NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**17443**
Establishment ID No:	**1212**
Name of Establishment:	**Slieve Na Mon**
Date of Inspection:	**10 June 2014**
Inspectors' Names:	**Helen Mulligan** **Judith Taylor**

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:	Slieve Na Mon
Type of home:	Nursing Home
Address:	Tircur Road Omagh BT79 7TY
Telephone number:	(028) 8225 1132
E mail address:	manager@slievenamon.co.uk
Registered Organisation/ Registered Provider:	East Eden Ltd Dr Brendan McDonald
Registered Manager:	Mrs Joan McLaughlin
Person in charge of the home at the time of Inspection:	Mrs Joan McLaughlin
Categories of care:	NH-DE, NH-MP, NH-MP(E), NH-I, NH-LD, NH-LD(E), RC-DE, RC-MP(E)
Number of registered places:	60
Number of patients accommodated on day of inspection:	56
Date and time of current medicines management inspection:	10 June 2014 10:20 to 15:50
Names of inspectors:	Helen Mulligan Judith Taylor
Date and type of previous medicines management inspection:	Unannounced 22 August 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 Joan McLaughlin, 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 inspectors 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

Slieve Na Mon is a nursing home which provides care for up to 56 patients and four residents.

The home is divided into seven units, which share a main kitchen, laundry and staff accommodation / offices. Each unit has its own sitting room, kitchenette, and toilet/ washing facilities. All bedrooms are single occupancy.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Slieve Na Mon was undertaken by Helen Mulligan and Judith Taylor, RQIA Pharmacist Inspectors, on 10 June 2014 between 10:20 and 15:50 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 inspectors 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 inspectors met with the registered manager of the home, Mrs Joan McLaughlin and with the registered nurses / staff on duty. The inspectors 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 Slieve Na Mon are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern, although improvements in some areas of the management of medicines are necessary.

The five requirements and one recommendation made at the previous medicines management inspection on 22 August 2011 were examined during the inspection. Compliance with these requirements and recommendation was noted. The inspectors' validation of compliance can be noted in Section 5.0.

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

Some areas of good practice were noted and highlighted during the inspection. The majority of medicines are stored safely and securely. Some medicines were noted to be stored in unsecured baskets on the top of the medicines trolley and this should be reviewed. Medicine records are generally well-maintained and facilitated the audit process. Records of staff training with respect to medicines are maintained and there was evidence that regular staff update training on the management of medicines is provided. Written policies and procedures

for the management of medicines are in place. The results of audits undertaken during the inspection indicate that the majority of medicines are being administered as prescribed.

Improvements are necessary in the arrangements in place for the disposal of medicines.

Improvements are necessary in the arrangements in place for the management and recording of controlled drugs. The registered manager must investigate a discrepancy noted in the stock balance of a supply of temazepam liquid.

Improvements are necessary in the management of insulin to address discrepancies noted during the audit.

The registered manager should ensure that the room temperature of all medicine storage areas is monitored on a daily basis.

The staff sample signature list should be updated to include details of the care staff who have been trained and deemed competent to administer medicines. Stock balances of medicines should be carried forward at the beginning of each medicine cycle to facilitate the audit process. The management of thickening agents and the process for crushing medication to facilitate the administration of medicines should be reviewed.

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

The inspectors 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 22 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	Those medicines showing audit discrepancies must be closely monitored as part of the home's routine audit activity. **Stated once**	Additional auditing arrangements have been implemented for medicines not contained within the monitored dosage cassettes.	**Compliant**
2	13(4)	The medicines of newly admitted patients must be closely monitored to ensure compliance with prescribed instructions. **Stated once**	The medicine records for two patients recently admitted to the home were reviewed during this inspection. These were generally satisfactory	**Compliant**
3	13(4)	The necessary improvements must be made in the maintenance of the personal medication records. **Stated once**	The personal medication records reviewed during the inspections were maintained to a satisfactory standard.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	The necessary improvements must be made in the maintenance of the medicines administration record. **Stated once**	Records of the administration of medicines were reviewed as part of the medicine audits undertaken during the inspection. These records were maintained to a satisfactory standard.	**Compliant**
5	13(4)	All medicines must be accurately receipted. **Stated once**	A sample of records of medicines were reviewed and noted to be maintained to a satisfactory standard.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	A new medicines reference source should be obtained. **Stated once**	A current medicine reference source was noted to be in the home at the time of the inspection.	**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 registered manager maintains a generally satisfactory system for the management of medicines in accordance with legislative requirements, professional standards and DHSSPS guidance. The admissions procedures with respect to the safe management of medicines was reviewed for two patients recently admitted to the home. Written confirmation of current medication regimes had been obtained from the prescriber for both of these patients. An audit of the medicine records and the administration of medicines for these patients produced generally satisfactory results. Medicine orders are made in writing to the prescriber. However, the home does not collect prescriptions from the prescriber to check them against the home's order; this is delegated to the community pharmacist. Prescriptions should be collected from the prescriber and checked against the home's order before being forwarded to the community pharmacist for dispensing, in accordance with Health and Social Care Board recommendations. As personal medication records are not signed by the prescriber in this home, the home should keep a copy of current prescriptions in the home. The registered manager confirmed by letter on 24 June 2014 that this has been implemented and no further action is required at this time. Appropriate arrangements are in place for the management of non-prescribed medicines (home remedies). Some areas of good practice, including separate record books for each medicine and robust auditing systems were noted. During the inspection, the registered manager was advised that the home remedies authorisation from the prescriber should also include authorisation to administer oxygen in an emergency.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Members of staff in the home have access to a current reference source for medicines (BNF 2014). The registered manager advised the reference source is updated on an annual basis. This is good practice.

Audits were carried out on a randomly selected sample of medicines in the home on the day of the inspection. The majority of these audits produced satisfactory results. However, the following issues/discrepancies were noted during the audit:

- There was an apparent discrepancy of approximately 30ml temazepam liquid for one patient. This must be investigated and a report of the findings and action taken must be forwarded to RQIA. A requirement is made.
- Nutriplan prescribed for Patient A was recorded as one to be administered daily on the patient's personal medication record; records indicate that the dose should be one three times a day. The registered manager advised this would be reviewed immediately and no further action is required at this time. The registered manager confirmed by telephone on 23 June 2014 that this had been addressed and the patient is receiving the medicine three times a day.
- There was an apparent discrepancy in the dosage directions for promazine liquid for one patient. The registered manager confirmed this was reviewed with the prescriber and records were updated following the inspection.
- Discrepancies were noted in supplies of insulin in use for two patients. Additional monitoring arrangements must be in place for the management of insulin and any further discrepancies must be investigated and reported to RQIA. A requirement is made
- Some discrepancies were noted in the controlled drugs record book (see Criterion 38.3).

STANDARD 37 - MANAGEMENT OF MEDICINES

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 are in place. Standard operating procedures for controlled drugs are in place. These were last reviewed in May 2012. Records show they are due to be updated in May 2015. A specialist care plan was noted to be in place for the management of diabetes for one patient in the home and for the management of distressed reactions for five patients in the home.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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 registered nurses receive training on the management of medicines, as part of the home's induction training programme for new members of staff. There was also evidence of regular update training on the management of medicines; training was provided on 30 May 2013 by the community pharmacy and seven members of staff are booked to attend training provided by the trust on 12 June 2014. There was evidence of the following additional staff training; management of PEG tubes, July 2013, management of subcutaneous fluids, 10 December 2013 and 25 February 2014 and management of syringe drivers, May 2013. On the day of the inspection, some members of staff were attending training on the management of dysphagia in the home. The registered manager advised that care staff who administer creams and thickening agents in the home have been trained and deemed competent to do so. Records of staff training are maintained and were reviewed during the inspection. A list of the names and sample signatures and initials of nursing staff who have been trained and deemed competent to administer medicines in the home is maintained. This was not available for those members of care staff who administer medicines in the home. The sample signature list should be updated to include these care staff. A recommendation is made.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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 advised that the impact of medicines management training is evaluated through staff supervision sessions which are conducted every three to four months and as part of the annual appraisal of staff.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that any errors or incidents involving medicines would be reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that medicines for disposal are collected by a licensed waste disposal company. The disposal of controlled drugs was reviewed during the inspection. Staff advised that controlled drugs are denatured prior to disposal. However, the record of disposal of controlled drugs does not indicate that the supplies have been denatured prior to disposal and records are not signed by the two members of staff responsible for disposing of the medicines. The registered manager was advised that a copy of the waste disposal company's waste transfer note should be attached to the home's disposal record. Members of staff are reminded that commercially available denaturing kits for the disposal of controlled drugs are intended for single use only. Advice was given to the registered manager with reference to "The Disposal of Medicines in Nursing Homes – A Guide to Good Practice" (RQIA 2011). The arrangements for the disposal of controlled drugs must be reviewed and revised to ensure they meet with the Controlled Drugs Waste Regulations (Northern Ireland) (2002). A requirement is made.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

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 advised that medicines are audited in the home on a daily basis by registered nurses on night duty. The home's auditing system aims to ensure that each patient's medicines are audited once during each 28 day medicines cycle. This is good practice. Some medicines which are not dispensed in the monitored dosage cassettes are audited on a daily basis. A separate stock balance record sheet is maintained for inhalers, nutritional supplements and Clexane injections. This is good practice. Records of the home's audits were reviewed during the inspection and found to be generally satisfactory. The registered manager audits non-prescribed medicines (home remedies) on a regular basis.	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 during the inspection were constructed and completed in such a manner as to ensure there is a clear audit trail. Some improvements are necessary in the maintenance of medicine records as shown in Criterion 38.2 and Criterion 38.3 below.	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. Personal medication records are generally well-maintained. The majority of medicine entries have been signed by two designated members of staff. Records of the administration of medicines (MAR sheets) were generally well-maintained. It was noted that two nurses sign the MAR sheet to indicate when a BuTrans patch is administered and the site of administration of	Substantially compliant

each patch is recorded. This is good practice. The majority of handwritten MAR sheets have been signed by two designated members of staff. Separate sheets are in place to record the administration of insulin, along with the site of administration of each insulin injection. This is good practice. A small number of gaps were noted during the audit; staff are reminded that a record of all medicines administered and not administered (with a reason for any non-administration) must be maintained. On a number of occasions, the balance of medicine remaining at the end of each medicine cycle and carried forward to the next cycle was not recorded on the new MAR sheet. This should be recorded to facilitate the audit process. A recommendation is made. Records of medicine received into the home are adequately maintained. Records of the disposal of medicines are maintained. Some improvements in their maintenance are necessary. A requirement is made under Criterion 37.6.	

STANDARD 38 - MEDICINE RECORDS

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 record books were reviewed during the inspection. This review indicated that improvements are necessary in the record keeping and disposal arrangements for controlled drugs. Stock balances in the controlled drugs record book should be returned to zero when a supply of a controlled drug is transferred out of the home for disposal or returned to a patient on discharge. The name of the patient should be recorded on each page of the controlled drug record book. The name, form and strength of each controlled drug should be clearly and accurately recorded. Some supplies recorded as disposed of, could not be located in the home's disposal record. Not all records in the controlled drugs record book have been signed by two designated members of staff; this must be addressed. Records show that wastage of split ampoules of diamorphine had not been recorded; this must be addressed. Discrepancies were noted between the name of a controlled drug recorded in the controlled drugs record book and the name recorded on the disposal record. The registered manager must review the above issues and ensure robust arrangements are in place for the management of controlled drugs. 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:	
Arrangements for the safe storage of medicines in this home are generally appropriate. Controlled drugs subject to the Misuse of Drugs (Safe Custody) (NI) Regulations (1973) are stored appropriately in a controlled drugs cabinet. Appropriate storage and monitoring arrangements are in place for medicines which require to be refrigerated. It was noted during the inspection that the temperature of one of the treatment rooms was raised. The temperature of medicine storage areas should be maintained at or below 25°C. The room temperature of medicine storage areas is not monitored on a daily basis to ensure it is maintained at or below 25°C. This should be addressed to ensure that all medicines are stored at the correct temperature. A recommendation is made. One oxygen cylinder which had been recently in use was not chained to the wall. Members of staff were reminded that all oxygen cylinders must be securely chained to a wall when not in use. The registered manager advised this would be addressed following the inspection. Some open baskets containing medicines were noted to be stored on top of one of the medicine trolleys. These unsecured medicines may potentially be left unattended during the medicine administration round. This should be reviewed and revised. A recommendation is made.	Substantially compliant

STANDARD 39 - MEDICINES STORAGE

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:	
Staff on duty confirmed that the key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of checks are maintained and these were reviewed during the inspection. Quantities of Schedule 4 controlled drugs are also reconciled at each handover of responsibility. This is good practice. However, the apparent discrepancy in a supply of temazepam liquid noted during the audit of controlled drugs may indicate that the reconciliation procedure for verifying stock levels of controlled drugs is not robust. A requirement is made under Criterion 37.1.	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The use of anxiolytic medicines prescribed on an "as required" basis for the management of distressed reactions was reviewed for five patients in the home. The name of the medicine was recorded on the personal medication record for all five patients. However, the parameters for administration were missing from two of the personal medication records. The registered manager advised this would be addressed and no further action is required at this time. Details regarding the administration and management of these medicines are recorded in the patients' daily notes and the patients' care plans. There was evidence that these care plans are reviewed on a monthly basis. This is good practice.

Management of medicines prescribed for Parkinson's disease

One patient in the home is prescribed medication for the treatment of Parkinson's disease. Members of staff on duty were aware that these medicines must be administered strictly on time (i.e. medicine administration must not be delayed for more than 15 minutes from the time prescribed).

Blood glucometers

Blood glucometers are in use in this home. The registered manager confirmed that quality control checks using control solutions are performed on a regular basis by designated members of staff and control solutions are replaced once the expiry date has been reached. The control solution in use on the day of the inspection had not exceeded its in use expiry date.

Management of thickening agents

The management of thickening agents for two patients in the home was reviewed during the inspection. The required level of thickening/consistency of liquids was not recorded on the patients' care plans and on some personal medication records and records of administration. The management of thickening agents should be reviewed and revised to address these issues. A recommendation is made.

Crushing medication

Some medicines in this home are required to be crushed to facilitate the administration process. The management of these medicines should be reviewed and revised to ensure that it has been authorised by the prescriber and pharmaceutical advice has been sought where applicable. 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 Joan McLaughlin (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
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT70 0NS

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SLIEVE NA MON
10 JUNE 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 Joan McLaughlin, 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 registered manager must investigate the discrepancy noted in a supply of temazepam liquid and forward a report of the findings and any action taken to RQIA. **Ref: Criterion 37.1 and Criterion 39.3**	One	Investigation was carried out and information forwarded to inspector. Discripancy made by Pharmacy initially but not noted by staff. Staff are now fully aware to double check liquid medications on receipt and to check quantity capacity of medication bottle.	30 days
2	13(4)	The registered manager must implement additional monitoring and auditing arrangements for the management of insulin and any further discrepancies must be reported to RQIA. **Ref: Criterion 37.1**	One	A new form has been introduced for the monitoring of insulin. Is now monitored and audited daily. Initial discrepancy noted in 5-7 was found not to have been a discrepancy as there had been a misinterrption of the date of opening.	30 days
3	13(4)	The registered manager must review and revise the arrangements in place for the disposal of controlled drugs to ensure they meet with the Controlled Drugs Waste Regulations (Northern Ireland) (2002). **Ref: Criterion 37.6 and Criterion 38.2**	One	Individual books have been implemented for the recording of controlled drugs for disposal. A meeting was held with all trained staff and the correct procedure for denaturing of controlled drugs was fully explained and implemented. Staff are now aware to 'close off' the controlled drug page once medication has ceased been administered even though there is no pharmacist checking it out.	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must review and revise the arrangements in place for the management of controlled drugs to address the issues highlighted in Criterion 38.3 and to ensure that robust arrangements are in place for the management and recording of controlled drugs. **Ref: Criterion 38.3**	One	A new controlled drugs recording book was introduced into one clinical room which ensures that all the essentila details are recorded regarding pt details and full prescription orders. A trained staff meeting had been called and all areas addressed with regards to controlled drugs were fully discussed and staff moved forward with the changes in implementing more robust practices in recording and disposal of controlled drugs.	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 update the staff sample signature and initial list to ensure it contains the details of those members of care staff who have been trained and deemed competent to administer medicines. **Ref: Criterion 37.3**	One	All care staff that have been deemed competant in the usage of thickening products and topical perscriptions have been signed off by trained staff member and list compiled.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
2	37	The registered manager should ensure that stock balances of medicines are carried forward at the beginning of each new medicine cycle to facilitate the audit process. **Ref: Criterion 38.2**	One	This process has been implemented although staff are experiencing time management problems in getting all these medications counted when moving into the new cycle as it can only be done the night prior to the new cycle commencing.	30 days
3	13(4)	The registered manager should ensure that the room temperature of medicine storage areas is monitored on a daily basis to ensure it is maintained at or below 25°C. **Ref: Criterion 39.1**	One	Thermometers are now in place in the clinical rooms and are checked each day alondside the other daily clinical checks.	30 days
4	39	The registered manager should review and, where necessary, revise the practice of storing some medicines in open baskets on the top of medicine trolleys. **Ref: Criterion 39.1**	One	This practice has ceased. All medications are kept inside the trolley.	30 days
5	37	The registered manager should review and revise the management of thickening agents to address the issues highlighted in Section 7.0 of the report. **Ref: Section 7.0**	One	Any resident who has been prescribed a thickening agent now has it clearly specified on their careplan and fluid balnace chart and topical prescription sheet the quatity of thickening agent to be used and the consistancy of the fluids as recommended by SALT.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
6	37	The registered manager should review and revise the management of medicines that are required to be crushed to address the issues highlighted in Section 7.0 of the report. **Ref: Section 7.0**	One	Any medications that heve been authorised to be crushed by the GP now have their information leaflet attached to the residents kardex. Pharmacy have been informed to ensure that it has been put on the medication label that the medication is for crushing as per prescription.	30 days

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Joan Mc Laughlin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Mc Donald

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			29/7/14.
B.	Further information requested from provider		✓		