



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	IN018678
Establishment ID No:	1166
Name of Establishment:	Ardlough
Date of Inspection:	28 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:	Ardlough
Type of home:	Nursing Home
Address:	2 Ardlough Road Drumahoe Londonderry BT47 5SW
Telephone number:	(028) 7134 2899
E mail address:	Ardlough@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare Ltd Mr James McCall
Registered Manager:	Mrs Martina Mullan
Person in charge of the home at the time of inspection:	Ms Christina Parkhill (Deputy Manager)
Categories of care:	NH-DE, NH-MP, NH-MP(E)
Number of registered places:	44
Number of patients accommodated on day of inspection:	43
Date and time of current medicines management inspection:	28 July 2014 10:35 to 16:15
Names of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	Unannounced 28 April 2014

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 monitoring 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 previous medicines management inspection of this home on 28 April 2014 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. The purpose of this visit was to determine what progress had been made in addressing the 11 requirements and eight recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Ms Christina Parkhill (Deputy 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 steps being taken to improve the standards in place for the management of medicines since the previous medicines management 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

Standard 40: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard 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

Ardlough is a purpose built nursing home situated in its own tastefully landscaped and well maintained grounds on the Ardlough Road, Drumahoe, Co. Londonderry. It is a two-storey building with access to the first floor via a through floor lift and stairs.

Accommodation comprises:

- 42 single bedrooms and one double bedroom
- A choice of six sitting rooms
- Two dining rooms
- Activity lounge
- Two smoking lounges
- Laundry
- Kitchen
- Toilet / washing facilities
- Staff accommodation

The home is registered to care for up to 44 patients requiring nursing care in the following categories of care:

Nursing Care

MP	Mental Disorder excluding Learning Disability
MP (E)	Mental disorder excluding Learning Disability over 65 years of age
DE	Dementia

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Ardlough Nursing Home was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 28 July 2014 between 10:35 and 16:15 hours. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured. Both units of the home were inspected.

The inspector examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspector met with the deputy manager of the home, Ms Christina Parkhill, and with 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 are substantially compliant with legislative requirements and best practice guidelines.

The 11 requirements and eight recommendations made at the previous medicines management inspection on 28 April 2014 were examined during the inspection. Compliance with eight of the requirements was noted and the home is substantially compliant with three of the requirements. The home is compliant with four of the recommendations. The home is moving towards achieving compliance with four of the recommendations; these four recommendations are re-stated in this report.

Improvements were noted in the arrangements in place for the management of medicines since the last medicines management inspection. Staff update training has been provided, additional monitoring arrangements have been implemented and improvements were noted in the maintenance of medicine records. The results of medicine audits undertaken during the inspection indicate that medicines are being administered as prescribed.

Some further improvements in the management of medicines are necessary. Medicine stock balances should be accurately recorded, two members of staff should be involved in any re-packaging and labelling of medicine supplies for periods of home leave and the use of monitored dosage cassettes for medicines prescribed on an "as required" basis should be reviewed.

The registered manager should monitor records of the administration of thickening agents and topical medicines by non-nursing care staff to ensure they are being maintained appropriately.

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

The findings of this inspection and the areas where further improvements are necessary were discussed with Mr. John Coyle (Peripatetic Manager and acting Area Manager, Four Seasons Healthcare Ltd) following the inspection. An action plan for implementing improvements in the management of medicines in the home was forwarded to RQIA on 5 August 2014. Mr. Coyle was reminded that policies and procedures for the management of medicines should be implemented consistently throughout both units of the home.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 28 April 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The manager must ensure that all personal medication records are up to date and adequately maintained in accordance with DHSSPS guidance.</p> <p>Stated twice</p>	<p>Personal medication records have been reviewed and, where necessary, re-written. They were noted to be adequately maintained in accordance with DHSSPS guidance.</p>	<p>Compliant</p>
2	13(4)	<p>The registered manager must provide confirmation that all members of staff who administer insulin in the home are competent to do so.</p> <p>Stated once</p>	<p>Following the inspection, the registered manager confirmed, by e-mail on 2 May 2014, that all members of staff who administer insulin in the home are competent to do so.</p>	<p>Compliant</p>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	<p>The registered manager must ensure that insulin is administered in accordance with the prescriber's instructions.</p> <p>Stated once</p>	<p>Policies and procedures for the management of insulin have been revised. A new recording and monitoring procedure is now in place. Two designated members of staff are involved in the administration and stock reconciliation process on each occasion. Records of the administration of insulin and stock balances are signed by two designated members of staff. No discrepancies were noted in stock balances of insulin in use on the day of the inspection, indicating that doses are being administered in accordance with the prescriber's instructions.</p>	Compliant
4	13(4)	<p>The registered manager must investigate the untoward incident involving insulin which was identified during the inspection and forward a report of the findings to RQIA.</p> <p>Stated once</p>	<p>The registered manager investigated the insulin incident and a report of the findings was forwarded to RQIA.</p>	Compliant
5	13(4)	<p>The registered manager must ensure that records of the administration of topical medicines are adequately maintained.</p> <p>Stated once</p>	<p>Records of the administration of topical medicines by care staff have been reviewed and revised and improvements were noted.</p> <p>Some of the records appeared to be incomplete. The registered manager should monitor these records on a regular basis to ensure they are adequately maintained. A recommendation is made.</p>	Substantially compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	<p>The registered manager must continue to audit the management of medicines in the home and any further discrepancies must be investigated and reported to RQIA.</p> <p>Stated once</p>	<p>There was evidence that medicines are being audited on a regular basis.</p>	<p>Compliant</p>
7	13(4)	<p>The registered manager must ensure that all medicines are administered in accordance with the prescriber's instructions.</p> <p>Stated once</p>	<p>The results of audits undertaken during the medicines inspection indicate that medicines are being administered in accordance with the prescriber's instructions.</p>	<p>Compliant</p>
8	20(1)	<p>The registered manager must ensure that all designated members of staff receive update training on the management of diabetes.</p> <p>Stated once</p>	<p>Training on the management of diabetes and the administration of insulin was provided for staff on 7 May 2014 and 14 May 2014.</p>	<p>Compliant</p>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
9	13(4)	<p>The registered manager must review the management of BuTrans patches for Resident A between 12 August 2013 and 2 February 2014 and forward a report of the findings to RQIA.</p> <p>Stated once</p>	<p>The management of BuTrans patches for Resident A was reviewed by the registered manager and a report of the findings was forwarded to RQIA.</p>	<p>Compliant</p>
10	13(4)	<p>The registered manager must ensure records of the receipt, administration and disposal of controlled drugs are accurately maintained and any amendments/deletions are appropriately managed.</p> <p>Stated once</p>	<p>A new controlled drugs record book has been obtained and is in use in the home. Improvements were noted in the management of records in the controlled drugs record book. During the inspection it was noted that some records of medicines received are not entered in the correct column and on some occasions, staff have recorded the administration of a controlled drug patch against a receipt record. Staff are reminded that records must be accurately maintained.</p>	<p>Substantially compliant</p>

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
11	13(4)	<p>The registered manager must ensure that appropriate arrangements are in place for cold storage of medicines; the maximum and minimum temperatures must be appropriately monitored and the temperature must be maintained within the recommended limits of 2 - 8°C.</p> <p>Stated once</p>	<p>Records show that the temperatures of the medicine refrigerators are being maintained within the recommended limits of 2 - 8°C. However, staff in the upstairs unit seemed unsure of the correct procedure for re-setting the thermometer; the registered manager is reminded that all members of staff must be competent to carry out all designated tasks in the home.</p>	<p>Substantially compliant</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>Warfarin doses should be confirmed in writing.</p> <p>Stated twice</p>	<p>Written confirmation of warfarin doses has been obtained and a copy is kept with the patient's personal medication record.</p>	<p>Compliant</p>
2	37	<p>The manager should monitor the management of inhalers in the home.</p> <p>(This recommendation was not reviewed during the inspection on 28 April 2014 and was carried forward to the next inspection)</p> <p>State once</p>	<p>Supplies of inhalers were audited during the inspection and no discrepancies were noted. Staff attended training on the management of inhalers on 8 May 2014.</p>	<p>Compliant</p>
3	37	<p>The registered manager should ensure that medicine stock balance records are adequately maintained.</p> <p>Stated once</p>	<p>Stock balance records and records of balances carried forward at the beginning of each medicine cycle were generally well-maintained in the downstairs unit of the home. Improvements in the management of stock balance records are necessary in the upstairs unit.</p> <p>This recommendation is re-stated</p>	<p>Moving towards compliance</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	38	<p>The registered manager should review and revise the arrangements in place for the disposal of medicines to address the issues highlighted in Criterion 38.2</p> <p>Stated once</p>	<p>A separate record of controlled drugs denatured and disposed of is now being maintained. A copy of the collection docket for waste medicines was noted to be attached to the home's corresponding disposal records.</p>	<p>Compliant</p>
5	38	<p>The registered manager should ensure that two members of staff are involved in the re-packaging and labelling of medicines for supplying to patients for periods of home leave.</p> <p>Stated once</p>	<p>Records show that the packaging and re-labelling of home leave medicines is not managed by two designated members of staff and this was confirmed by the deputy manager.</p> <p>This recommendation is re-stated</p>	<p>Moving towards compliance</p>
6	39	<p>The registered manager should ensure that statutory warning notices are displayed in all areas where oxygen is stored and/or in use.</p> <p>Stated once</p>	<p>Statutory warning notices were noted to be in place in areas where oxygen was being stored.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	37	<p>The registered manager should review and revise the management of anxiolytic medicines to address the issues highlighted in Section 7.0.</p> <p>Stated once</p>	<p>Following the last inspection, information sheets regarding the administration of anxiolytic medicines prescribed on an “as required” basis have been implemented. However, the care plans for these patients do not provide sufficient detail regarding the management of these medicines. Records of administration do not always correlate with the daily notes.</p> <p>This recommendation is re-stated</p>	<p>Moving towards compliance</p>
8	37	<p>The registered manager should review the packaging of medicines prescribed on an “as required” basis.</p> <p>Stated once</p>	<p>A small number of medicines prescribed on and “as required” basis were noted to be packaged into monitored dosage cassettes. Some of these supplies had exceeded their 8 week shelf life; these were removed for disposal during the inspection.</p> <p>This recommendation is re-stated</p>	<p>Moving towards compliance</p>

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

Improvements were noted in the arrangements in place for the management of medicines. There was evidence that areas of medicines management highlighted for improvement at the last medicines management inspection had been discussed at a staff meeting in the home on 1 May 2014.

The results of medicine audits undertaken during the inspection showed no significant discrepancies, indicating that medicines are being administered as prescribed. There was evidence that staff on night duty audit a small sample of medicines in the home on a regular basis. One Scopoderm patch was noted to have been administered one day later than prescribed on 23 July 2014 in the upstairs unit of the home. During the inspection, staff were reminded that the late application of patches should be reported to RQIA, in accordance with procedures and that robust arrangements should be in place for the administration of patches.

The registered manager has implemented additional monitoring arrangements for insulin and warfarin, and these improvements were noted and acknowledged during the inspection.

There was evidence that staff have received update training on the management of diabetes, the administration of insulin and the management of inhalers following the last medicines management inspection on 28 April 2014.

The admissions procedure was examined for one patient recently admitted to the home. Written confirmation of the patient's current medication regime had been obtained from a healthcare professional and details recorded in the patient's personal medication record correlated with the patient's discharge note.

During the inspection, staff were reminded that prescriptions should be collected from the prescriber and checked against the home's order before being forwarded to the pharmacy for dispensing.

In the upstairs unit of the home, stock balances of medicines are not always being carried forward at the beginning of each medicine cycle and some stock balance record sheets for medicines not supplied in monitored dosage cassettes (including lactulose and paracetamol) were not being maintained appropriately and did not correlate with the medication administration records. This should be addressed. A recommendation is re-stated.

The management of anxiolytic medicines prescribed on an "as required" basis for the management of distressed reactions was examined in both units. Information sheets regarding the management of these medicines are maintained and filed with the patient's personal medication records. However, care plans for the management of these medicines were noted to be incomplete. Records of the administration of these "as required" medicines did not always correlate with the daily notes. One patient in the downstairs unit is prescribed lorazepam on an "as required" basis, up to a maximum of four times a day, for the management of distressed reactions. Records of administration show that this medicine is being administered on a regular basis in the evening and on only two occasions in July was

the reason it was required to be administered and the observed effect recorded in the patient's daily notes. The management of these "as required" medicines should be reviewed and revised. A recommendation made at the previous inspection is re-stated.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

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

Improvements were noted in the standard of record keeping in the home

There was evidence that personal medication records have been reviewed and, where necessary, re-written.

Records of the administration of medicines by registered nurses were adequately maintained. A small number of incomplete records were noted and staff were reminded that a record of all medicines administered must be maintained.

Records of the administration of thickening agents by care staff are recorded on the patient's record of food and fluid intake. However, these records do not always indicate that fluids have been thickened prior to administration and the consistency of thickening required is not recorded on the patient's food and fluid intake chart. Records of the administration of topical medicines by care staff have been reviewed and revised following the last inspection. However, some records of the administration of topical medicines appeared to be incomplete. The registered manager should monitor these records on a regular basis to ensure they are adequately maintained and medicines are being administered as prescribed. A recommendation is made.

Records of medicines received were generally well-maintained. However, it was noted that supplies of medicines recently received into the home for a respite resident in the upstairs unit had not been recorded in the record of medicines received. This was addressed during the inspection. Staff are reminded that a record of all medicines received into the home must be maintained.

Following the last inspection, a new controlled drugs record book has been brought into use in the downstairs unit of the home. It was noted that records are not always being correctly maintained; records of the receipt of supplies of controlled drugs are not always recorded in the correct column and staff are sometimes incorrectly recording that a controlled drug patch has been administered against a receipt record. Staff are reminded that records of the receipt, administration and disposal of controlled drugs must be accurately maintained. No discrepancies were noted in the stock balances of controlled drugs and records of administration indicate that controlled drug patches are being administered in accordance with the prescriber's instructions.

COMPLIANCE LEVEL: Substantially compliant

6.3 **Medicine Storage**

Standard Statement - Medicines are safely and securely stored

Medicines were stored safely and securely.

Suitable storage arrangements for controlled drugs and medicines which require refrigeration were noted. The registered manager is reminded that all designated members of staff should be trained and competent to manage refrigerator thermometers appropriately.

A small number of medicines prescribed on an "as required" basis were noted to be packaged into monitored dosage cassettes. Some of these supplies had exceeded their 8 week shelf life; these were removed for disposal during the inspection. A recommendation made at the previous inspection is re-stated.

Where quantities of medicines are re-packaged and labelled to supply to patients for periods of home leave, two members of staff should be involved in the process and should sign the supply record. A recommendation made at the previous inspection is re-stated.

COMPLIANCE LEVEL: Substantially compliant

6.4 **Administration of Medicines**

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

The results of audits undertaken during the inspection were satisfactory. Medicine stock balances are not always being carried forward at the beginning of each medicine cycle with the result that some non-MDS medicines could not be audited. Staff are reminded that this should be addressed to facilitate the audit process.

Records in the upstairs unit show that bisphosphonate medicines are not being administered 30 minutes clear of food and other medicines, in accordance with the manufacturer's instructions. This must be reviewed. A requirement is made.

COMPLIANCE LEVEL: Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers / managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Christina Parkhill (Deputy 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
BT70 0NS



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

ARDLOUGH
28 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Christina Parkhill, Deputy 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		<p>The registered manager must ensure that bisphosphonate medicines are administered 30 minutes clear of food and other medicines, in accordance with the manufacturer's instructions.</p> <p>Ref: Section 6.4</p>	One	GPs were contacted by the Home Manager who requested that this information is recorded on the prescriptions. Boots pharmacy were contacted and they will put the information on the MAR sheets thus highlighting the instructions for the Registered Nurses. Staff have been advised regarding the administration requirements . One resident is none compliant and this has been discussed with the GP and care plan updated	30 days

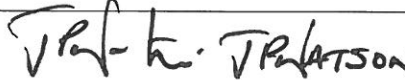
RECOMMENDATIONS

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 medicine stock balance records are adequately maintained. Ref: Section 5.0 and 6.1	Two	A staff meeting was held on the 26/08/14 and this was discussed. Copy of minutes was forwarded to the inspector on the 04/09/14. Home Manager to carry out a spot check on the first day of the new monthly cycle.	30 days
2	38	The registered manager should ensure that two members of staff are involved in the re-packaging and labelling of medicines for periods of home leave. Ref: Section 5.0 and 6.3	Two	This was discussed at the staff meeting and staff are now aware that two staff are to be involved in re-packaging and labelling of medicines for home leave. Both staff members to sign the home leave book .This will be audited by the home manager	30 days
3	37	The registered manager should review and revise the management of anxiolytic medicines to address the issues highlighted. Ref: Section 5.0 and 6.1	Two	Discussed at the staff meeting on the 26/08/14. Staff aware that if PRN anxiolytic medications are administered the reason and effect should be recorded in the resident's care file.	30 days
4	37	The registered manager should review the packaging of medicines prescribed on an "as required" basis. Ref: Section 5.0 and 6.3	Two	Home Manager has spoken with the pharmacy team in Boots on the 28/08/14 and all "as required" drugs will come in the original packaging. Out of date white blister packs have been removed from the home and replaced with boxes.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	38	<p>The registered manager should ensure that records of the administration of thickening agents and topical medicines by non-nursing care staff are adequately maintained.</p> <p>Ref: Section 5.0 and 6.2</p>	One	<p>A template is now in place for the Home Manager to spot check on a weekly basis that the records are adequately maintained. Supervision has been conducted with non-nursing care staff on the completion of the records. Nursing staff also check and sign the booklets on a daily basis.</p>	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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Martina Mullan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall DIRECTOR OF OPERATIONS 11.9.14

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

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				