NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**17433**
Establishment ID No:	**1166**
Name of Establishment:	**Ardlough**
Date of Inspection:	**28 April 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:	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 Health Care Mr James McCall
Registered Manager:	Mrs Martina Mullan
Person in charge of the home at the time of Inspection:	Mrs Martina Mullan
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 April 2014 09:55 to 16:15
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	Medicines management monitoring inspection 21 January 2013

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 Martina Mullan (Registered 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 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

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 inspection of Ardlough was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 28 April between 09:55 and 16:15 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 registered manager of the home, Mrs Martina Mullan, 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 in the downstairs unit of the home.

The outcome of the medicines management inspection in this unit of the home found areas of concern. As a result of these concerns, the home was issued with an urgent actions letter during the inspection and the registered manager was advised that a medicines management

monitoring inspection of the home will be carried out within the 2014 – 2015 inspection year to determine if the necessary improvements in the management of medicines have been implemented.

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

The three requirements and two recommendations made at the previous medicines management inspection on 21 January 2013 were examined during the inspection. One requirement regarding the management of personal medication records has not been fully complied with and is re-stated. Substantial compliance with one requirement and compliance with the remaining requirement was noted. One recommendation regarding the management of anticoagulant medicines has not been complied with and is re-stated in this report. The second recommendation was not reviewed during this inspection and is carried forward to the next medicines management inspection.

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

During the inspection, a discrepancy was noted in the stock balance of one supply of insulin. A review of the management of this medicine suggested that it may not have been administered correctly. The registered manager must investigate this issue and forward a report of the findings to RQIA. The management of diabetes in this home must be reviewed and revised and update training must be provided.

The management of controlled drugs must be reviewed and revised to ensure controlled drugs are administered as prescribed, and records of the receipt, administration and disposal of controlled drugs are adequately maintained.

Dosage instructions for anticoagulant medicines should be confirmed in writing.

The registered manager and staff audit medicines on a regular basis. However, some discrepancies were noted in audits undertaken by the inspector. 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.

Most medicine records in this home are maintained in such a way as to facilitate the audit process. Some improvements in the management of personal medication records and records of the administration of topical medicines by care staff are necessary.

The majority of medicines were stored safely and securely. Improvements are necessary in the temperature monitoring arrangements for medicine refrigerators and statutory warning notices should be posted in all areas where oxygen is stored or in use. Two members of staff should be involved in the re-packaging and labelling of medicines supplied for periods of home leave. The packaging of medicines prescribed on an “as required” basis should be reviewed.

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

The inspector would like to thank the registered 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 21 January 2013:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The manager must ensure that all personal medication records are up to date and adequately maintained in accordance with DHSSPS guidance. **Stated once**	Some improvements in the management of these records were noted during the inspection. However, some further improvements are necessary to ensure records are adequately maintained in accordance with DHSSPS guidance. **This requirement is re-stated**	**Moving towards compliance**
2	13(4)	The manager must ensure that a record of all medicines administered is maintained. **Stated once**	The majority of records of administration made by registered nurses were adequately maintained. Improvements are necessary in the management of records of administration by care staff. **A requirement is made.**	**Substantially compliant**
3	13(4)	The manager must review and revise the management of medicine dosage changes which occur mid-cycle. **Stated once**	No issues regarding the management of mid-cycle dosage changes were identified during the inspection.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The manager should monitor the management of inhalers in the home. **Stated once**	This was not reviewed during this inspection and is carried forward to the next inspection.	**Not examined**
2	37	Warfarin doses should be confirmed in writing. **Stated once**	Warfarin doses in the downstairs unit of the home are not confirmed in writing. **This recommendation is re-stated.**	**Not 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 admissions procedure was examined for one patient recently admitted to the downstairs unit. Written confirmation of the patient's medication regime had been obtained and the prescription details had been accurately recorded on the patient's personal medication record. The ordering process for medicines was reviewed. One GP's practice now requires the home to submit orders for medicines electronically. The need for robust management of electronically submitted orders was discussed during the inspection. The registered manager implemented new policies and procedures for electronic ordering of medicines during the inspection to ensure that a record of medicine orders is maintained. It was agreed that this would be monitored and reviewed on an on-going basis. A copy of current prescriptions is kept in the home, indicating good practice. The management of anticoagulant medicines (warfarin) was reviewed for one patient in the downstairs unit. Dosage instructions for this patient's warfarin are not confirmed in writing and this should be addressed. A recommendation made at the previous RQIA medicines management inspection on 21 January 2013 is re-stated. A number of medicine audits were carried out in the downstairs unit of the home. The majority of these audits produced satisfactory results. However, a small number of discrepancies were noted during the auditing process, including the non-administration of a dose of ferrous fumarate on 18 April 2014 and one metoprolol 50mg tablet missing from a monitored dosage cassette. Discrepancies were also noted in the administration of controlled drugs and insulin as highlighted below. These discrepancies were discussed with the registered manager during the inspection. The registered manager must continue to monitor and audit the management of medicines in the home and any further discrepancies must be investigated and reported to RQIA. A requirement is made.	Moving towards compliance

On two separate occasions, records show that controlled drugs patches had not been administered at the correct time. One of these late administration incidents had already been reported to RQIA by the home. The registered manager must ensure that all medicines are administered in accordance with the prescriber's instructions. A requirement is made. During the inspection, a discrepancy was noted in the stock balance of one supply of insulin. A review of the management of this medicine and discussion with staff on duty and the registered manager indicated the medicine may not have been administered correctly. During the inspection, the prescriber was contacted and the necessary action was taken to ensure the safety and well-being of the patient. The registered manager must investigate this issue and forward a report of the findings to RQIA. The management of diabetes in this home must be reviewed and revised and update training must be provided. An urgent actions letter was issued to the home during the inspection requiring immediate action by the registered manager to ensure all members of staff who administer insulin are competent to do so and that insulin is administered in accordance with the prescriber's instructions; two requirements are made. In addition, the registered manager must investigate this incident and forward a report of the findings to RQIA within one week. A requirement is made. A further review of the management of insulin, revealed that quick acting insulin prescribed for one patient had not been administered when required, in accordance with the prescriber's instructions. This must reviewed as part of the registered manager's investigation of the incident. Following the inspection, the registered manager confirmed by telephone and e-mail that all members of staff who administer insulin in the home are competent to do so and that insulin is being administered in accordance with the prescriber's instructions.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines and Standard Operating Procedures for controlled drugs are in place.	Compliant

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager provided evidence that staff receive training on the management of medicines as part of the home's induction process for new staff. The registered manager advised that designated members of staff have received training on the management of thickening agents (6 and 13 March 2014) (including care staff and kitchen staff), the management of monitored dosage systems (4 March 2014) and syringe drivers (14 March 2013). The registered manager confirmed that care staff have been trained and deemed competent to administer topical medicines. A list of the names and sample signatures and initials of those nursing and care staff trained and deemed competent to administer medicines is maintained in the home. In light of the issues noted regarding the management of insulin, staff must receive update training on the management of diabetes. A requirement 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 registered manager confirmed that staff supervision is undertaken on a monthly or bi-monthly basis and competency regarding the management of medicines is assessed on an annual basis.	Compliant

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Errors and incidents have been reported to RQIA in accordance with procedures. A recently reported incident involving supplies of co-codamol tablets is currently being investigated by the home.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines for disposal are collected by a waste-disposal company. The registered manager confirmed that supplies of controlled drugs are appropriately denatured prior to disposal.	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:	
The registered manager confirmed that she undertakes two medicine audits each month and that nursing staff undertake medicine audits on a weekly basis. These were not examined at this inspection. A review of the home's medicine audits will be undertaken at the next inspection. The home maintains stock balance record sheets for some medicines not supplied in the monitored dosage cassettes. This is good practice. However, during the inspection, it was noted that these records are not always maintained appropriately and some discrepancies were noted between the medication administration records and the stock balance record sheets. The registered manager should ensure that medicine stock balance records are adequately maintained. A recommendation is made.	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:	
The majority of medicine records reviewed was maintained in such a way as to facilitate the audit process. However, some improvements in the maintenance of medicine records are necessary, as detailed below in Criterion 38.2	Substantially compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of each of the above medicine records was reviewed during the inspection. A sample of personal medication records was reviewed in the downstairs unit of the home. Some medicines prescribed on an "as required" basis were not qualified with the dosage instructions. Some discontinued medicines had not been deleted and signed and dated. The doses of insulin prescribed for one patient were not recorded on the patient's personal medication record. The dose of lorazepam prescribed for one patient was ambiguous and must be reviewed with the prescriber. These issues must be addressed to ensure personal medication records are adequately maintained in accordance with DHSSPS guidance. A requirement made at the previous medicines management inspection is re-stated.	Substantially compliant

Records of the administration of medicines by registered nurses were generally adequately maintained. Records of the administration of topical medicines by members of care staff were incomplete and this must be addressed. A requirement is made. Records of medicines received were generally satisfactory. Records of the disposal of medicines are maintained. These records are signed by two designated members of staff. Records of the disposal of controlled drugs do not show that they have been denatured prior to disposal. This should be addressed. A copy of the collection docket for waste medicines should be attached to the corresponding disposal record. The home should keep a separate record of the disposal of controlled drugs. The arrangements for the safe disposal of medicines should be reviewed and revised to address these issues. A recommendation is made. Records of the supply of medicines to patients for periods of home leave are maintained. The registered manager confirmed that these medicines are appropriately packaged and labelled. Two members of staff should be involved in the re-packaging and labelling of medicines for periods of home leave. A recommendation is made.	

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:	
Samples of records in the controlled drugs register in the downstairs unit were reviewed during the inspection. Records of the management of supplies of BuTrans patches for one patient, Patient A, showed some discrepancies and ambiguous records. Receipt records were not always clearly maintained, the wrong date of administration was recorded on one occasion, a patch appears to have been replaced on 14 August 2013 (two days after a patch being applied on 12 August 2013) without a clear explanation of the action taken and there were a number of alterations/amendments to the records. The registered manager must review the management of this medicine for Patient A between 12 August 2013 and 7 February 2014 and forward a report of the findings to RQIA. A requirement is made. Discrepancies were noted between records of the disposal of controlled drugs in the controlled drugs record book and the corresponding details recorded in the medicines disposal book. The registered manager must review and revise the management of controlled drug records to ensure records of the receipt, administration and disposal of controlled drugs are accurately maintained and amendments/deletions are appropriately managed. A requirement is made.	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:	
The arrangements for the storage of medicines were inspected in the downstairs unit of the home. Statutory warning signs in areas where oxygen is stored and/or in use are not in place and this should be addressed. A recommendation is made. Records of maximum and minimum refrigerator temperatures were reviewed. A small number of recorded temperatures were below 2°C; this is below the acceptable range of 2 - 8°C for cold storage of medicines. A review of the records and discussion with staff on duty suggested that members of staff are not re-setting the thermometer on a daily basis. Policies and procedures ensuring the safe and appropriate storage of medicines which require refrigeration must be reviewed and revised to address these issues. A requirement is made. There was sufficient storage space for medicines. No medicines were noted to be out of stock during the audit. The medicines trolley and oxygen cylinders were secured to the wall when not in use.	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 manager is responsible for the security of spare keys. The nurse in charge of each unit holds the medicine keys. In the downstairs unit, the key to the controlled drugs cabinet was not being kept separate from all other keys. This was addressed during the inspection.	Substantially 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:	
Records show that 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.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions/anxiolytic medicines

The management of an anxiolytic medicine prescribed on an "as required" basis for one patient for the management of distressed reactions was reviewed during the inspection. The medicine was recorded on the patient's personal medication record, but the dosage instructions were unclear and did not match the dosage instructions on the corresponding medication administration record. This should be reviewed in consultation with the prescriber. Staff should ensure that regular doses and "as required" doses are clearly indicated. The care plan for this patient made reference to the management of distressed reactions and there was evidence of monthly review. The daily notes for this patient were reviewed; the administration of one dose was recorded in the daily notes, but the administration of a dose of lorazepam on 19 April 2014 had not been recorded in the daily notes. The management of anxiolytic medicines should be reviewed and revised to address these issues. A recommendation is made

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. The packaging of these medicines should be reviewed in consultation with the pharmacist. 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 Martina Mullan (Registered 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
Pharmacist Inspector
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ARDLOUGH
28 APRIL 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Martina Mullan, Registered 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 manager must ensure that all personal medication records are up to date and adequately maintained in accordance with DHSSPS guidance. **Ref: Section 5.0 and Criterion 38.2**	Two	Medicine Kardex's have been re-written with the prescribers instructions adherred to.	30 days
2	20(1)	The registered manager must provide confirmation that all members of staff who administer insulin in the home are competent to do so. **Ref: Criterion 37.1 and Urgent Action Letter issued 28 April 2014**	One	Relevant staff who administer insulin have had training and supervision completed and have deemed themselves competent in the administration of insulin.	Immediate
3	13(4)	The registered manager must ensure that insulin is administered in accordance with the prescriber's instructions. **Ref: Criterion 37.1 and Urgent Action Letter issued 28 April 2014**	One	Two Registered Nurses check and administer insulin. There is an audit sheet in place for insulin doses and wasteage to be monitored.	Immediate

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	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. **Ref: Criterion 37.1 and Urgent Action Letter issued 28 April 2014**	One	The untoward incident has been investigated and a report was forwarded to the RQIA on the 5th May 2014.	One week
5	13(4)	The registered manager must ensure that records of the administration of topical medicines are adequately maintained. **Ref: Section 5.0 and Criterion 38.2**	One	Supervision of staff has been carried out on the recording of topical medicines with new documentation commencing at the start of each monthly cycle These are audited by the manager to review compliance	30 days
6	13(4)	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. **Ref: Criterion 37.1**	One	Weekly medication audits are carried out with action plans. Copies of these are available for inspection. Any noted discrepancies will be reported to the RQIA.	30 days
7	13(4)	The registered manager must ensure that all medicines are administered in accordance with the prescriber's instructions. **Ref: Criterion 37.1**	One	Staff meetings were held on 1st May and 27th May and the importance of following the prescribers instructions was discussed with staff.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	20(1)	The registered manager must ensure that all designated members of staff receive update training on the management of diabetes. **Ref: Criterion 37.3**	One	Training in the management of diabetes took place on 14th May by the Diabetic Nurse Specialist which was attended by all designated staff members. Training on medical equipment in relation to diabetes took place on 7th May by a FSHC Trainer.	60 days
9	13(4)	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. **Ref: Criterion 38.3**	One	The pharmacy that supplies the medications confirmed that for resident A they had the prescription for 15 days before forwarding the medication to the home. This was the cause of the delay in the resident receiving a controlled drugs patch. They were unable to give me a reason as to the delay.	30 days
10	13(4)	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. **Ref: Criterion 38.3**	One	A new Controlled Drugs register has been put in place and this was discussed at the staff meetings on 1st & 27th May. There is now in place a separate record kept for the disposal of controlled drugs and this was also discussed at the staff meetings.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
11	13(4)	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. **Ref: Criterion 39.1**	One	Supervision has been carried out on staff on the recording of temperatures of the medicine fridge and the correct procedure for re-setting.	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	Warfarin doses should be confirmed in writing. **Ref: Section 5.0 and Criterion 37.1**	Two	This was discussed with the Practice Manager on 6/5/14 and the practice will forward written confirmation in the resident's yellow book and this will be posted back to the Nursing Home.	30 days
2	37	The manager should monitor the management of inhalers in the home. (This recommendation was not reviewed during the inspection on 28 April 2014 and is carried forward to the next inspection) **Ref: Section 5.0**	One	Inhalers are monitored on a weekly basis during the medication audits.	Ongoing
3	37	The registered manager should ensure that medicine stock balance records are adequately maintained. **Ref: Criterion 37.7**	One	This was discussed at the staff meetings and staff made aware of the importance of accurate record keeping.	30 days
4	38	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 **Ref: Criterion 38.2**	One	The disposal of medications was discussed at the staff meetings. These will be recorded in the disposal book then stored in a locked cupboard until the green bucket is collected. Two staff to check the written record with the medications and then place these in the bucket for collection and lid sealed.	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 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. **Ref: Criterion 38.2**	One	This was discussed at the staff meetings and 2 staff are now involved in the re-packaging and labelling of medications for residents home leave.	30 days
6	39	The registered manager should ensure that statutory warning notices are displayed in all areas where oxygen is stored and/or in use. **Ref: Criterion 39.1**	One	The correct statutory warning notices are now in place.	30 days
7	37	The registered manager should review and revise the management of anxiolytic medicines to address the issues highlighted in Section 7.0. **Ref: Section 7.0**	One	The prescribers has reviewed the 'As Required' anxiolytic medicines and the medicine Kardex has been re-written.	30 days
8	37	The registered manager should review the packaging of medicines prescribed on an "as required" basis. **Ref: Section 7.0**	One	Boots Pharmacy has been contacted and they will send 'As Required' medications in their original packaging in future.	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	Martina Mullan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	J R & K. JOHNSTON Jim McCall DIRECTOR OF OPERATIONS 9.6.2014.

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			16/6/14.
B.	Further information requested from provider				