to community pharmacy for dispensing.	30 May 2014
3	37	The responsible individual should ensure that an epilepsy management plan is in place for any patient who is prescribed rectal diazepam or buccal midazolam for the treatment of status epilepticus. **Ref: Criterion 37.1**	One	Epliepsy management plans in place for residents who have a diagnosis of epilepsy and prescribed rectal diazepam or buccal midazolam. Monthly audit now in place to ensure this continues to be the norm.	30 May 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The responsible individual should ensure that appropriate arrangements are in place for performing glucometer quality control checks. **Ref: Criterion 37.1**	One	Weekly monitoring of all glucometers. Records held within each unit. Records held regarding the auditing of this.	30 May 2014
5	37	The responsible individual should ensure that all controlled drugs in Schedule 4 (part 1) are denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. **Ref: Criterion 37.6**	One	2 Denaturing kits available within the Home. All units now have documentation that requires 2 signatures from staff regarding this procedure.	30 May 2014
6	37	The responsible individual should ensure that two designated staff members witness medicines being placed in the medicines disposal bin and should sign the disposal record. **Ref: Criterion 37.6**	One	Memo to all staff informing them of this. Reviewed documentation within each unit to evidence this.	30 May 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	39	The responsible individual should ensure that, in Braid Suite, all laxative medicines are labelled appropriately. **Ref: Criterion 39.1**	One	Change of system regarding laxative medicines. Correct labeling system in place.	30 May 2014
8	37	The responsible individual should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. **Ref: Section 7.0**	One	Memo to staff informing them of this. Care plans to reflect this for residents requiring "when required" anxiolytic and antipsychotic medicines. Daily documentation for the reason and outcome recorded in daily progress notes.	30 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Nikki Culleton
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Emerson Kupfuwa

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	20/06/14
B.	Further information requested from provider		X	Paul W. Nixon	20/06/14