NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN017438**
Establishment ID No:	**1164**
Name of Establishment:	**Daleview House**
Date of Inspection:	**22 July 2014**
Inspector's Name:	**Helen Mulligan**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	Daleview House
Type of home:	Nursing Home
Address:	Shepherd's Way Dungiven Road Londonderry BT47 2AL
Telephone number:	(028) 7134 8015
E mail address:	m.mcorkell@apexhousing.org
Registered Organisation/ Registered Provider:	Apex Housing Association Mr Gerald Kelly, Chief Executive
Registered Manager:	Mrs Marcella McCorkell
Person in charge of the home at the time of Inspection:	Mrs Ann Harvey (acting manager)
Categories of care:	NH-I
Number of registered places:	27
Number of patients accommodated on day of inspection:	26
Date and time of current medicines management inspection:	22 July 2014 09:45 – 16:45
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	24 January 2011 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Mrs Ann Harvey (Acting Manager) and Ms Maria Devlin (Apex Housing training facilitator) 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 Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

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

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

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

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Daleview House Nursing Home provides care for up to 27 patients in the general nursing category of care.

This purpose-built home is situated at Shepherd's Way, Dungiven Road in Londonderry.

The home comprises 27 single bedrooms, a choice of two sitting rooms, dining room, main kitchen, toilet/washing facilities, staff accommodation, offices and a designated smoking area for patients.

The registered manager of the home is Mrs Marcella McCorkell.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Daleview House Nursing Home was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 22 July 2014 between 09:45 and 16:45 hours. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector 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 inspector met with the acting manager of the home, Mrs Ann Harvey and with the registered nurses/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 Daleview House are moving towards compliance with legislative requirements and best practice guidelines. It was concerning that some of the areas of good practice noted at the previous medicines management inspection on 24 January 2011 have not been sustained. Areas for improvement regarding the management of medicines were noted and highlighted during this inspection. The findings of this inspection and the areas for improvement with respect to the management of medicines were discussed and agreed with Mrs. Muriel Sands (Housing Manager, Apex Housing) following the inspection. A follow-up medicines management inspection will be carried out in the 2014 – 2015 inspection year to determine if the necessary improvements in the management of medicines have been implemented.

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

The two requirements and three recommendations made at the previous medicines management inspection on 24 January 2011 were examined during the inspection. Compliance with these requirements and recommendations was noted. The inspector's validation of compliance can be noted in Section 5.0 below.

There was evidence that staff have received training on the management of medicines. Staff competency with respect to medicines management is reviewed on an annual basis. Written policies and procedures for the management of medicines are in place. The management of medicine errors and incidents and the disposal of medicines are appropriate. The system for ordering medicines is robust.

Improvements are necessary in the management of some medicine records.

Improvements are necessary in the storage arrangements for medicines.

Improvements are also necessary in the auditing and monitoring arrangements for medicines and the registered manager must ensure that all medicines are administered as prescribed.

The management of covert administration of medicines must be reviewed and revised.

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

The inspection attracted a total of eight requirements and ten 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 24 January 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must investigate the discrepancies noted in the controlled drugs record book for Patient A and Patient B A report of the findings must be forwarded to RQIA (Omagh office). **Stated once**	The discrepancies were investigated and a report detailing the findings of the investigation was forwarded to RQIA on 28 January 2011.	**Compliant**
2	13(4)	The registered manager must ensure that the time of administration of medicines is accurately recorded. **Stated once**	The time of administration was noted to be accurately recorded on the medicine administration records.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Policies and procedures for staff training and assessing care staff competency with respect to the administration of medicines should be reviewed and revised. A list of the names and sample signatures and initials of care staff trained and deemed competent to administer medicines should be maintained. **Stated twice**	The acting manager provided evidence that care staff have received training and been deemed competent to administer medicines in the home. There was no sample signature list available for care staff who have been deemed competent to administer medicines; a recommendation is made that this should be addressed	**Substantially compliant**
2	39	Arrangements for the management of oxygen with respect to signage and masks should be reviewed and revised. **Stated once**	Oxygen signage was noted to be in place. Masks for delivering oxygen were covered.	**Compliant**
3	38	The management of medicines prescribed on an "as required" basis should be monitored on a regular basis. **Stated once**	Additional monitoring arrangements have been implemented for medicines prescribed on an "as required" basis.	**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:	
The management of medicines on admission of new patients was not reviewed at this inspection as staff on duty confirmed there have been no admissions to the home since 2013. Staff advised that written confirmation of current medication regimes is obtained from a health or social care professional each time a patient is admitted to the home. The ordering process for medicines was reviewed. Staff confirmed that prescriptions are received into the home and checked against the order before being forwarded to the pharmacy for dispensing and a copy of current prescriptions is kept in the home; this is good practice. The management of anticoagulant medicines (warfarin) was reviewed during the inspection. Warfarin doses are confirmed in writing. A separate warfarin administration record is maintained. A daily stock balance record sheet is in place; however this is not completed on each occasion when warfarin is administered. These stock balance records should be adequately maintained. A recommendation is made. A number of medicine audits were completed during the inspection. Significant discrepancies in the stock balances of supplies of furosemide liquid, cefalexin syrup and paracetamol suspension were noted during the audit. Additional monitoring and auditing arrangements must be implemented for liquid medicines and any further discrepancies must be investigated and reported to RQIA. A requirement is made. During the audit, it was noted that records of the administration of a prescribed patch were incomplete and it was not possible to determine if the patch had been administered that day, or the previous day, in accordance with	Substantially compliant

the prescriber's instructions. The acting manager contacted the nurse responsible for administering medicines that morning and it was confirmed that a patch had not been administered. The acting manager was contacted following the inspection and she confirmed that a patch had been administered later that day. The acting manager advised that the nursing agency responsible for the registered nurse had been advised of the omission. The patient's G.P. had also been informed of the omission. All medicines must be administered as prescribed. A requirement is made. Suitable arrangements are in place to ensure the next dose of injectable medicines is clearly referenced.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines were noted to be in place. The management of Standard Operating Procedures for controlled drugs (CD SOPs) was discussed during the inspection. Staff were reminded that there is a guidance document for CD SOPs on the RQIA website and that staff should be asked to read and sign the home's CD SOPs.	Substantially Compliant

Standard 37

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:	
The acting manager provided evidence that staff receive training on the management of medicines as part of the home's induction procedure for new members of staff and this training is updated on an annual basis. Staff competency is reviewed on an annual basis. Records of staff training and competency assessments are maintained and these were spot-checked during the inspection. There was evidence that members of staff had attended the following training; medicines management (6 December 2012, 28 May 2013, 5 June 2013 and 10 January 2014), Parkinson's Disease (24 June 2013), Monitored Dosage System (28 May 2013), management of challenging behaviour (16 January 2014), dysphagia (15 April 2014), palliative care (6 - 8 February 2013) and the management of syringe drivers (30 October 2013). There was also evidence that designated members of care staff had attended training on the management of dysphagia (18 May 2012 and 15 April 2014) and the management of topical medicines (May 2014). A sample signature list is in place for nursing staff trained and deemed competent to administer medicines in the home. There was no list of the names and sample signatures and initials of non-nursing care staff who have been trained and deemed competent to administer medicines. This should be addressed. A recommendation is made.	Substantially compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The acting manager confirmed that staff supervision is completed on a three-monthly basis.	Compliant

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents have been reported to RQIA in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication waste is disposed of into medicine disposal bins in the treatment room. The bins are collected by a licensed waste-disposal company. Staff on duty confirmed that controlled drugs are denatured prior to being placed in the medicine waste disposal bin.	Compliant

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff on duty advised that medicine audits are carried out on a 3-monthly basis in the home. The registered manager completes a monthly audit of medicines management in the home. Some of the records of completed medicine audits by home staff show stock balance discrepancies; there was no evidence that these discrepancies had been investigated and appropriate action taken. This should be addressed. A recommendation is made.	Moving towards compliance

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

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Some improvements in the management of medicine records are necessary, as highlighted in Criterion 38.2 and 38.3 below**.** Some medicine records were difficult to retrieve during the inspection. The home's filing system for medicine records should be reviewed to ensure that medicine records are readily available for inspection and to facilitate the audit process. A recommendation is made.	Moving towards compliance
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:	
Personal medication records (PMRs) were reviewed. Some discrepancies were noted between the directions for administration of medicines on the PMRs and the directions on the corresponding medication administration records and medicine labels. PMRs must be reviewed and revised to ensure dosage instructions for medicines are accurately recorded. A requirement is made. Records of medicine received on a monthly basis are recorded on the pharmacy generated medication administration records (MAR sheets). These were adequately maintained. Medicines received on admission are recorded in a separate receipt book. This book does not have columns for recording the required information and	Moving towards compliance

this should be addressed to ensure that details are consistently and fully recorded. A recommendation is made. A small number of incomplete records of medicines administered were noted during the inspection. Staff are reminded that a record of any medicine administered or not administered along with a reason for the non-administration must be maintained. Variable doses should also be recorded. Handwritten medication administration records (MARs) are not signed by two designated members of staff. This should be addressed. A recommendation is made. Satisfactory records are not in place where the administration of external preparations is delegated to non-nursing care staff. A record must be maintained of the administration of topical medicines and the site and frequency of administration must be indicated. A requirement is made. Records of medicines disposed of are maintained. Some of these records had not been signed by two designated members of staff. Staff were reminded this should be addressed. Staff were advised that a copy of the collection docket for medicine disposal bins should be attached to the corresponding medicine disposal records. The supply of medicines for periods of home leave is not always being recorded. This must be addressed. A requirement is made.	

Standard 38

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 records in the controlled drugs record book was reviewed during the inspection. A number of amendments were noted in the records and the records were sometimes difficult to audit. There was poor management of the reconciliation and recording of stock balances of controlled drugs in liquid form. Arrangements for monitoring stock levels of these medicines should be reviewed and revised to ensure they are robust. A requirement is made.	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are stored securely. The temperature of the treatment room is not being monitored to ensure it is maintained at or below 25°C. This should be addressed. A recommendation is made. Controlled drugs subject to safe custody requirements are stored in a controlled drugs cabinet The date of opening of some limited-life medicines had not been recorded. Staff are reminded this should be addressed. Records of medicine refrigerator temperatures were sometimes outside the recommended limit for cold storage of medicines. Some blood samples were being stored in the medicines refrigerator on the day of the inspection. These issues must be addressed. A requirement is made.	Substantially compliant
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:	
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.	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 on each occasion when responsibility for safe custody is transferred. Records are maintained on an individual patient basis; this is good practice.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Covert administration and crushing medication

It was noted that some medicines are being crushed to aid the administration process, and for one patient, medicines are being crushed to facilitate covert administration. There was no evidence that the home had sought pharmaceutical advice regarding the suitability of crushing the prescribed medicines or advice regarding the suitability of adding medicines to food or drink to facilitate administration. This should be addressed. A recommendation is made.

The home has obtained consent from the GP to crush one patient's medicines and add them to food or drink to facilitate the administration process. This had not been obtained for a second patient in the home and this should be addressed. A recommendation is made.

Where medicines are required to be administered covertly, the home should consult with and obtain the consent of the patient's G.P. This should be done in consultation with the patient's relative/advocate. Where medicines are required to be added to food and drink to facilitate this process, the home should obtain pharmaceutical advice. The management of the covert administration of medicines should be included in the patient's care plan, which should be reviewed regularly and directions recorded on the patient's personal medication record. All staff should be trained and competent to manage the covert administration of medicines. The home should have a written policy and procedures for the management of covert administration of medicines, which is subject to regular review. These issues must be addressed. A requirement is made.

Administration of thickening agents

Records of the administration of thickening agents are not always being adequately maintained. This should be reviewed. A requirement is made under Criterion 38.2.

Packaging of medicines

Some medicines prescribed on an "as required" basis had been packaged into monitored dosage cassettes; this reduces the shelf-life of these medicines to a maximum of 8 weeks. Some medicines in these cassettes had exceeded the shelf-life of 8 weeks and were removed for disposal during the inspection. The packaging of these medicines should be reviewed in consultation with the pharmacist. A recommendation is made.

Management of distressed reactions/anxiolytic medicines

The management of anxiolytic medicines prescribed on an "as required" basis for two patients in the home for the management of distressed reactions was reviewed during the inspection. The parameters for administration of these medicines were not recorded on the patients' personal medication records. Care plans for the management of these medicines were incomplete. One care plan made reference to the administration of diazepam; the patient is actually prescribed lorazepam. The management of anxiolytic medicines should be reviewed and revised to address these issues. 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 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 **Mrs Ann Harvey (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

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

DALEVIEW HOUSE
22 JULY 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 **Mrs Ann Harvey (Acting Manager)**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must implement additional monitoring and auditing arrangements for liquid medicines and any further discrepancies must be investigated and reported to RQIA. **Ref: Criterion 37.1**	One	The registered manager has implemented additional monitoring arrangements for liquid medication, oral syringes are now being used for all dispensing of liquid medication. Daily monitoring and auditing has been implemented. Any further discrepencies will be investigated and reported to R.Q.I.A. All staff have been made aware of all issues identified by Pharmacy Inspector at inspection on 22/8/14.	30 days
2	13(4)	The registered manager must ensure that all medicines are administered in accordance with the prescriber's instructions. **Ref: Criterion 37.1**	One	The registered manager has ensured all medicines are administered as per prescribers instructions on prescription.	30 days
3	13(4)	The registered manager must review and revise personal medication records to ensure dosage directions are accurately recorded and correlate with the directions on the corresponding medication administration records and medicine labels. **Ref: Criterion 38.2**	One	The registered manager has reviewed and rewritten Kardexs as per prescription and prescribers instructions. Mar Sheets match Kardexs and medicine labels.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must ensure that all records of medicines administered, including topical medicines and thickening agents by non-nursing care staff are adequately maintained. **Ref: Criterion 38.2 and Section 7.0**	One	New folders and forms introduced for application and administration of topical medication and thickening agents by non nursing staff. Registered manager will ensure these are adequately maintained.	30 days
5	13(4)	The registered manager must ensure that records of the supply of medicines for periods of home leave are maintained. **Ref: Criterion 38.2**	One	The registered manager has introduced systems with medication sign out. Bags with labels with patients details and administration of drug/drugs introduced.	30 days
6	13(4)	The registered manager must ensure that robust arrangements are in place to monitor stock balances of supplies of controlled drugs in liquid form. **Ref: Criterion 38.3**	One	The registered manager will ensure robust arrangments are in place to monitor stock balances of supplies of controlled drugs in liquid form. The manager has spoken to Pharmacy Provider regarding the necessity of the full prescription being dispensed on one go.	30 days
7	13(4)	The registered manager must ensure that the temperature of the medicines refrigerator is maintained between 2 and 8°C and blood samples are not stored in the medicines refrigerator. **Ref: Criterion 39.1**	One	Room thermometer in place in treatment room. There is twice daily monitoring of Fridge Temperatures. Staff have been made aware to take appropriate action if Fridge Temperature out of acceptable range. Separate chiller in place for Blood and Lab samples.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13(4)	The registered manager must review and revise the management of covert administration of medicines to address the issues highlighted in Section 7.0. **Ref: Section 7.0**	One	The registered manager has reviewed and revised the management of covert medicines. Letter from relevant GP and reflective Care Plan now in place.	30 days

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 registered manager should ensure that stock balance records for warfarin tablets are adequately maintained. **Ref: Criterion 37.1**	One	Stock balance records for Warfarin tablets are now being maintained. Performa has been developed to highlight stock balance daily.	30 days
2	37	The registered manager should ensure that a list of the names and sample signatures and initials of non-nursing care staff who have been trained and deemed competent to administer medicines in the home is maintained. **Ref: Section 5.0 and Criterion 37.3**	One	A list of the names, sample signatures and initials of non nursing care staff who have been trained and deemed competent to administer medication in the home is now being maintained.	30 days
3	37	The registered manager should ensure that appropriate action is taken when discrepancies are noted in medicine audits. **Ref: Criterion 37.7**	One	The registered manager and trained staff will take appropriate action if discrepencies noted in monthly medicine audits.	30 days
4	38	The registered manager should review the home's filing system for medicine records to ensure records are readily available for inspection and to facilitate the audit process. **Ref: Criterion 38.1**	One	The registered manager on return from sick leave will review the home's filing system for medication records to ensure records are readily available for inspection and to facilitate the auditing process.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	38	The registered manager should review the layout of the medicines received record book to ensure details are consistently and fully recorded. **Ref: Criterion 38.2**	One	The registered manager has reviewed the layout of Personal Medication Records to ensure they are completed fully to reflect the prescribers instructions and details are consistently and fully recorded.	30 days
6	38	The registered manager should ensure that handwritten medication administration records are checked and signed by two designated members of staff. **Ref: Criterion 38.2**	One	All hand written medication administration records are checked and signed by two designated members of staff.	30 days
7	39	The registered manager should ensure that the room temperature of the treatment room is monitored on a daily basis to ensure it does not exceed 25°C. **Ref: Criterion 39.1**	One	A room thermometer has been purchased and installed in treatment room to monitor daily temperatures and to ensure it does not exceed 25 deg C.	30 days
8	37	The registered manager should ensure that G.P. consent and pharmaceutical advice is sought when medicines are crushed and/or added to food or drink to facilitate the administration process. **Ref: Section 7.0**	One	The registered manager will ensure that the relative/advocate is consulted and GPs consent is obtained and Pharmacutical advice is sought before medication is crushed and/or covertly added to food or drink to facilitate the administration process. All staff to receive training and deemed competent to manage covert administration of medicines.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
9	37	The registered manager should review the packaging of medicines prescribed on an “as required” basis. **Ref: Section 7.0**	One	For the new medicine cycle P.R.N. medication will be dispensed in bottles/boxes by the Pharmacy Provider.	30 days
10	37	The management of anxiolytic medicines prescribed on an “as required” basis for the management of distressed reactions should be reviewed and revised to address the issues highlighted in Section 7.0. **Ref: Section 7.0**	One	The management of anxiolytic medicines has been reviewed to ensure that the care plan reflects the prescription.	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	Marcella Mc Corkell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Muriel Sands

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	15 September 2014
B.	Further information requested from provider				