NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN 017437**
Establishment ID No:	**1205**
Name of Establishment:	**Bell Gray House**
Date of Inspection:	**6 October 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:	Bell Gray House
Type of home:	Nursing Home
Address:	48 Dublin Street Newtownstewart BT78 4AG
Telephone number:	(028) 8166 2075
E mail address:	k.heywood @apexhousing.org
Registered Organisation/ Registered Provider:	Apex Housing Association Mr Gerald Kelly
Registered Manager:	Ms Eileen Stanford (registration pending)
Person in charge of the home at the time of Inspection:	Mrs Maria Devlin (acting manager) Ms Eileen Stanford (manager, registration pending)
Categories of care:	NH-I, NH-LD, NH-PH, RC-I
Number of registered places:	35
Number of patients accommodated on day of inspection:	21
Date and time of current medicines management inspection:	6 October 2014 10:40 to 16:15
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	Unannounced 3 May 2011

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect 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 Maria Devlin (acting manager), Ms Eileen Stanford (manager, registration pending) 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

Bell Gray House is registered to provide care for up to 35 patients and residents.

The home is situated in its own landscaped grounds in a quiet residential setting, a short distance from the centre of Newtownstewart in Co. Tyrone.

The acting manager of the home at the time of the inspection was Mrs Maria Devlin. The registered provider of the home, Apex Housing Association, has recently appointed a new manager (registration currently pending with RQIA), Ms Eileen Stanford, who took up post in the home at the end of September 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Bell Gray House was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 6 October 2014 between 10:40 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 new manager of the home, Ms Eileen Stanford (registration pending), the acting manager of the home (Mrs Maria Devlin) and with the registered nurses and senior care 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 Bell Gray are substantially compliant with legislative requirements and best practice guidelines. However, it was disappointing to note that some of the areas of good practice noted at the previous medicines management inspection on 3 May 2011 had not been sustained. There was one area of concern noted during the inspection; the admissions procedure for one new patient was not robust. No other areas of significant concern were noted although areas for improvement in the management of medicines were noted and highlighted during the inspection.

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

The two requirements and two recommendations made at the previous medicines management inspection on 3 May 2011 were examined during the inspection. Compliance with one requirement and one recommendation and substantial compliance with one recommendation was noted. Full compliance with the remaining requirement was not

achieved and this is re-stated in this report. The inspector's validation of compliance can be noted in Section 5.0 below.

Some areas of good practice were noted and highlighted during the inspection. There was evidence that registered nurses and senior care staff have been trained and deemed competent to administer medicines. Written policies and procedures are in place for most of the areas of medicines management. Medicine records were generally well-maintained. The results of the majority of medicine audits completed during the inspection produced satisfactory results, indicating medicines are being administered as prescribed. The management arrangements for controlled drugs are robust. There is evidence that medicines and medicine records are audited by home staff on a regular basis.

Improvements are necessary in the monitoring arrangements for the medicines refrigerator and the room temperature of the treatment room. Arrangements for key control should be reviewed and the registered manager should confirm that the current storage arrangements for controlled drugs comply with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973. Arrangements for the disposal of medicines should be reviewed.

The admissions procedure was reviewed during the inspection, during which an error was noted. The admissions procedure must be robust.

Arrangements for the management of anticoagulant medicines should be reviewed and revised.

Care assistants who administer topical medicines and thickening agents must be trained and deemed competent to undertake these delegated tasks, and records of the administration of these medicines must be adequately maintained.

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 five requirements and seven recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

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

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of the four medicines that produced unsatisfactory outcomes, in order to ensure compliance with the prescriber's instructions. **Stated once**	These medicines were monitored following the last medicines management inspection and staff confirmed no further discrepancies were noted. The results of medicine audits undertaken during this inspection showed no significant discrepancies.	**Compliant**
2	13(4)	The temperature of the medicines refrigerator must be maintained within the recommended range of 2 - 8°C **Stated once**	Records show that the temperature is not being maintained between 2 - 8°C. **This requirement is re-stated**	**Not compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The records of the blood glucose meter quality control checks should be supplemented by including the control ranges for the test strips. **Stated once**	Records show this has been addressed.	**Compliant**
2	39	On the personal medication record, the medicine dose to be administered should be specified in metric units or the number of individual units where appropriate. **Stated once**	Dosage instructions on personal medication records are recorded, but some use of Roman numerals to record quantities was noted. This was discussed and staff and management were reminded of` the need for medicine doses to be specified in metric units or the number of individual units where appropriate, in accordance with guidance listed in “Use and Control of Medicines” (DHSSPS, 2014).	**Substantially 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:	
Mostly satisfactory arrangements were observed to be in place for the management of medicines. The results of a range of medicine audits undertaken during the inspection produced satisfactory results for the majority of medicines audited, indicating that these medicines are being administered in accordance with the prescribers' instructions. The admissions procedure with respect to medicines was inspected for one patient recently admitted to the home. Due to an error in recording the details of medicines received and prescription details regarding dosage on the patient's personal medication record, the wrong dose of ramipril had been administered to the patient since admission (a period of three days). The acting manager contacted the prescriber immediately and was advised to administer the correct dose that morning. This was investigated and reported to RQIA using the RQIA notification procedure following the inspection. The admissions procedure for new patients must be reviewed and revised to ensure it is robust. A requirement is made. The ordering process for medicines was reviewed. Orders for medicines are made in writing to the prescriber, which is good practice. However, prescriptions are not collected by the home and checked against the home's order before being forwarded to the community pharmacist for dispensing. This should be addressed. A recommendation is made. The management of warfarin was examined for one resident in the home. No discrepancies were noted in the audits of supplies of warfarin tablets carried out during the inspection, indicating that these tablets are being	Substantially compliant

administered correctly. However, dosage instructions are no longer being obtained in writing from the prescriber and this should be addressed. Running stock balances of warfarin tablets are not maintained and this should be addressed. A recommendation is made. Weekly control checks are carried out on blood glucose meters. However, the glucose control solution used to check that meters are working properly had exceeded its in-use expiry date (90 days after first opening). This was removed for disposal during the inspection. Staff are reminded that standard glucose solutions must be replaced once the in-use expiry date has been exceeded. 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 reviewed. There is no written policy and procedure in place for the management of anticoagulant medicines and this should be addressed. A recommendation is made.	Substantially 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:	
Medicines in this home are managed by registered nurses who administer medicines to patients in the home and by senior carers who administer medicines to residents in the home. The acting manager provided evidence that registered nurses and senior care staff who administer medicines in the home have been trained and deemed competent to do so. Training is provided during the induction of new staff members and as an annual update. Records of staff training are maintained and these were spot-checked during the inspection. There was evidence that designated members of staff have attended the following training; medicines update training (8 March 2013 and 1 May 2013), management of dysphagia (18 July 2012 and 24 September 2014) subcutaneous fluids (15 November 2011), palliative care (March 2013), Parkinson's disease (18 June 2013) and management of syringe drivers (5 July 2013).	Substantially compliant

Care assistants employed in this home administer topical medicines and thickening agents. The registered manager must ensure that all care assistants who administer topical medicines and thickening agents are trained and competent to do so. A requirement is made. The sample signature list for registered nurses and care staff, detailing which staff members have been trained and deemed competent to administer medicines in the home, including topical medicines and thickening agents, was not available at the time of the inspection. This must be addressed. A requirement is made.	
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 provided evidence that staff competency with respect to the management of medicines is reviewed on an annual basis. Records of annual competency assessments were available for inspection.	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. During the inspection, staff were reminded that details of any out of stock medicines must be reported to RQIA.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Pharmaceutical waste is collected by a licensed waste-disposal company. It was noted that staff are emptying capsules and pouring liquids into the medicine disposal bin, into which cat litter has been also been placed. Staff were advised that only controlled drugs are required to be denatured prior to their disposal. The management of waste medicines should be reviewed and revised to ensure practice is safe and appropriate. A recommendation is made. During the inspection, the disposal bin in use was sealed and removed for collection and commercially prepared kits for denaturing controlled drugs were ordered.	Substantially 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 medicines are audited on a monthly basis. Records of completed audits were reviewed during the inspection. Each audit includes a review of the patient's medicine records, which is good practice. The results of these medicine audits showed no significant discrepancies.	Compliant

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:	
Medicine records were generally well-maintained and constructed and completed in such a way as to ensure that there is a clear audit trail**.**	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:	
Personal medication records are generally well-maintained. Records of medicines ordered and received are maintained on an individual patient basis. This is good practice. Records of medicines administered are well-maintained and facilitated the audit process. However, records of the administration of topical medicines and thickening agents are not being maintained; this must be addressed. A requirement is made. The management of medicines prescribed for the treatment of Parkinson's disease was discussed during the inspection. Staff on duty were reminded that these medicines must be administered within 15 minutes of the prescribed time.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Records of medicines transferred out of the home and medicines disposed of are maintained in one record book. These records should be maintained separately. It was agreed that these records would be kept separately and no further action is required at this time. Management and staff were reminded that records of the disposal of medicines should indicate when controlled drugs have been denatured prior to their disposal. As a matter of good practice, a copy of any collection docket provided by the waste disposal company should be attached to the disposal records. The manager advised these issues would be addressed.	
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. These were adequately maintained. Supplies of controlled drugs were audited during the inspection and no discrepancies were noted.	Compliant

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

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 and there was sufficient storage space for medicines. The majority of medicines in use had been marked with the date of opening; this facilitated the audit process. Records show that the temperature of the medicines refrigerator is not always being maintained between 2 - 8°C. As supplies of insulin in the refrigerator were exposed to temperatures below 0°C, supplies in the home were removed for disposal and new supplies ordered during the inspection. The medicines refrigerator must be maintained at the correct temperature and action must be taken to ensure medicine supplies are fit for use in the event that temperatures deviate from the recommended range. A requirement made at the previous medicines management inspection is re-stated. 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. It was not possible to determine if the controlled drug cabinet meets the required specifications and is attached to a wall or floor of solid construction, in compliance with the Misuse of Drugs (Safe Custody)(NI) Regulations 1973. The registered manager should review the current arrangements for the storage of controlled drugs and forward confirmation of compliance with the regulations to RQIA. A recommendation is made. The acting manager advised that storage arrangements for oxygen cylinders are currently being reviewed and revised. Staff were reminded that all cylinders must be chained to the wall when not in use and empty cylinders should be returned to the community pharmacy in a timely fashion. A small number of overstocks of supplies of medicines was noted during the inspection. Staff were reminded that they should operate robust procedures for ordering supplies of medicines to ensure there are no overstocks of medicines.	Moving towards compliance

STANDARD 39 - MEDICINES STORAGE

Two supplies of Timodine cream and one supply of clotrimazole cream were noted to be unlabelled. These were removed for disposal during the inspection. One supply of insulin in use was unlabelled and had not been marked with the date of opening. This was removed for disposal. Staff are reminded that all medicines must be appropriately labelled and limited life medicines must be marked with the date of opening to facilitate removal and replacement once expiry is reached.	
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:	
Key control on the day of the inspection was noted to be appropriate. However, staff were unable to advise about the custody and whereabouts of spare medicine keys. As the manager has only recently taken up post, it was agreed that the management of keys would be reviewed to ensure that suitable arrangements are in place. No further action is required at this time.	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:	
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. Supplies of tramadol, zopiclone and diazepam are also reconciled at each handover of responsibility. This good practice is commended.	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

Management of distressed reactions/anxiolytic medicines

The management of anxiolytic medicines prescribed on an “as required” basis for the management of distressed reactions was examined for one patient in the home during the inspection. There was no care plan for this patient for the management of distressed reactions and the parameters for administration of anxiolytic medicines. Records of the administration of anxiolytic medicines are maintained on the patient’s medicine administration record and these records show the medicine is administered appropriately. No frequent or regular administration was noted. However, administration details are not referenced in the patient’s daily notes and the parameters for administration of this medicine were not detailed on the patient’s personal medication record. These issues should be addressed. A recommendation is made.

8.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of 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 Maria Devlin (acting manager) and Ms Eileen Stanford (manager, registration pending)** 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

BELL GRAY HOUSE
6 OCTOBER 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 **Ms Eileen Stanford, Manager (registration pending)**, 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 temperature of the medicines refrigerator must be maintained within the recommended range of 2 and 8°C. **Ref: Section 5.0 and Criterion 39.1**	Two	Medicines requiring refridgeration have been rehoused until the issues with the temperature of the refridgerator have been resolved. A new appliance designed for the storage of medicines has been ordered.	30 days
2	13(4)	The registered manager must ensure that the admissions procedure for medicines is robust. **Ref: Criterion 37.1**	One	All nursing staff are aware that the procedure for medicines for admission must be robust. A written protocol is now in place for staff to adhere to.	30 days
3	19(2)	The registered manager must ensure that all care staff who administer topical medicines and thickening agents have been trained and deemed competent to do so. **Ref: Criterion 37.3**	One	Competencies for the administration of topical medicines are in progress. Independent training has been sourced for the correct use of thickening agents this will be held in November.	30 days
4	13(4)	The registered manager must ensure that there is a sample signature list for care staff and registered nurses who have been trained and deemed competent to administer medicines in the home. **Ref: Criterion 37.3**	One	There is now a signature list for all care staff and registered nurses involved with the administration of medicines.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	13(4)	The registered manager must ensure that records of the administration of topical medicines and thickening agents are maintained. **Ref: Criterion 38.2**	One	The records of the administration of topical medicines and thickening agents are maintained. .	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 prescriptions are received into the home and checked against the home's order before being forwarded to the community pharmacy for dispensing. **Ref: Criterion 37.1**	One	The prescriptions are received into the home and are checked against the home's order before being forwarded to the community pharmacy for dispensing.	30 days
2	37	The registered manager should ensure that written confirmation of warfarin doses is obtained from the prescriber and stock balances of warfarin tablets are monitored and recorded on a daily basis. **Ref: Criterion 37.1**	One	Following discussion with the GP surgery the written confirmation of warfarin doses will be faxed to the home. Stock balances of warfarin tablets are monitored and recorded on a daily basis. The written confirmation of the warfarin doses will be held along side the medicine kardex.	30 days
3	37	The registered manager should ensure there is a written policy and procedure in place for the management of anticoagulant medicines. **Ref: Criterion 37.2**	One	A written policy and procedure is now in place for the management of anticoaguant medicines.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The registered manager should ensure that the disposal of pharmaceutical waste is safe and appropriate. **Ref: Criterion 37.6**	One	The disposal of pharmaceutical waste is now safe and appropriate. Denaturing kits for the disposal of controlled medicines are being sourced.	30 days
5	39	The registered manager should ensure that the temperature of the treatment room is monitored on a daily basis to ensure it does not exceed 25°C. **Ref: Criterion 39.1**	One	The temperature of the treatment room is monitored daily and does not exceed 25 degrees Centigrade	30 days
6	39	The registered manager should review the current arrangements for the storage of controlled drugs and forward confirmation to RQIA that they comply with the Misuse of Drugs (Safe Custody) Regulations (NI) 1973. **Ref: Criterion 39.1**	One	The current arrangements for the storage of controlled drugs are being reviewed and steps are being taken to comply with the Misuse of Drugs (Safe Custody) Regulations (NI) 1973	30 days
7	37	The registered manager should review and revise the management of anxiolytic medicines prescribed on an “as required” basis to address the issues highlighted in Section 7.0. **Ref: Section 7.0**	One	The management of the administration of anxiolytic medicine prescribed on a 'as required ' basis has been reviewed and the issues highlighted in section 7.0 have been addressed.	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	Eileen Stanford
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	1 December 2014
B.	Further information requested from provider		No		