RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18121**
Establishment ID No:	**11109**
Name of Establishment:	**Mulhern Close Residential Home**
Date of Inspection:	**14 April 2014**
Inspector's Name:	**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:	Mulhern Close Residential Home
Type of home:	Residential Care Home
Address:	58 Coolnagard Avenue Omagh BT78 1GA
Telephone number:	028 8225 0382
E mail address:	manager.mulhern@oaklee.org.uk
Registered Organisation/ Registered Provider:	Inspire Wellbeing Limited Mr William Morrow (Acting)
Registered Manager:	Mr Kevin Miley
Person in charge of the home at the time of Inspection:	Ms Kerri Gregg (Deputy Manager) until 12:00 Mr Wayne Oliver (12:00 – 14:00)
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	12
Number of residents accommodated on day of inspection:	12
Date and time of current medicines management inspection:	14 April 2014 10:15 – 14:00
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	27 June 2011 Unannounced 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

Discussion with Ms Kerri Gregg, Deputy Manager, and Mr Wayne Oliver, Team Manager
Telephone call with Ms Kerri Gregg on 15 April 2014
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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Mulhern Close Residential Home is a newly built one storey facility which provides residential care for up to 12 persons in single bedroom accommodation. The home is a series of four purpose built bungalows interlinked by a walkway. The home was first registered with The Regulation and Quality Improvement Authority in May 2010.

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

RC - LD Learning Disability
RC - LD (E) Learning Disability - over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Mulhern Close Residential Home was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 14 April 2014 between 10:15 and 14:00. 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 residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with Ms Kerri Gregg, Deputy Manager, Mr Wayne Oliver, Team Leader, and staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Mulhern Close Residential 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 three requirements and four recommendations made at the previous medicines management inspection on 27 June 2011 were examined. One requirement is compliant and one is substantially compliant. The remaining requirement is moving towards compliance and is restated. One recommendation is compliant, one is substantially compliant, one is moving towards compliance and one is not compliant. Two requirements and a further recommendation have therefore been made.

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

Policies and procedures for the management of medicines are in place; however, these must be reviewed to ensure that all activities concerned with the management of medicines are covered. Standard Operating Procedures for the management of controlled drugs should be developed and implemented.

There is a programme of medicines management training.

Audit trails were performed on several medicines. The outcomes of these audits showed correlation between prescribed directions, administration records and stock balances of medicines. The date of opening had not been recorded on all medicine containers and balances remaining at the end of each four week cycle had not been recorded; this should be addressed. The registered manager must increase the level of audit activity on the administration of all medicines which are not supplied in the blister pack system. The registered manager was requested to investigate an apparent discrepancy in the administration of prednisolone 5mg tablets for Resident A.

The management of covert administration and the records in place for 'when required' medicines must be reviewed and revised.

Records had been maintained in a mostly satisfactory manner. However, improvements in the standard of maintenance of the administration records which are completed by support workers are necessary. The registered manager must ensure that records of the administration of nutritional supplements, thickening agents and external preparations are accurately maintained and contain the necessary detail.

Storage was observed to be tidy and organised.

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

The inspector would like to thank the deputy 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 27 June 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Written policies and procedures for the management of medicines must be reviewed and, where necessary, revised to ensure that they cover each of the activities concerned with the management of medicines in the home. **Stated once**	The policies and procedures had been reviewed; however, they still do not cover each of the activities concerned with the management of medicines in the home. **This requirement is restated**	**Moving towards compliance**
2	13(4)	Any member of staff who administers any medicines in the home, including medicines for external use and thickening agents, must be trained and deemed competent to do so. **Stated once**	Records of training and competency assessments are in place.	**Compliant**
3	13(4)	Personal medication records must be reviewed and revised to address the issues highlighted during the inspection and to ensure that they are adequately maintained in accordance with DHSSPS guidance. **Stated once**	The areas identified for improvement had been addressed in a mostly satisfactory manner. The standard of maintenance of the personal medication records is audited monthly.	**Substantially compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The level of auditing of medicines in this home should be increased. Liquid medicines and medicines not supplied in monitored dosage cassettes should be monitored and audited on a regular basis. Supplies of nutritional supplements should be included in the home's auditing procedures. Additional monitoring procedures should be in place for those medicines prescribed on an "as required" basis. **Stated once**	There is no evidence of an increased level of auditing activity on the highlighted medicines. The home's auditing system is not robust as dates of opening are not always recorded and quantities remaining at the end of each four week medication cycle are not recorded and carried forward. **A requirement and recommendation have been made**	**Not compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	31	Records of medicines administered should be reviewed and revised to ensure that the time of administration of bisphosphonate medicines is accurately recorded. Handwritten entries should be verified and signed by two designated members of staff. The level of thickening each resident required should be indicated on the administration record. **Stated once**	The time of administration of bisphosphonate medicines is not accurately recorded. The deputy manager agreed to review this practice without delay. The deputy manager advised that hand-written updates are signed by two members of staff and that this is audited monthly. There were no hand-written updates observed at the inspection. The level of thickening each resident requires is not recorded on the records which are completed by support workers. **A requirement regarding records of administration of thickening agents by support workers has been made**	**Moving towards compliance**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	32	The management of oxygen cylinders and masks should be reviewed and revised to ensure cylinders are stored safely and masks are maintained appropriately in accordance with infection control procedures. **Stated once**	One portable oxygen cylinder and four standard oxygen cylinders are available in the home. The portable cylinder was chained in the storage cupboard in Unit D. Four oxygen cylinders were stored in a locked cupboard in Unit A; three had been chained to the wall. The team leader advised that the stock levels would be reviewed to facilitate correct storage and that signage would be obtained for Unit D without delay. Uncovered oxygen masks were not observed at this inspection.	**Substantially compliant**
4	30	Individual protocols for the administration of rectal diazepam should be updated and signed by the prescriber. **Stated once**	Individual protocols for the administration of rectal diazepam had been updated. They are signed by trained staff and the prescriber.	**Compliant**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Satisfactory arrangements are in place for most areas for the management of medicines. However, improvements in the management of 'when required' medicines, covert administration, record keeping and the audit process are necessary. Audit trails were performed on several medicines. The outcomes of the majority of the audits showed correlation between prescribed directions, administration records and stock balances of medicines. However, several audits on medicines which are not contained within the blister pack system could not be completed as the date of opening had not been recorded and the quantity carried forward into the new medication cycle had also not been recorded. These medicines include diazepam, lorazepam, haloperidol, analgesics and nutritional supplements. The registered manager must audit these medicines to ensure that they are being administered as prescribed and that accurate records are maintained. A requirement has been made. The date of opening and quantity carried forward to the new medication cycle should be recorded for all medicines which are not contained within the blister pack system. A recommendation has been made. The audit trail which was completed on prednisone 5mg tablets for Resident A produced an apparent unsatisfactory outcome. The registered manager must investigate this apparent discrepancy and seek advice from the prescriber if necessary. Written details of the outcome of the investigation and action taken to prevent a recurrence must be forwarded to RQIA. A requirement has been made. The deputy manager advised that written confirmation of current medicine regimes is obtained from a health or social care professional for all new residents. There had been no recent admissions.	**Moving towards compliance**

STANDARD 30 - MANAGEMENT OF MEDICINES

The procedure for ordering prescriptions was reviewed. The deputy manager advised that although prescriptions are not received into the home before being forwarded to the community pharmacy for dispensing, a photocopy of all prescriptions is delivered with the medication. The photocopy is checked against the order and stock received. The deputy manager advised that medicines are not omitted due to being out of stock. Several residents are prescribed 'when required' antipsychotic and anxiolytic medicines for the management of distressed reactions and 'when required' analgesia for the management of pain. The records were examined for three patients; the findings were discussed in detail with the deputy manager. Care plans were in place for each resident; however, these did not provide a description of how pain or agitation is expressed in residents who are unable to verbalise. The parameters for administration were recorded on the personal medication record (PMR) for the three residents; however, for one resident both 'when required' lorazepam and haloperidol were prescribed and staff were unable to confirm why they would choose one medicine rather than the other medicine to help manage a distressed reaction. The reason for the administration had been documented on the reverse of the medication administration records (MARs) but the outcome had not always been recorded. An additional daily log sheet to record the administration (including the reason and outcome) of 'when required' medicines was brought into use in January 2014 for each resident. However, a number of records had not been completed in April 2014. The dates of opening and balances carried forward for 'when required' medicines are not maintained and therefore audits could not be completed. The registered manager must review the recording systems in place for all residents who are prescribed 'when required' antipsychotics, anxiolytics and analgesics. A clear audit trail should be maintained. A requirement has been made. Two residents have their medicines administered covertly in their food. Care plans are in place. This has been agreed by the multi- disciplinary team. However, the signature of the prescribing practitioner had not been requested and records of family involvement/non-involvement had not been recorded. The suitability of adding the medicines to food had not been confirmed with the community pharmacist. A policy for the covert administration of medicines is not available. The registered manager should review the systems in place for the covert administration of medicines to ensure that best practice is followed. A recommendation has been made. A number of residents are prescribed rectal diazepam for the management of seizure activity. Written epilepsy management plans were available. Warfarin and insulin are not currently prescribed for any residents in the home.	

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines are in place. However, they do not cover each of the activities concerned with the management of medicines e.g. covert administration, administration of thickening agents, nutritional supplements and external medicines by support staff, and audits. In addition some of the written procedures are not reflective of the practices within the home e.g. management of 'when required' medicines. In some of the procedures the medication administration records are referred to as the kardexes. The home's policies and procedures must accurately cover each of the activities concerned with the management of medicines. The requirement which was made at the previous inspection is restated. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures (SOPs) must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the SOPs: • ordering, transport and receipt; • safe storage; • administration; • disposal; • record keeping and • management of errors and incidents. Guidance on SOPs for the safer management of controlled drugs in registered facilities is available on the RQIA website. The registered manager should ensure that SOPs for the management of controlled drugs specific to Mulhern Close Residential Home are developed and implemented. A recommendation has been made.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The deputy manager advised that team leaders complete a comprehensive induction which includes e-learning on the safe administration of medicines, demonstration of the home's systems and five supervised medication rounds. Update training is completed annually in August each year. Competency assessments are completed following induction and if there are any concerns or medication incidents. Support staff received training on the administration of thickening agents, nutritional supplements and external preparations from the community pharmacist in July 2013. The deputy manager advised that support staff monitor blood glucose levels for one resident on a daily basis at the request of the diabetic specialist nurse. There is a care plan in place. Staff were trained on the use of the glucometer on 26 November 2013 and 4 December 2013. Control checks are performed on the blood glucometer. The list of the names, signatures and initials of team leaders and support workers who are authorised to administer medicines was not up to date. The deputy manager advised that it would be updated without delay.	Substantially compliant
Criterion Assessed: 30.4 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 deputy manager advised that staff supervisions now occur every four to six weeks and that there is annual appraisal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The deputy manager advised that team leaders are responsible for the administration of rectal diazepam and oxygen for the management of seizure activity. Update training and competency assessments on epilepsy awareness and the administration of rescue medication is provided by the trust.	Compliant
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The deputy manager advised that medication errors and incidents would be reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The deputy manager advised that out of date and discontinued medicines are returned to the community pharmacy.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 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:	
An audit sheet is completed on the management of medicines for three residents each Saturday; this means that all residents' records are reviewed monthly. The sheets are signed off by the registered manager or deputy manager. Audit trails on the administration of medicines were not observed at the inspection. As detailed in Criterion 30.1, the registered manager must increase the level of audit activity on non-blistered medicines. The date and time of opening had not been recorded on some medicines containers and balances are not carried forward at the end of each four week medication cycle. As detailed in Criterion 30.1, this should be addressed in order to facilitate audit activity.	Moving towards compliance

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Most of the medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail. However, improvements are necessary in the personal medication records (PMRs) and medication administration records (MARs).	Substantially compliant
Criterion Assessed: 31.2 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:	
The PMRs are typed. New copies are printed off and signed by the prescriber every six months. Nutritional supplements, thickening agents and externals preparations are now recorded on the PMRs. The majority of medicines had been discontinued appropriately. A small number of entries on the PMRs did not correlate with the MARs; these were brought to the attention of the team leader. One hand-written update had not been signed by two members of staff although this is the usual practice in the home. The standard of maintenance of the PMRs is audited each month. The MARs had been completed accurately on most occasions. The deputy manager advised that hand-written updates are signed by two members of staff; there were no hand-written entries on the MARs reviewed at this inspection. The deputy manager advised that running balances for medicines which are not contained within the blistered pack system would be maintained on the MARs in order to provide an audit trail.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Separate recording systems are in place for support workers to record the administration of thickening agents, nutritional supplements and external preparations. The registered manager must review and revise these records to ensure that the consistency level for thickening agents and the name of the external preparations are detailed. The administration records which are completed by support staff must be contain all the necessary detail. A requirement has been made. Although staff confirmed that weekly bisphosphonate medication is administered 30 minutes before the first food and medicines of the day, the records for prescribing and administration do not reflect this practice. This had been highlighted at the previous inspection; the deputy manager agreed to amend the recording systems without delay. Records of medicines received and transferred out of the home had been maintained in a satisfactory manner. The deputy manager advised that the transfer of rectal diazepam into and out of the home for trips would be recorded from the date of the inspection onwards.	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs have not been prescribed in the home. A review of the controlled drug record book indicated that the receipt, administration and disposal of all Schedule 3 controlled drugs are recorded appropriately.	Not applicable

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions. There is a locked medicine cupboard available in each bedroom. In addition, a locked overstock cupboard is available in the corridor of each bungalow. Controlled drugs subject to the Safe Custody Regulations are stored appropriately in a controlled drug cabinet. Medicines which require cold storage were not prescribed in the home on the day of the inspection. One portable oxygen cylinder and four standard oxygen cylinders are available in the home. The portable cylinder was chained in the storage cupboard in Unit D. Four oxygen cylinders were stored in a locked cupboard in Unit A; three had been chained to the wall. The team leader advised that the stock levels would be reviewed to facilitate correct storage and that signage would be obtained for Unit D. No further action is required at this time.	Substantially compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The key to the medicines cupboards and controlled drug cabinet are held by one team leader during each shift.	Compliant
Criterion Assessed: 32.3 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:	
One Schedule 3 controlled drug subject to safe custody requirements is prescribed. The quantity is reconciled twice each day at each shift change and at the time of administration.	Compliant

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 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 **Ms Kerri Gregg, Deputy Manager,** via telephone call on 15 April 2014, 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:

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

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

MULHERN CLOSE RESIDENTIAL HOME

14 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.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Kerri Gregg, Deputy Manager,** during the inspection and via telephone call on 15 April 2014.

The timescales for completion commence from the date of inspection.

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 Residential Care Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	Written policies and procedures for the management of medicines must be reviewed and, where necessary, revised to ensure that they cover each of the activities concerned with the management of medicines in the home. **Ref: Section 5, Criteria 30.1 and 30.2**	Two	Written Policy Guidance has been reviewed and revised (completed 30th May)	16 July 2014
2	13(4)	The registered manager must increase the level of audit activity on all medicines which are not contained within the blister pack system. **Ref: Section 5, Criteria 30.1 and 30.8**	One	Medication audits are carried out on a weekly basis by team leaders. All boxed medications are carried forward on a monthly basis. Benzodiazapines are counted each morning by two teamleaders at each handover and are now mainatained in controlled drugs cabinet. Boxed prn medication is audited following each use and logged on to MARRS sheet	16 May 2014
3	13(4)	The registered manager must investigate the apparent discrepancy in the administration of prednisolone 5mg tablets to Resident A. Advice must be sought from the prescriber if necessary. The outcome of the investigation and action taken to prevent a recurrence must be forwarded to RQIA.	One	Report sent to RQIA on 24.4.14 including details of the investigation	16 May 2014

		Ref: Criterion 30.1			
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 Residential Care Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
4	13(4)	The registered manager must review the recording systems in place for all residents who are prescribed 'when required' antipsychotics, anxiolytics and analgesics. A clear audit trail must be maintained to evidence that these medicines are being administered as prescribed. **Ref: Criterion 30.1**	One	Lorazepam for specified resident has now been discontinued by the GP and haloperidal is currently in use. It was discussed with team leaders that they must ensure that they write on the back of the Marrs sheets the outcome of a resident receiving prn medication stating whether it was effective or not. Care plans for residents in relation to receiving prn medication are currently being updated and will be discussed at care managemnt review with the MDT.	16 May 2014
5	13(4)	The registered manager must ensure that records of administration of nutritional supplements, thickening agents and external preparations are accurately maintained and contain the necessary detail. **Ref: Section 5 and Criterion 31.2**	One	Manager will audit all supplements, thickening agents and external preparations. New sheets have been devised for creams, supplements and thickening agnts with clear instructions in line with the Kardex.	16 May 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	30	The date of opening and quantity carried forwarded to the new medication cycle should be recorded for all medicines which are not contained within the blister pack system. **Ref: Section 5, Criteria 30.1 and 30.8**	One	Team Leaders have been informed on 24.4.14 to ensure they date, time and sign all medication when they are opened. Team Leaders now carry forward all boxed medication at the start of every monthly cycle.	16 May 2014
2	30	The registered manager should review the systems in place for the covert administration of medicines to ensure that best practice is followed. **Ref: Criterion 30.1**	One	Boots have been contacted on 2.6.14 in order to provide us with information regarding the suitability of residents receiving their medication covertly. This has been agreed with the MDT. Dr McHugh has been contacted regarding a date to visit our scheme. Residents care plans will be signed off accordingly.	16 May 2014
3	32	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs, specific to Mulhern Close Residential Home, are developed and implemented. **Ref: Criterion 30.2**	One	Procedures specific to Mulhern Close will be in place by 16th July.	16 July 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Kevin Miley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	William Morrow

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	05/06/14
B.	Further information requested from provider				