NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN018432**
Establishment ID No:	**1261**
Name of Establishment:	**Kingsway**
Date of Inspection:	**7 October 2014**
Inspectors' Names:	**Judith Taylor & Rachel Lloyd**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Kingsway
Type of home:	Nursing Home
Address:	299 Kingsway Dunmurry Belfast BT17 9EP
Telephone number:	(028) 9060 9930
E mail address:	stuart.johnstone@carecircle.co.uk
Registered Organisation/ Registered Provider:	Care Circle Limited Mr Ciaran Sheehan
Registered Manager:	Mr Stuart Mathew Johnstone
Person in charge of the home at the time of Inspection:	Mr Stuart Mathew Johnstone
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	69
Number of patients accommodated on day of inspection:	64
Date and time of current medicines management inspection:	7 October 2014 10:45 – 17:20
Names of inspectors:	Judith Taylor & Rachel Lloyd
Date and type of previous medicines management inspection:	10 January 2014 Unannounced monitoring

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to determine if the improvements noted at the inspection on 10 January 2014 had been sustained and to confirm the progress made in addressing the requirements and recommendations from the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Mr Stuart Johnstone, 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 steps being taken to improve and maintain the standards in place for the management of medicines since the previous medicines management inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection.

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

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

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

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

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

Kingsway is a purpose built nursing home situated on the main Belfast to Lisburn Road on the outskirts of Dunmurry village. It can accommodate up to 69 patients.

A range of single and double bedrooms, some with en-suite facilities are provided in the original building. The bedrooms in the extension are all single and have en-suite facilities.

There are a range of sitting rooms, some provided for quiet reflection, and two dining rooms. Bathroom and toilet facilities are well positioned throughout the home.

The home provides a high standard of accommodation.

Mr Stuart Johnstone has recently been appointed as the manager of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Kingsway was undertaken by Judith Taylor and Rachel Lloyd, RQIA Pharmacist Inspectors on 7 October 2014 between 10:45 and 17:20. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes, to determine if the safety of patients, with respect to the administration of medicines could be assured and if the improvements evidenced at the inspection on 10 January 2014 had been sustained.

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

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

During the course of the inspection, the inspectors met with the registered manager of the home, Mr Johnstone and with the registered nurses and 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 are moving towards compliance with legislative requirements and best practice guidelines. Areas of concern were noted and discussed with the registered manager during the inspection and with the responsible individual and senior management of Care Circle Limited following the inspection.

The two requirements and two recommendations made at the previous medicines management inspection on 10 January 2014 were examined. The outcomes of compliance

can be observed in Section 5.0 of the report. The two requirements and one of the recommendations have been assessed as moving towards compliance and are restated. One recommendation has been complied with.

The outcomes of the inspection indicate that the improvement noted at the inspection on 10 January 2014 had not been sustained, with the result that the majority of the areas previously identified as non-compliant with legislative requirements and minimum standards have been raised again. This included governance, record keeping, storage and administration. This is disappointing and must be addressed by Care Circle Limited. Robust procedures must be implemented and closely monitored to ensure improvements made are sustained and to ensure practices meet with legislative requirements, DHSSPS standards and professional guidance.

There has been a change in management and some staff in recent weeks, and the new manager had commenced his post on 1 October 2014. He advised of the new management structure within the home.

The management of medicines for one new patient raised concerns. Registered nurses had failed to administer prescribed medicines in accordance with the details contained in the hospital discharge letter. An urgent action letter was written and the responsible individual was requested to provide assurances regarding the management of this patient's medicines by 8 October 2014. This issue was referred to the Adult Safeguarding Team for investigation on 8 October 2014.

Although policies and procedures pertaining to medicines management are maintained, these are not located in such a way that enables easy access for staff. This should be reviewed.

Records of staff training are in place. Due to the inspection findings, further training should be considered as detailed in the report.

An epilepsy management plan must be developed for the identified patient and located where all staff can have access.

A robust auditing system was not evidenced at this inspection. It is essential that the audit system provides assurance that the staff are adhering to Kingsway's policies and procedures and also can readily identify areas for improvement. This must be addressed.

Personal medication records, administration records, receipt of medicines records and disposal records were not always up to date and accurate and were often incomplete. Records must be fully and accurately maintained at all times.

The storage arrangements for medicines must be reviewed. Medicines must be stored at the correct temperature, the procedures for the disposal of medicines, including denaturing of controlled drugs must be reviewed, and medicines with a limited shelf-life after opening must be monitored. The inspection attracted a total of 14 requirements and eight 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.

Following the inspection Elaine Connolly, Head of Programme and Helen Daly, Acting Senior Pharmacy Inspector, were contacted to discuss the inspection outcomes. It was agreed that RQIA would give the registered manager a short period of time to address the issues raised at the inspection and a further monitoring inspection would be undertaken to ensure compliance with legislative requirements and professional standards. The registered provider of Care Circle Limited was contacted and advised that if the necessary standards were not in place at the next inspection, further enforcement action would be considered.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 10 January 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must put robust arrangements in place for the management of eye preparations. **Stated once**	The management of eye preparations continues to require review, as some discrepancies were observed in the audit outcomes. Records of administration were incomplete and the date of opening was not recorded on each container. There was no evidence of any auditing of these medicines. **This requirement is restated**	**Moving towards compliance**
2	13(4)	The registered manager must put robust arrangements in place to ensure that liquid medicines are administered as prescribed. **Stated once**	The outcomes of several audit trails which were performed on liquid medicines showed discrepancies. For one patient, there was no record of administration and a reason had not been stated. There was no evidence of any auditing of these medicines. **This requirement is restated**	**Moving towards compliance**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	38	The registered manager should closely monitor the record keeping for handwritten medication administration records. **Stated once**	An improvement was evidenced in the standard of maintenance of handwritten medication administration records.	**Compliant**
2	38	The registered manager should closely monitor the processes for the receipt of medicines to ensure a record of all incoming medicines is maintained on every occasion. **Stated once**	Whilst the majority of medicines had been receipted, there were no records of the receipt of nutritional supplements into the home. There was no evidence of any monitoring of these records. **This recommendation is restated for the second time**	**Moving towards compliance**

6.0 MEDICINES MANAGEMENT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

The outcomes of this inspection indicate that the management of medicines is not robust. Significant improvement is required to ensure practices are maintained in accordance with legislative requirements, DHSSPS standards and professional guidance. It is disappointing to note that several of the concerns raised at this inspection had also been raised at the two medicines management inspections in 2013. The improvements and new procedures implemented which were evidenced in January 2014 had not been sustained. The improvements necessary, involve all areas of medicines management i.e. governance, record keeping, storage and administration. On 10 October 2014, written details of an action plan to address the issues and promote sustained improvement were received by RQIA.

Since the previous management inspection there had been a change in management and some staff. The new registered manager had taken up post within the last week and he advised of the proposed management structure.

Written policies and procedures pertaining to medicine management could not be located on the day of the inspection. A representative of Care Circle Limited management team advised by telephone on 9 October 2014 that these policies and procedures were in place and included standard operating procedures for controlled drugs. These should be readily available for staff to reference at all times. It was agreed that this would be addressed. RQIA received a sample of policies by email on 10 October 2014.

A list of the staff names who had attended medicines management training in 2013 and 2014 was made available. Due to the inspection outcomes, further training should be provided. A recommendation is made.

The management of one patient's medicines requires review. Registered nurses had failed to administer prescribed medicines in accordance with the details contained in the hospital discharge letter to a newly admitted patient. This issue was referred to the Adult Safeguarding Team for investigation on 8 October 2014. An urgent action letter was written following the inspection and the responsible individual was requested to provide assurances regarding this patient's medicines. These assurances were provided by telephone on 8 October 2014. Senior management also provided assurances on 9 October 2014. Robust arrangements must be in place for the management of new patients' medicines. A requirement is made.

The procedures for the ordering and receipt of medicines were examined. Prescriptions are not received into the home and checked against the order prior to dispensing. This had been implemented following the inspection in November 2013, but had not been sustained. As there were overstocks of some medicines, and several currently prescribed medicines had been disposed of, this should be reviewed to ensure there is no unnecessary wastage of currently prescribed medicines. Two recommendations are made.

One patient is prescribed a medicine for administration in the event of an epileptic seizure. A care plan was in place; however, this did not detail the protocol for administration of the medicine. Although it was acknowledged that the registered nurse verbally advised of the

protocol, this must be recorded for other staff. This issue had been raised at previous medicines management inspections and a requirement is made.

The management of anticoagulants must be reviewed. Staff must ensure that written confirmation of dosage regimes is received on every occasion, blood tests are taken and sent to the laboratory on the date requested and any delays are recorded and reported to the prescriber. Where the dosage regime is transcribed, two registered nurses should be involved in this process. Obsolete dosage regimes should be removed from the folder and securely archived. The registered provider must put robust arrangements in place for the management of anticoagulant therapy. A requirement is made.

Whilst some staff advised there was an auditing system for medicines, there was no evidence of this at the inspection. On 9 October 2014, a representative of the Care Circle Limited management team confirmed that records of audits were in place and a sample was provided by email on 10 October 2014. However, due to the inspection findings as detailed in the report, it is concluded that the auditing activity is not effective in identifying shortfalls and areas for improvement. This is disappointing as this issue had been raised at previous medicines management inspections and a requirement is made. The benefit of reviewing the previous QIPs as part of the audit process was emphasized to management.

Satisfactory arrangements are in place for the management of bisphosphonate medicines; there was evidence that these are administered separately from food or other medicines in accordance with the manufacturers' instructions.

Due to the inspection findings the responsible individual is required to submit a copy of the monthly Regulation 29 monitoring reports to RQIA until further notice. This should contain a reference to the management of medicines and the outcomes of the medicine audits.

COMPLIANCE LEVEL: Moving towards compliance

6.2 Medicine Records

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

A sample of the following medicines records were selected for examination. Some elements of the record keeping were satisfactory; however, improvement is necessary to ensure all medicine records are completed accurately on every occasion and maintained in such a way that ensures a clear audit trail.

<u>Personal medication records (PMRs)</u>

Several of the sampled PMRs were not accurate. Some entries on the PMRs did not correspond with those on the medication administration records (MARs); this mainly concerned nutritional supplements and external preparations. There was no evidence that these records are checked for accuracy at the beginning of each medicine cycle. This facilitates the safe administration of medicines and is recommended. There were amended medicine entries on a number of PMRs. Individual entries must not be amended; any changes must be recorded in a new entry. Although it was acknowledged that two registered nurses are involved in the writing and updating of the PMRs, the effectiveness of this process

should be reviewed as errors were noted. For those patients who require thickened fluids, the required consistency of thickened fluid was not stated, this should be recorded. Obsolete PMRs should be removed from the folder and securely archived.

As other health care professionals may refer to these records it is essential that PMRs are fully and accurately maintained at all times. This issue has been raised previously and it is disappointing that the improvement noted on 10 January 2014 had not been sustained. One requirement and one recommendation are made

Medication administration records (MARs)

Most of the MARs are printed. Where these are handwritten in the home, two registered nurses are involved in recording the details and the start date of the MAR is documented. This is good practice.

Whilst there was evidence that the MARs had been well maintained for medicines which are supplied in 28 day blister packs, this was not evidenced for several other medicines, such as liquids, external preparations, nutritional supplements and eye drops.

There were unexplained omissions on the MARs. Some of the audit trails indicated the medicine had been administered but the record had not been signed. However, there was also evidence that the MAR had been signed, but the medicine had not been administered on some occasions.

The administration records for thickening agents by registered nurses and designated care staff were incomplete. There is no system in place for designated care staff to record the administration of external preparations. The registered manager should include the overview of these records in the auditing programme.

Records of the administration of all medicines must be accurately completed on every occasion. This issue has been raised previously and it is disappointing that the improvement noted on 10 January 2014 had not been sustained. A requirement is made.

Receipt of medicines records

The majority of incoming medicines had been recorded appropriately. However, there are no records of the receipt of nutritional supplements. This issue had been raised at the previous medicines management inspection and the recommendation is restated.

Disposal of medicines records

In the extension, two registered nurses are involved in the disposal of medicines and both staff sign the record. However, in the main unit, the disposal involves one registered nurse only. A second member of staff to witness and verify the disposal should be implemented. Staff should ensure that the disposal of controlled drugs is also recorded in the disposal of medicines record book on every occasion. The completion of disposal of medicines records should be closely monitored as part of the overall medicines auditing programme.

COMPLIANCE LEVEL: Moving towards compliance

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

The majority of medicines are stored safely and securely in each treatment room and the arrangements for key control are appropriate.

Discontinued medicines are placed into open boxes and the contents are then placed into a clinical waste disposal bin at a later date. Registered nurses should ensure that discontinued medicines are placed into the disposal bin at the time of disposal. This issue has been raised previously and was noted to have been addressed at the inspection on 10 January 2014. However this had not been sustained and a recommendation is made. Schedule 4 (Part 1) controlled drugs were stored in these boxes. These had not been denatured and there was no evidence that staff were aware these medicines required denaturing. Schedule 4 (Part 1) controlled drugs must be denatured immediately prior to disposal. A requirement is made.

The management of limited shelf medicines must be reviewed. The date of opening must be recorded on these medicines i.e. insulin, eye drops and multi-dose nutritional supplements, to facilitate removal and replacement when expiry is reached. This issue has been raised previously and a requirement is made.

The arrangements for the cold storage of medicines require review. Staff must ensure that daily medicine refrigerator temperatures are monitored and recorded and maintained within the accepted range of $2^{o}C$- $8^{o}C$. The cold storage of medicines had been raised previously and a requirement is made.

The storage arrangements for nutritional supplements must be reviewed; each patient's supply must be clearly labelled, stored in such a way that facilitates audit and risk assessed for safe storage if left unattended in the dining room. (See also Section 6.4). A requirement is made.

There were no records to indicate that oxygen stock levels are checked at regular intervals to ensure adequate supplies are maintained in the main unit of the home. Staff advised that stocks are checked on a daily basis. This activity should be recorded. A recommendation is made.

The temperature of the treatment room in the main unit was raised at the time of the inspection. The room temperature should be closely monitored and recorded, to ensure that it does not exceed $25^{\circ}C$. It was agreed that this would be addressed from the day of the inspection onwards.

COMPLIANCE LEVEL: Moving towards compliance

6.4 Administration of Medicines

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

The outcomes of the audit trails performed on a random selection of medicines showed that the majority of medicines had been administered in accordance with the prescribers' instructions; however, discrepancies were observed in liquid medicines, nutritional supplements and eye drops. The management of liquid medicines and eye drops had been raised before and the requirements made in relation to these have been restated.

The audit trails on two medicines (quetiapine and fludrocortisone) could not be concluded as two opened containers of the same medicine were held in stock. The date of opening was not recorded on each container. Only one container of a medicine must be opened at a time. A number of other audit trails could not be concluded as the date of opening was not recorded on all of the medicines which are not supplied in 28 day blister packs. A recommendation is made.

The audit trail on some nutritional supplements and thickening agents indicated that these had not been administered from the patients' supplies. These medicines must not be shared between patients and each patient must be administered from their own supply. A robust system to store, administer and audit nutritional supplements must be developed (see also section 6.3).

COMPLIANCE LEVEL: Moving towards compliance

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mr Stuart Johnstone, Registered Manager and Mr Ciaran Sheehan**, **Responsible Individual**, 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:

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The Regulation and Quality Improvement Authority
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Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

KINGSWAY
7 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Stuart Johnstone, Registered Manager**, during and after 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 responsible individual must review the management of medicines prescribed for Patient A and provide assurances that this patient's medicines are being administered in accordance with the prescribers instructions; staff are aware of the patients care plan; nutritional supplements are available for administration and records of the administration are fully and accurately maintained. **Ref: Section 6.1 & Urgent Action Letter**	One	Patient A has been discharged from the Home. Communication has been delivered to all staff re the associated incident and learning outcomes developed. All medications are now to be immediately checked by two Registered Nurses on admission. If any concern re a specific medication presents, the admitting Ward, General Practitioner, multidisciplinary team or family are to be immediately contacted for clarification and/or correction. Response to the urgent action letter (F20), 7/10/14 was provided via email on the 10/10/14 at 12:26 from stuart.johnstone@carecircle.co.uk	8 October 2014
2	13(4)	The registered manager must put robust arrangements in place for the management of eye preparations. **Ref: Sections 5.0 & 6.4**	Two	An audit process has been initiated specific to eye preparations. This process will monitor all aspects of management focusing on opening dates and recording of administration. All eye preparation medications will now be seperated from the general Kardex proforma.	8 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13(4)	The registered manager must put robust arrangements in place to ensure that liquid medicines are administered as prescribed. **Ref: Sections 5.0 & 6.4**	Two	Ongoing audit continues to monitor the administration and recording of medications. Audits are completed internally and by the Homes external provider monthly. There are new liquid administration sheets constructed to guide and assist staff.	8 November 2014
4	13(4)	The registered manager must put robust arrangements in place for the management of medicines for new admissions to the home. **Ref: Section 6.1**	One	As per Requirement (1), it is the Registered Nurses responsibility to collate pre admission medication information pertaining to the resident and in turn transcribe the information "immediately" to the residents new Kardex.The Kardex will then be checked and verified by two Registered Nurses.	8 November 2014
5	13(4)	The registered manager must confirm that an epilepsy management plan is in place for the patient identified at the inspection. **Ref: Section 6.1**	One	A new protocol and plan has been constructed for residents requiring prn benzodiazapine medication. These include: a rectal diazepam treatment plan (GP to authorise and be held in the care plan); record use of benzodiazapines; and a record of seizures. This documentation is associated with current policy.	8 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
6	13(4)	The registered manager must put robust arrangements in place for the management of anticoagulant therapy. **Ref: Section 6.1**	One	A new form has been implemeted for the use of anticoagulents (Warfarin) and guidlines on the management and assessment of the residents INR levels These forms will be held in with the Medication Kardex.	8 November 2014
7	13(4)	The registered manager must further develop the auditing process to ensure this is effective and covers all aspects of medicines management. **Ref: Section 6.1**	One	Audit trails, staff training/education and internal/external provider audits are currently in progress. Weekly audits are to be performed by the Clinical Leads or Deputy Manager. Monthly audits are to be performed by the external provider and Manager/Deputy Manager. Spot checks are to be performed daily by a Registerd Nurse in both wings of the Home.	8 November 2014
8	29(5)	The responsible individual must submit a copy of the Regulation 29 monitoring reports to the pharmacy inspector each month. **Ref: Section 6.1**	One	Regulation 29 for October and November have been submitted as requested and will continue until further notice from the Homes designated Inspector.	Until further notice

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
9	13(4)	The registered manager must ensure that personal medication records are fully and accurately maintained at all times. **Ref: Section 6.2**	One	Education and training in reference to this requirement is currently being delivered. All Kardex's are currently being re written segregating general medications from supplements, topical creams and ointments. Updated photographs have been taken and attached to the new Kardex's. Records are to be audited in line with requirements and reccomendations.	8 November 2014
10	13(4)	The registered manager must ensure that medication administration records are fully and accurately maintained at all times. **Ref: Section 6.2**	One	A/A.	8 November 2014
11	13(4)	The registered manager must ensure robust arrangements are in place for the management of nutritional supplements. **Ref: Sections 6.2, 6.3 & 6.4**	One	A new storage fridge has been purchased. Weekly supplements will be stocked on Sunday evenings and the remaining stock audited. Supplements will then be restocked for the week ahead. Temperature control will be documented. A separate audit will be performed and all supplements are to be labelled.	8 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
12	13(4)	The registered manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured before disposal. **Ref: Section 6.3**	One	Denaturing kits have been provided by the provider and education provided relative to usage and operation. All medications are to be counted and signed for by two Registered Nurses before disposal as per policy and procedure.	8 November 2014
13	13(4)	The registered manager must make the necessary arrangements to ensure that staff record the date of opening on limited shelf life medicines in order to facilitate removal and replacement when expiry is reached. **Ref: Section 6.3**	One	Audit trails will highlight all discrepancies specifically focussing on opening, expiry removal and rotation of the medication in chronoligical order.	8 November 2014
14	13(4)	The registered manager must put robust arrangements in place for the cold storage of medicines. **Ref: Section 6.3**	One	As per Requirement 11.	8 November 2014

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	38	The registered manager should closely monitor the processes for the receipt of medicines to ensure a record of all incoming medicines is maintained on every occasion. **Ref: Sections 5.0 & 6.2**	Two	All blister and non blister pack medications are to be officially recorded when recieved to ensure a baseline is set for the pending cycle. Receipt signatures will be audited.	8 November 2014
2	37	The registered manager should provide medicines management training for the relevant staff. **Ref: Section 6.1**	One	Medicine management training has commenced and will be continuous due to the need for professional development in this area. Medicine administration training is performed by the Homes provider.	8 November 2014
3	37	The registered manager should ensure that prescriptions are received into the home and checked before being forwarded for dispensing. **Ref: Section 6.1**	One	When photocopies of scripts are received from Medicare, they are checked in line relative documentation. When scripts are not provided to the pharmacy a list is forwarded to the Home re discrepancies so the Registerd Nurse responsible repeats the request for the script. These scripts are to be checked with the Kardex and MARs sheet and signed for.	8 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The registered manager should review the stock control arrangements for medicines to ensure that medicines are only ordered as the need arises, in order to prevent unnecessary wastage. **Ref: Section 6.1**	One	When medication is not required due to overstocking, the Registered Nurse is to withhold the order and inform the GP Practice in anticipation they amend records to decrease or stop the supply for that particular cycle . This communication is to be signed and the name of the staff member from the Practice receiving the call recorded.	8 November 2014
5	38	The registered manager should develop an effective system which ensures correlation between patients' personal medication record and corresponding medication administration records, at the beginning of each medicine cycle. **Ref: Section 6.2**	One	All Kardex's are currently in the process of being rewritten. Two Registered Nurses will be designeted to check correlation each cycle.	8 November 2014
6	39	The registered manager should ensure that staff place the medicines in the clinical waste bins at the time of disposal. **Ref: Section 6.3**	One	Education and training priovided. Provider details for collection and re ordering of bins will be clearly communicated to staff and put up in the Treatment Room.	8 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	39	The registered manager should ensure that records pertaining to oxygen stock checks are maintained. **Ref: Section 6.3**	One	New protocols have been implemented and checks active. Stock is assessed in store and whilst being administered to a resident. Oxygen cyliders are chained and stored (full) in the Treatment Room and when (empty) secured in a plastic box to comply with safety standards pending collection by the Pharmacy.	8 November 2014
8	40	The registered manager should ensure that staff record the date of opening on all medicine containers which are not supplied in the 28 day blister packs, to facilitate the audit process. **Ref: Section 6.4**	One	Ongoing audits and education will ensure that monitroring and recording of opening dates of medication is achieved.	8 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Stuart Johnstone
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	8/12/14
B.	Further information requested from provider				