



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN017447
Establishment ID No: 11143
Name of Establishment: Gnangara
Date of Inspection: 26 August 2014
Inspector's Name: Helen Mulligan

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS
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1.0 GENERAL INFORMATION

Name of home:	Gnangara
Type of home:	Residential care home
Address:	163 Sligo Road Drumawill Enniskillen BT74 7JZ
Telephone number:	(028) 9039 4557
E mail address:	Kieran.lyons@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association Ms Fiona McAnespie
Registered Manager:	Mr Kieran Lyons
Person in charge of the home at the time of inspection:	Mrs Deidre Carr (Acting Manager)
Categories of care:	RC-DE
Number of registered places:	15
Number of residents accommodated on day of inspection:	15
Date and time of current medicines management inspection:	26 August 2014 09:30 to 14:30
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	Unannounced, post-registration 3 May 2011

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 Mrs Deidre Carr (Acting Manager) and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the 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

Gnangara is situated on the outskirts of Enniskillen and is registered with RQIA to accommodate 15 residents within the category of dementia.

The home opened in January 2011 and is a purpose-built, single-storey building with facilities including furnished single bedrooms with en suite, lounges, dining rooms, bathrooms / toilets, and communal lounges with large screen televisions. Security systems are in place at entrance doors.

Externally the grounds provide a secure area for the residents with paved patio areas and shrub / flower beds. Visitor car parking spaces are available at the front and side of the home.

The acting manager of the home at the time of the inspection was Mrs Deidre Carr.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Gnangara was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 26 August 2014 between 09:30 and 14:30. 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 the acting manager of the home, Mrs Deidre Carr and with the 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.

The results of this inspection indicated some areas of concern, and improvements in the management of medicines are necessary. During the inspection, an urgent action letter was issued requiring immediate improvements in the management of anticoagulant medicines in the home. On 27 August 2014, the acting manager confirmed that the appropriate action had been taken to ensure anticoagulant medicines are being administered in accordance with the prescriber's instructions and that the necessary steps had been taken to ensure the safety of residents in the home with respect to the administration of these medicines.

This inspection indicated that the arrangements for the management of medicines in Gnangara are moving towards compliance with legislative requirements and best practice guidelines.

The one requirement and two recommendations made at the previous medicines management inspection on 3 May 2011 were examined during the inspection. Full compliance with the requirement was not achieved and the requirement is re-stated in this report. Compliance with one of the recommendations was noted. The home is moving towards achieving compliance

with the second recommendation, which is re-stated in this report. The inspector's validation of compliance is detailed in Section 5.0 below.

Written policies and procedures for the management of medicines are in place. Staff training on the management of medicines is provided as part of the induction programme for new members of staff and as part of the annual update and competency assessment process. Update training on the management of anticoagulant medicines and the management of medicine refrigerators is necessary.

The admission process with respect to medicines management is robust. Appropriate procedures are in place for ordering supplies of medicines.

The majority of medicine audits undertaken during the inspection produced satisfactory results. However, some issues / discrepancies were noted during the audit process and these must be addressed. One resident's medicines were omitted on 24 August and this must be investigated and reported to RQIA. A review of one resident's pain management is necessary.

The majority of medicine records were adequately maintained. Improvements are necessary in the maintenance of personal medication records and records of medicines administered.

The management of controlled drugs is satisfactory.

Improvements are necessary in the management of anticoagulant medicines and the errors noted in the administration of warfarin tablets to one resident in the home must be investigated and reported to RQIA.

The policies and procedures for crushing medicines and/or adding them to food or drink to facilitate the administration process should be reviewed.

Improvements are necessary in the management of anxiolytic and antipsychotic medicines prescribed on an "as required" basis for distressed reactions.

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

The inspector would like to thank the acting manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 3 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13	The registered manager must ensure that personal medication records are adequately maintained, in accordance with DHSSPS guidance. Stated once	Further improvements in the maintenance of personal medication records are necessary. This requirement is re-stated.	Moving towards compliance

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The registered manager should implement some additional monitoring/auditing arrangements for anticoagulant medicines, liquid medicines and medicines prescribed on an “as required” basis.</p> <p>Stated once</p>	<p>Stock balances of anticoagulant medicines are reconciled on a daily basis and records of checks are maintained. Liquid medicines and medicines prescribed on an “as required” basis are audited on a weekly basis.</p>	<p>Compliant</p>
2	33	<p>The registered manager should review the arrangements for crushing medicines and adding them to food, in consultation with the community pharmacist.</p> <p>Stated once</p>	<p>Medicines prescribed for one resident are sometimes added to food to facilitate administration. The GP has provided written authorisation for these medicines to be administered covertly, crushed and added to food or drink. The home has not obtained pharmaceutical advice regarding the suitability of this process.</p> <p>This recommendation is re-stated</p>	<p>Moving towards compliance</p>

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:	COMPLIANCE LEVEL
30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>Arrangements for the management of medicines in the home were reviewed during the inspection and improvements are necessary.</p> <p>The admission process with respect to medicines management was reviewed for one resident admitted to the home in July 2014. Written confirmation of this resident's current medication regime had been obtained from the discharging hospital and a record of the receipt of medicines for this resident was noted.</p> <p>Staff on duty confirmed that medicine orders are made in writing to the prescriber. Prescriptions are collected from the prescriber and checked against the home's order before being forwarded to the pharmacist for dispensing. A copy of current prescriptions is kept in the home.</p> <p>Arrangements for the management of anticoagulant medicines were reviewed during the inspection. Following the last inspection, stock balances of warfarin tablets are now monitored and recorded on a daily basis. Written confirmation of warfarin regimes is obtained from the prescriber. The management of warfarin tablets for Resident A was reviewed during the inspection. Records of the administration of warfarin tablets show that staff administered the incorrect dose to Resident A on a number of occasions between 11 August and 18 August 2014. During the inspection, staff in the home contacted the resident's general practitioner to advise them of the error in administration. A repeat blood test was ordered. The discrepancies noted in the administration of warfarin to Resident A must be investigated and a report of the findings must be forwarded to RQIA within one week of the inspection date. A requirement is made. Anticoagulant medicines must be administered in accordance with the prescriber's instructions with immediate effect. A requirement is made.</p>	<p>Moving towards compliance</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

A randomly selected sample of medicines was audited during the inspection. The majority of these audits produced satisfactory results. However, the following issues were noted during the audit:

- On 24 August 2014, medicines for Resident B were omitted at 21:30. The medication administration record was incomplete and the medication was noted to be in the monitored dosage cassette on the medicine trolley. The registered manager must investigate this issue and forward a report of the findings to RQIA. A requirement is made.
- Two supplies of dihydrocodeine 30mg tablets were noted in the medicine trolley and medicine cupboard; these had been prescribed for Resident A. This medicine had not been entered on the resident's personal medication record and there was no evidence that any tablets had been administered. The management of pain relief for this resident must be reviewed in consultation with the prescriber. The resident's care plan should be updated to ensure that there are clear directions regarding the management of pain for this resident, with which all designated members of staff must be familiar. A requirement is made.
- Digoxin tablets prescribed for administration at night were recorded as morning administration on the resident's personal medication record. Staff advised this would be reviewed, in consultation with the prescriber and no further action is required.
- The wrong strength of omeprazole was recorded on one personal medication record. The acting manager confirmed that this had been reviewed and the appropriate action taken on 27 August 2014.
- One prescribed inhaler was not recorded on the resident's medication administration record; this was added following the inspection.
- Staff were reminded that the time of administration of each dose of bisphosphonate medicines should be accurately recorded to indicate that doses are administered at least 30 minutes clear of food and other medicines.

The registered manager should continue to closely monitor the management of medicines and any further discrepancies must be investigated and reported to RQIA.

During the inspection, it was noted that the staff signatures and initials recorded on the staff sample signature list did not match the signatures and initials being used by staff on the medicine records. It was therefore not always possible to determine which member of staff had completed some of the medicine records. During the inspection, the acting manager printed a new list of staff trained to administer medicines in the home and advised that the sample signature list would be completed without delay. No further action is required at this time.

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Written policies and procedures for the management of medicines were available during the inspection. The acting manager advised that the policies and procedures were revised and updated in June 2014.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The acting manager provided records which show staff have been trained and deemed competent to administer medicines in the home. There is a medicines management induction programme for new members of staff and staff appraisals and competency assessments with respect to medicines management are completed on an annual basis.</p> <p>In light of the discrepancies noted in the administration of anticoagulant medicines for Resident A, the registered manager must ensure that all designated members of staff are competent to administer anticoagulant medicines, with immediate effect. A requirement is made. On 27 August 2014, the home was contacted and the acting manager confirmed that the competency of staff to administer warfarin had been reviewed and that anticoagulant medicines are being administered in accordance with the prescriber's instructions.</p> <p>Staff update training on the management of refrigerator maximum/minimum thermometers should be provided. A requirement is made under criterion 32.1.</p>	<p>Moving towards compliance</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Records provided during the inspection show that staff appraisals and competency assessments with respect to medicines management are completed on an annual basis.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Staff in this home are not required to administer medicines using any specific techniques.</p> <p>There was evidence that staff attended training on the management of diabetes on 21 September 2013 and dementia awareness on 15 November 2012; the acting manager advised that update training on dementia awareness is to be provided in September 2014.</p>	Compliant
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Medication errors and incidents have been reported to RQIA and managed appropriately.</p> <p>During the inspection, a medication administration error occurred. The acting manager was immediately advised of the error and the appropriate action was taken to ensure the safety of the resident involved. Following the inspection, the acting manager confirmed by e-mail that update training on the administration, management and control of medication was provided for designated members of staff on 28 August 2014.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines for disposal are returned to the community pharmacist.	Compliant
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:	
Supplies of liquid medicines and medicines prescribed on an "as required" basis are audited weekly and records of audits were available for inspection. The registered manager audits medicines on a monthly basis.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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:	
The majority of medicine records reviewed during the inspection were noted to be adequately maintained and facilitated the audit process. However, some improvements in the maintenance of medicine records are necessary, as detailed in Criterion 31.2 below.	Substantially compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>Records of medicines ordered and received and medicines disposed of and transferred out of the home on discharge of residents are well-maintained and facilitated the audit process.</p> <p>Personal medication records were reviewed during the inspection. The following improvements are necessary to ensure they are maintained in accordance with DHSSPS guidance:</p> <ul style="list-style-type: none"> • Records which have not been signed by the prescriber should be verified and signed by two designated members of staff in the home • The allergy status of each resident must be clearly recorded • All medicines prescribed on an “as required” basis must be qualified with the frequency of dosing and the maximum daily dose 	Substantially compliant

STANDARD 31- MEDICINE RECORDS

<ul style="list-style-type: none"> • The date any medicine is discontinued must be clearly recorded • The strength of inhalers should be recorded and variable trade/generic medicines names should be recorded and should correspond with the medicine name written on the prescription and medicine label • All prescribed medicines must be recorded and details must correspond with the details on the medicine label and medication administration record • The spacing of antibiotic doses must be appropriate. <p>These issues must be addressed. A requirement made at the last medicines management inspection is re-stated.</p> <p>Some incomplete records of the administration of medicines were noted during the inspection. Records of medicines administered must be adequately maintained. A requirement is made</p>	
<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>There were no Schedule 2 controlled drugs in the home at the time of the inspection. The receipt, administration and disposal of supplies of temazepam are recorded in the homes controlled drugs record book.</p>	Compliant

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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:

The home has recently installed a new treatment room for the storage of medicines. The room was noted to be clean, tidy and well-organised and maintained at the correct temperature for storage of medicines.

The maximum and minimum thermometer in the medicines refrigerator is not being re-set on a daily basis. Staff on duty did not know how to re-set the thermometer. This must be addressed. A requirement is made.

Controlled drugs subject to safe custody requirements are stored in a controlled drugs cabinet.

There were no apparent excess stocks of medicines and no medicines were noted to be out of stock during the audit.

Limited-life medicines are marked with the date of opening.

During the inspection, staff were reminded that any spacer devices and masks for the delivery of inhaled medicines should be kept covered when not in use.

Creams and ointments in use are stored in individual plastic bags for infection control purposes.

Substantially compliant

STANDARD 32 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The key of the controlled drug cabinet was being carried by the person-in-charge. Keys to all other medicine cupboards and trolleys were securely held by the designated member of staff. The key to the controlled drugs cabinet was not being carried separately from all other keys. This was addressed during the inspection and no further action is required at this time.</p>	<p>Substantially compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Supplies of temazepam tablets are reconciled at each handover of responsibility. Records of stock checks are maintained. These were reviewed during the inspection and noted to be satisfactory.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

7.0 ADDITIONAL AREAS EXAMINED

Administration of injectable medicines

Injections are administered by the community nursing team. The home should have suitable arrangements in place to ensure that the date the next dose of any injectable medicine is due for administration is clearly referenced. A recommendation is made.

Management of distressed reaction

The use and control of anxiolytic/antipsychotic medicines prescribed on an “as required” basis for the management of distressed reactions was reviewed for two residents in the home. The prescribed medicines were recorded on the residents’ personal medication records but the parameters for administration were not fully recorded. Daily notes of the administration/management of these medicines were maintained; some of these were well-maintained but others were incomplete. The care plans for the management of distressed reactions for these residents were incomplete. These issues should be addressed. A recommendation is made.

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 **Mrs Deirdre Carr (Acting Manager)** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Helen Mulligan
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

GNANGARA
26 AUGUST 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Deirdre Carr, Acting Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit were 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)	The registered manager must ensure that personal medication records are adequately maintained, in accordance with DHSSPS guidance. Ref: Section 5.0 and Criterion 31.2	Two	All the CPR's were revised and improved upon following inspection, and provisions put in place to ensure that the records are maintained in accordance with the standards.	30 days
2	13(4)	The registered manager must ensure that anticoagulant medicines are administered in accordance with the prescriber's instructions. Ref: Criterion 30.1 and Urgent Action Letter, 26 August 2014	One	All anticoagulant medications were reviewed with each residents GP with regards to administration following inspection. Further provisions were put in place in respect of daily and weekly record checks of as required medications.	Immediate
3	21(5)	The registered manager must ensure that all designated members of staff are deemed competent to administer anticoagulant medicines. Ref: Criterion 30.3 and Urgent Action Letter, 26 August 2014	One	Competency assessments were completed following the inspection and observations of medication rounds were completed, all staff were deemed competent.	Immediate

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	<p>The registered manager must investigate the discrepancies noted in the administration of warfarin to Resident A and forward a report of the findings to RQIA.</p> <p>Ref: Criterion 30.1 and Urgent Action Letter, 26 August 2014</p>	One	The investigation report was completed and forwarded to the Inspector on 3/9/14.	One week
5	13(4)	<p>The registered manager must investigate the non-administration of medicines to Resident B on 24 August 2014 and forward a report of the findings to RQIA.</p> <p>Ref: Criterion 30.1</p>	One	The investigation report was completed and forwarded to the Inspector on 27/8/14.	30 days
6	13(4)	<p>The registered manager must review the management of pain relief medication for Resident A.</p> <p>Ref: Criterion 30.1</p>	One	Pain relief medication was reviewed and agreed with the Residents GP on 27/8/14, and further clarity provided by GP for the medication prescribed.	30 days
7	13(4)	<p>The registered manager must ensure that records of the administration of medicines are adequately maintained.</p> <p>Ref: Criterion 31.2</p>	One	Audits were completed and issues resolved to ensure the records are adequately maintained within one week of the inspection.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13(4)	<p>The registered manager must ensure that the temperature monitoring arrangements for medicine refrigerators are robust and all designated members of staff are trained and deemed competent to monitor medicine refrigerators.</p> <p>Ref: Criterion 30.3 and 32.1</p>	One	Guidance was provided on temperature monitoring of the refrigerator, and all designated staff were advised on procedure within one week of the Inspection	30 days

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 registered manager should review the arrangements for crushing medicines and adding them to food, in consultation with the community pharmacist. Ref: Section 5.0	Two	Review of arrangements were discussed with pharmacy and guidance provided to Registered Manager, and information forwarded to designated staff..	30 days
2	30	The registered manager should ensure there are suitable arrangements in place to ensure that the date the next dose of injectable medicines is due for administration is clearly recorded. Ref: Section 7.0	One	Suitable arrangements are in place and information has been added to the Residents Care Plan..	30 days
3	30	The registered manager should review and revise the arrangements in place for the management of anxiolytic and antipsychotic medicines prescribed on an "as required" basis for the management of distressed reactions to address the issues highlighted in Section 7.0. Ref: Section 7.0	One	Arrangements in respect of these medications have been updated in the care plans and continue to be under regular review.	30 days

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	Deirdre Carr
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Mulligan	7/10/2014
B.	Further information requested from provider		No		