NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018444**
Establishment ID No:	**1264**
Name of Establishment:	**Lisadian House**
Date of Inspection:	**19 November 2014**
Inspector's Name:	**Judith Taylor**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Lisadian House
Type of home:	Nursing Home
Address:	87 Moira Road Hillsborough BT26 6DY
Telephone number:	(028) 9268 9898
E mail address:	lisadianhouse@btconnect.com
Registered Organisation/ Registered Provider:	Elim Trust Corporation Pastor Edwin Michael
Registered Manager:	Mr Daniel Cerezo (Acting)
Person in charge of the home at the time of Inspection:	Mr Daniel Cerezo
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	45
Number of patients accommodated on day of inspection:	42
Date and time of current medicines management inspection:	19 November 2014 10:40 – 15:45
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	28 October 2011 Unannounced

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 Mr Daniel Cerezo, Acting Manager, and registered nurses on duty
Telephone call with Ms Elaine Hill, General Manager, on 20 November 2014
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

Lisadian House is a purpose built facility situated in a rural setting overlooking the Lagan Valley, some two miles from Hillsborough and adjacent to Hillsborough Elim Pentecostal Church. The nursing home is owned and operated by the Elim Trust Corporation.

Mr Daniel Cerezo is the acting manager of the home and has taken up post early November 2014. He is supported by the general manager for the home, Ms Elaine Hill.

The home has 45 single bedrooms, 18 on the ground floor and 27 on the first floor. There are communal sitting rooms throughout the ground floor as well as a dining room. A quiet room is available of the first floor. There is a large conservatory overlooking the garden and countryside. A hairdressing room is also available for patients. Access to the first floor is via a passenger list and stairs. The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 45 persons under the following categories:

Nursing Care

NH - I	Old age not falling into any other category
NH - PH	Physical disability other than sensory impairment - under 65 years
NH - PH (E)	Physical disability other than sensory impairment – over 65 years
NH - TI	Terminal illness

The home does not provide day care facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Lisadian House was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 19 November 2014 between 10:40 and 15:45. 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 acting manager of the home, Mr Daniel Cerezo, and with the registered nurses 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 Lisadian House are moving towards compliance with legislative requirements and best practice guidelines. Significant improvement is required in the record keeping and auditing arrangements for medicines management.

The four requirements and two recommendations made at the previous medicines management inspection on 28 October 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. One requirement has been complied with, one has been assessed as substantially compliant and two as moving towards compliance. One recommendation has been complied with and one has been assessed as not compliant. Two requirements and one recommendation are restated in the Quality Improvement Plan (QIP).

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 and any intelligence that may be received from trusts and other sources.

A robust system for the management of medicines was not evidenced at the inspection. Although satisfactory audit outcomes were observed for medicines which are supplied in 28 day blister packs, this was not observed for a variety of medicines such as inhaled medicines, external preparations, eye drops and pessaries. There were occasions were the medicine had not been administered in accordance with the prescribers' instructions. The management and administration of these medicines must be closely monitored within the audit process. A number of audit trails were attempted however, could not be completed and included anticoagulant injections. The governance arrangements for medicines must be reviewed to ensure that a robust audit process is developed and implemented. This audit process must be effective in identifying areas for improvement and include all aspects of medicines management.

Written policies and procedures for medicines management are in place. These should be reviewed to ensure they include standard operating procedures for the management of controlled drugs.

Records of medicines management training for staff are maintained. However, there was no evidence of any records pertaining to appraisal, supervision or competency assessment of staff in medicines management. This must be reviewed.

Some of the medicine records had been maintained in the required manner to ensure a clear audit trail. However, a review of the standard of maintenance of the personal medication records and administration records is necessary. These records must be accurately maintained at all times.

The management of bisphosphonate medicines must be reviewed to ensure these are administered in accordance with the manufacturers' instructions and the time of administration is accurately recorded.

The care planning and record keeping pertaining to medicines which are prescribed for distressed reactions should be reviewed.

Medicines are stored safely and securely. The temperature of the ground floor treatment room should be regularly monitored and recorded to ensure it does not exceed 25^{o}C. The management of medicines with a limited shelf-life once opened e.g. eye drops should be reviewed.

The inspection attracted a total of five requirements and seven recommendations which are detailed in the QIP attached to this report.

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

Following the inspection, the findings were discussed with Frances Gault, Senior Pharmacy Inspector in RQIA. As a result, the findings of the inspection were discussed in detail, by telephone on 20 November 2014, with the general manager, Elim Trust Corporation, who gave assurances that the issues would be addressed to ensure compliance with legislative requirements.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 28 October 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The administrations of laxatives, liquid medicines and inhaled medicines must be closely monitored. Any further discrepancies must be investigated and reported to RQIA Belfast office. **Stated once**	There was evidence that running stock balances are maintained for some laxatives and liquid medicines and the outcomes of the majority of audit trails completed were satisfactory. However, discrepancies were observed in inhaled medicines. **One element of this requirement is restated**	**Moving towards compliance**
2	13(4)	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded • the reason for any non-administration is recorded • records of the administration of thickening agents are fully maintained • the completion of administration records for external preparations are clear and unambiguous. **Stated once**	Examination of a sample of medication administration records indicated that further improvements are required to ensure these are fully and accurately maintained on every occasion. Omissions were observed in the records of administration of eye drops, inhalers, thickening agents and external preparations. **This requirement is restated**	**Moving towards compliance**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The storage arrangements for medicines must be reviewed and revised to ensure that: • the temperature of the ground floor treatment room does not exceed +25^{o}C • the medicine refrigerator temperatures are maintained between +2^{o}C and +8^{o}C • medicine refrigerator thermometers are reset every day; any deviation in temperatures is recognised and reported to the registered manager • medicines are stored at the temperature specified by the manufacturer. **Stated once**	The storage of medicines was reviewed in the two treatment rooms. The temperature of the ground floor treatment room was raised at the time of the inspection; there is no system in place to monitor the temperature. Satisfactory arrangements for the cold storage of medicines were observed. **A recommendation regarding temperature monitoring of the ground floor treatment room is made**	**Substantially compliant**
4	13(4)	The management of nutritional supplements must be reviewed to ensure that each patient's supply is clearly segregated and each patient is administered nutritional supplements from their own supply, on every occasion. **Stated once**	This had been reviewed. All overstocks of nutritional supplements are stored in a separate store; each patient's supply is clearly segregated and there was no evidence that these are being shared between patents.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Nutritional supplements should be included in the audit process. **Stated once**	There was no evidence of any auditing activity for nutritional supplements. **This recommendation is restated**	**Not compliant**
2	39	The storage of medicines should be reviewed to ensure that: • external medicines are stored separately from internal medicines • records of the weekly checks on emergency oxygen levels are maintained. **Stated once**	In each treatment room, separate cupboards specific to internal and external medicines were observed. Oxygen stock levels are checked each week, usually on a Friday.	**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:	
A robust system for the management of medicines was not observed at this inspection. Several areas for improvement were noted and discussed. This mainly included the governance arrangements and record keeping. The outcomes of audit trails which were performed on a variety of randomly selected medicines which are supplied in 28 day blister packs indicated that these medicines had been administered as prescribed. However, this was not observed for several medicines which are not supplied in the 28 day packs, i.e. a number of discrepancies were observed in external preparations, inhaled medicines, eye drops and pessaries, indicating that these medicines had not been administered as prescribed. All medicines must be administered in strict accordance with the prescribers' instructions. The administration of these medicines must be closely monitored. A number of audit trails could not be concluded as there was no date of opening on the medicine container. The management of inhaled medicines and external preparations had been raised at the previous medicines management inspection and the requirements are restated. The auditing system for medicines must be reviewed. The acting manager confirmed that a written list of medicines is received from a health or social care professional for new admissions to the home. The process for the ordering and receipt of medicines was reviewed. Not all prescriptions are received and checked before dispensing, however, a copy of each prescription is kept in the home. The acting manager confirmed that this system worked well.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

The management of anticoagulants was examined. Warfarin is well managed and includes written confirmation of dosage regimes and a daily stock balance. The audit trails on Clexane injection could not be completed and was further discussed with the acting manager. It was recommended that a daily stock balance should also be maintained for this medicine. The management of medicines prescribed on a 'when required' basis for distressed reactions was examined. A care plan should be developed for the relevant patients. The parameters for administration were recorded in full, on some but not all of the personal medication records selected. The reason for the administration of the medicine and effect of the administration had been recorded on some occasions. This should be recorded on every occasion. The record keeping for distressed reactions should be reviewed. A recommendation is made.	
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 covered most areas of the management of medicines. However, they should be updated to reflect the current practices for controlled drugs in Lisadian House. This was discussed with reference to RQIA guidance on Standing Operating Procedures for controlled drugs. 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:	
The acting manager provided evidence of the medicines management training completed by registered nurses and care staff. A list of the names, signatures and initials of the registered nurses authorised to administer medicines is maintained. It could not be confirmed if a similar list for care staff was in place and it was agreed that this would be located or replaced at the earliest opportunity. There was no evidence of records regarding staff competencies in medicines management. The acting manager confirmed that the current staff were trained and competent in their work. He advised that assessment of staff competency had been identified at the most recent RQIA care inspection as an area for improvement and was being addressed within the organisation. This was also confirmed by the general manager by telephone on 20 November 2014.	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:	
There was no evidence of any staff appraisal or supervision with respect to medicines. The acting manager advised that staff appraisal is expected to be completed annually and supervision with staff should be completed throughout the year. He confirmed that this had not occurred for some time. The responsible individual should ensure that there are systems in place for the supervision and appraisal of staff with respect to medicines and records of this activity are maintained. A recommendation is made.	Not 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 are reported to RQIA in accordance with the home's policies and procedures. The most recent medicine incident was discussed at the inspection and there was evidence of the action taken following the incident to prevent reoccurrence.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into special waste containers by two registered nurses. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. The registered nurses confirmed that controlled drugs are denatured prior to disposal.	Compliant

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:	
A robust system to audit the management of medicines was not observed at this inspection. Whilst the good practice of maintaining a running stock balance of some medicines which are not supplied in 28 day blister packs was acknowledged, several discrepancies in the outcomes of the audit trails were observed and highlighted at the inspection. There was no evidence of any audit activity on nutritional supplements and the recommendation which was made at the previous medicines management inspection is restated. The date of opening is not routinely recorded on medicines which are not supplied in 28 day packs. This should be recorded to facilitate the audit process. Due to the findings at the inspection, as detailed in the report, the general manager was contacted by telephone on 20 November 2014. The need for the development and implementation of a robust auditing system which covers all aspects of medicines management and readily identifies areas for improvement was discussed. A requirement is made.	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

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:	
Some of the medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged and included: • two registered nurses are usually involved in the writing and updating on personal medication records • separate administration records are maintained for warfarin and controlled drug patches However, improvements are required in records of the prescribing and administration of medicines as detailed in Criterion 38.2 to ensure records are maintained in accordance with legislative requirements, professional standards and DHSSPS guidance.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

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:	
Each of the above records is maintained in the home. Samples were selected for examination. Records of the receipt, disposal and transfer of medicines had been well maintained; however, improvement is required in the completion of the following records: <u>Personal medication records</u> A number of these records required updating with regard to discontinued medicines, external preparations, inhaled medicines and dosage directions. These records may be used as a reference source by other health professionals and must be kept fully and accurately maintained at all times. A requirement is made. Staff are reminded that the prescribed consistency level of thickened fluids should be recorded on the patient's personal medication record. <u>Medication administration records</u> The outcomes of the inspection indicated there were several omissions and a reason for the omission had not been recorded. On a small number of occasions, the audit trail indicated the medicine had been administered, however, the registered nurse had not signed the record. It was also found that the process of signing administration records should be reviewed to ensure accurate records are maintained and the medicine is being administered in accordance with the prescriber's instructions. The maintenance of medicine administration record had been raised at the previous medicines management inspection and the requirement is restated. The administration of bisphosphonate medicines must be reviewed. There was no evidence that these medicines are administered at least 30 minutes before food or other medicines, as specified by the manufacturer. A requirement is made.	Moving towards compliance

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:	
The controlled drug record book is used to record the receipt, administration and disposal of Schedule 2 and Schedule 3 controlled drugs. Staff are reminded that the stock balance should be brought to zero on every occasion when the complete stock of the controlled drug has been destroyed or transferred out of the home.	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
The majority of medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was evidence of the risk assessments that had been completed for the storage of external preparations in the patients' bedrooms. This is good practice. However, there is limited storage space on the medicine trolleys. On the first floor, three separate baskets containing medicines are placed on top of the medicine trolley as there is no space to store these on the medicine trolley. This was discussed with regard to medicines not being held securely during medicine rounds. It was agreed that this would be reviewed with management at the earliest opportunity. Medicine refrigerator temperatures are monitored and recorded every day. Temperatures had been maintained within the accepted range of 2^{o}C to 8^{o}C for medicines which require cool storage. The temperature of the ground floor treatment room was raised at the time of the inspection. There are no monitoring arrangements in place to ensure the temperature does not exceed the accepted upper limit of 25^{o}C for the storage of medicines. This issue had been discussed at the previous medicines management inspection and a recommendation is made. Oxygen is stored and managed appropriately and signage is in place. The management of eye drops should be reviewed. There were several eye drops which were removed from stock at the inspection, as these were not dated or had passed the expiry date. It is recommended that staff record the date of opening on all medicines to ensure the medicine is removed and replaced once expiry has been reached.	Moving towards compliance

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:	
Satisfactory arrangements are in place for the medicines keys.	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:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of this activity are maintained. Staff also perform stock reconciliation checks on controlled drugs which do not require storage in the controlled drug cabinet e.g. tramadol, diazepam and zolpidem. This is good practice.	Compliant

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

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mr Daniel Cerezo, Acting Manager and Ms Elaine Hill**, **General 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:

Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

LISADIAN HOUSE
19 NOVEMBER 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 **Mr Daniel Cerezo, Acting Manager**, during the inspection visit and **Ms Elaine Hill, General Manager**, 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 administrations of inhaled medicines must be closely monitored. Any further discrepancies must be investigated and reported to RQIA Belfast office. **Ref: Section 5.0, Criteria 37.1 & 38.2**	Two	Annual nurse medication competency assessments were completed in December 2014 for all nurses. Sachet aperients are now tallied on a daily basis and recorded on the MARS. Medication audits will by monitored by unannounced spot checks to ensure compliance to accurate dispensing. Titrated inhalers are now tallied on a daily basis and recorded on the MARS.Unannounced spot checks will be undertaken regularly and audits will be completed each month when new drugs come in to ensure that inhalers are replaced. Any medications refused are reported to G. P on weekly round to ensure that the resident is not medically comprimised by omission.	20 December 2014
2	13(4)	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded	Two	All nursing staff were reminded of their individual responsibility and accountability to complete documentation in accordance with the NMC Guidelines for Records and Record Keeping. Monthly clinical supervision will be	20 December 2014

		• the reason for any non-administration is recorded • records of the administration of thickening agents are fully maintained • the completion of administration records for external preparations are clear and unambiguous. **Ref: Section 5.0 & Criterion 38.2**		facilitated to reinforce and reiterate necessity to perform practice as required by NMC Code of Conduct. It is also hoped to commence Nurse Journal Clubs and facilitate regular nurse meetings to encourage and develop life long learning and to keep up with any new evidence based practices. Management intend to liaise closely with G. P to monitor use of external preparations and to clarify any reason for regular prescription of same. Regular spot checks will be undertaken to ensure all medications are accurately administered as prescribed. Any medication omissions noted will be clarified and reason for same established by Nurse Manager. Resident Careplans will be reviewed and audited to ensure relevance and that same are updated at least monthly. Training will be sought for update re-management of individuals experiencing a comprimise in respiratory health.	

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE

3	13(4)	The responsible individual must develop and implement a robust audit process which covers all aspects of medicines management. **Ref: Criterion 37.7**	One	Management are currently in the process of developing a new monitoring tool to ensure the audit process is robust, transparent and available for any future medication inspections. Management is also negotiating with pharmacy to acquire in house auditing on a regular basis. This may require transferring business from current dispensary if this service is not available. Daily audit of analgesia has been established. Management will continue to undertake regular audits and spot checks to oversee and ensure accurate medication management.	20 December 2014
4	13(4)	The responsible individual must make the necessary arrangements to ensure personal medication records are up to date and accurate at all times. **Ref: Criterion 38.2**	One	Management will review all medication Kardexes to ensure legibility and accuracy at earliest opportunity.	20 December 2014
5	13(4)	The responsible individual must ensure that bisphosphonate medicines are administered in strict accordance with the manufacturers' instructions and records of administration clearly indicate the actual time of administration. **Ref: Criterion 38.2**	One	Nurse Manager will instigate audit of residents careplans to ensure that any special requirements to administer medication as prescribed is specified and that as far as possible the resident understands the rationale for same. Night staff have been reminded of their responsibility to administer medication on an individual basis which may often require dispensing at times other than nocte	20 December 2014

				medicine round.	

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	Nutritional supplements should be included in the audit process. **Ref: Section 5.0 & 37.7**	Two	Nurse Manager has requested that a daily tally of all nutritional supplements are recorded, monitored and evaluated for desired outcome.	20 December 2014
2	37	The responsible individual should develop and implement a running stock balance for anticoagulant injections. **Ref: Criterion 37.1**	One	Nightly recorded audits have been commenced to ensure accuracy of stock control.	20 December 2014
3	37	The responsible individual should review the management of distressed reactions to ensure the relevant records are maintained. **Ref: Criterion 37.1**	One	Nurse Manager is mental health trained and will be auditing careplans to ensure any occurence and/or experience of emotional distress is accurately assessed, treated and evaluated regularly for effectiveness.	20 December 2014

4	37	The responsible individual should ensure that written standard operating procedures for the management of controlled drugs in Lisadian House are developed. **Ref: Criterion 37.2**	One	Nurse Manager will be reviewing current management of controlled medication policies and procedures. A comprehensive auditing schedule will be devised and actioned with immediate effect. Nurse Manager will liaise closely with Regulatory Body for advice in regard to maintaining accuracy, transparency and available audit trail of all controlled drug administrations with immediated effect.	20 December 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	37	The responsible individual should ensure that there are systems in place for the supervision and appraisal of staff with regard to medicines and records of this activity are maintained. **Ref: Criterion 37.4**	One	Nurse Manager will be providing monthly performance management for all staff with immediate effect until such times that assurance can be maintained that all prescribed substances are administered accurately at all times.	20 December 2014
6	39	The responsible individual should monitor and record the temperature in the ground floor treatment room to ensure temperatures do not exceed $25^{o}C$. **Ref: Criterion 39.1**	One	Room thermometers in situ in both clinical areas and records kept daily.	20 December 2014
7	39	The responsible individual should review the management of medicines to	One	Both regular and ad hoc checks/audits will be carried out to ensure storage of	20 December 2014

		ensure the date of opening is recorded on all medicines to facilitate removal and replacement at expiry and to facilitate the audit process. **Ref: Criteria 37.1, 37.7 & 39.1**		medications is compliant with both NMC Medication Management and in house policies and procedures. Date of opening on individual packaging will be required and monitored by spot checks to ensure compliance. Regular nurse meetings will be facilitated and minutes available for non attendees. Medication management will be kept top of Agenda for the foreseeable to ensure strict adherence and compliance. Nurse Manager will be closely involved in the monthly restock of medications.	

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	Christina McLoughlin (pending registration with RQIA)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Pastor Michael Elaine Hill General Manager

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	13/01/15
B.	Further information requested from provider				