RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018488**
Establishment ID No:	**1317**
Name of Establishment:	**Malone**
Date of Inspection:	**11 September 2014**
Inspector's Name:	**Helen Daly**

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:	Malone
Type of home:	Residential Care Home
Address:	188 Upper Malone Road Belfast BT17 9JZ
Telephone number:	(028) 9061 1745
E mail address:	maloneresidential@btconnect.com
Registered Organisation/ Registered Provider:	Mr Kevin McKinney
Registered Manager:	Mr Kevin McKinney (Acting)
Person in charge of the home at the time of Inspection:	Mrs Rhonda Spence
Categories of care:	RC-PH, RC-I, RC-DE
Number of registered places:	28
Number of residents accommodated on day of inspection:	24
Date and time of current medicines management inspection:	11 September 2104 10:50 – 15:45
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	16 August 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

Discussion with Mrs Rhonda Spence, Person in charge, 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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Malone is a large detached house situated in a rural location within a quiet cul-de-sac. It has large private grounds and ample car parking at the front. The communal areas overlook a large garden area with mature shrubs and trees. The home is within the Belfast Health and Social Care Trust area, approximately four miles from Belfast City Centre and one and a half miles from Finaghy.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Malone was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 11 September 2014 between 10:50 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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the person in charge, Mrs Rhonda Spence, and staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Malone are moving towards compliance with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found areas of concern and several areas for improvement were noted.

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

The eight requirements and two recommendations which were made at the previous medicines management inspection on 16 August 2011 were examined. Compliance was noted for two of the requirements and one requirement is no longer applicable. Two of the requirements are moving towards compliance and three are not compliant; five requirements have therefore been restated. Both recommendations were not compliant and are restated. It is disappointing to note that any improvements undertaken following the previous inspection had not been sustained.

Written policies and procedures for the management of medicines, including controlled drugs, are in place.

There is a programme of medicines management training, however competency assessments are not completed with senior care staff; this should be addressed. Care staff are responsible

for the administration of thickening agents and external medicines; records of their training and competency assessments must be available.

The range of audit trails, which was performed on randomly selected prescribed medicines, indicated that the majority of medicines had been administered as prescribed. However, several audits could not be completed as dates of opening had not been recorded. The registered person must implement a robust auditing system to monitor all aspects of the management and administration of medicines. Dates of opening must be recorded on medicine containers in order to facilitate audit and disposal at expiry.

Improvements in the standard of record keeping are necessary. In the interests of safe practice, two staff should verify and sign updates on the personal medication records (PMRs) and hand-written updates on the medication administration records (MARs). Accurate medication receipt records must be maintained. Complete and accurate records of the administration of thickening agents and external preparations must be maintained by care staff.

Storage was observed to be tidy and organised. However, the temperature of the treatment room must be monitored and recorded each day. Appropriate corrective action must be taken if the temperature of the medicines refrigerator falls outside the accepted range. Risk assessments must be in place if external medicines are stored in residents' bedrooms.

The management of warfarin and medicines which are prescribed for the management of distressed reactions should be reviewed and revised as detailed in the report.

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

The inspector would like to thank the person in charge and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 16 August 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of Seretide evohaler and Solaraze gel. **Stated once**	The person in charge advised that stock count sheets had been brought into use following the previous inspection in order to audit these medicines. These medicines are no longer prescribed.	No longer applicable
2	13(4)	The registered manager must ensure that all relevant staff have been trained and deemed competent to administer thickening agents. Records of the training provided and competency assessments must be maintained. **Stated once**	Training on the use of thickening agents is provided for senior carers as part of the home's medicines management training. There is no recorded evidence that care staff have been trained on the use of these medicines. Competency assessments have not been completed with any staff. **This requirement is restated.**	Moving towards compliance
3	13(4)	The registered manager must ensure that complete records for the administration of thickening agents are maintained. **Stated once**	Senior carers record the administration of thickening agents on the fluid intake charts. Care staff do not maintain records of the administration of thickening agents. **This requirement is restated.**	Moving towards compliant

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The temperature of the treatment room must be monitored and recorded each day. Appropriate corrective action must be taken if the temperature exceeds +25 ºC. **Stated once**	The temperature of the treatment room is no longer monitored. **This requirement is restated.**	Not compliant
5	13(4)	The register manager must ensure that appropriate corrective action is taken if the temperature of the refrigerator falls outside the accepted range. **Stated once**	There is no evidence that corrective action is taken when the refrigerator temperature falls outside the accepted range. **This requirement is restated.**	Not compliant
6	13(4)	The registered manager must ensure that appropriate risk assessments are in place when medicines are stored in resident's bedrooms. **Stated once**	External medicines are stored in bedrooms; risk assessments are no longer in place. **This requirement is restated.**	Not compliant

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	13(4)	Cefalexin suspension must not be administered after expiry is reached. **Stated once**	A prompt is in place to ensure that cefalexin suspension is discarded 14 days after reconstitution.	Compliant
8	13(4)	The registered manager must ensure that blood glucometers are maintained in accordance with the manufacturer's instructions. **Stated once**	Control checks are carried out on blood glucometers at weekly intervals.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Two members of staff should verify and initial all entries on the personal medication records. **Stated once**	Two members of staff verify and initial all entries on the personal medication records when they are written and re-written. However, updates on the personal medication records are either not signed or signed by only one person. **This recommendation is restated.**	Not compliant
2	31	Two members of staff should verify and initial all hand-written updates on the medication administration records. **Stated once**	Hand-written updates on the medication administration records are not verified and initialled by two members of staff. **This recommendation is restated.**	Not compliant

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Improvements in several areas of the management of medicines are necessary. The majority of medicines are supplied in a blister pack system; the audits which were completed on these medicines indicated that they are being administered as prescribed. Several of the audits which were carried out on medicines which are not supplied in the blister pack system could not be completed because the date of opening had not been recorded. Running stock counts are maintained for these medicines, however, they were found to be inaccurate indicating that senior carers are not actually counting the tablets/capsules after each administration. The registered person must implement a robust auditing system which monitors all aspects of the management and administration of medicines. A requirement has been made. Out of date cod liver oil capsules and carmellose eye drops were removed from use during the inspection. The registered person must ensure that the date of opening is recorded on all medicines and that medicines are removed from use at their expiry date. A requirement has been made. Written confirmation of current medication regimes is obtained from a health care professional for new admissions. The procedure for ordering prescriptions was reviewed. The person in charge advised that prescriptions are not received into the home before being forwarded to the pharmacy for dispensing. This is not in accordance with current guidance issued by the Board and it was agreed that this practice would be reviewed. Discrepancies in the administration of warfarin were not observed. However, the management of warfarin must be reviewed and revised. Warfarin dosage regimes are confirmed by facsimile transmission, however, obsolete	Moving towards compliance

facsimiles had not been cancelled and archived and transcriptions had not been signed. The daily stock balance records for warfarin were found to be inaccurate indicating that staff are not actually counting the tablets after each administration. These findings and appropriate corrective action were discussed in detail with the acting manager. The registered person must review and revise the management of warfarin to ensure that: • obsolete warfarin directions are cancelled and archived • if dosage directions are transcribed, two trained staff sign the transcription • accurate daily stock counts are maintained A requirement has been made.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines, including standard operating procedures for the management of controlled drugs, are in place.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 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 person in charge advised that medication training is now overdue for staff. Update medication training is provided every six months for all senior carers; the most recent training had occurred in December 2013. The training includes the management of thickening agents and diabetes awareness. Records of the training were provided for inspection. However, competency assessments are not completed. The registered person must ensure that senior carers are competent to perform all of the medication tasks assigned to them; records of the competency assessments must be maintained. A requirement has been made. The person in charge advised that care staff are responsible for administering thickening agents and external preparations. There is no recorded evidence that these staff have been trained and deemed competent to carry out these tasks. A requirement has been restated and a further requirement has been made. There is a list of the names, signatures and initials of senior carers who have been trained and deemed competent to administer medicines. A list of the names, signatures and initials of care staff who have been trained and deemed competent to administer external preparations and thickening agents should also be maintained. A recommendation has been made.	Moving towards compliance
Criterion Assessed: 30.4 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 person in charge advised that there is annual staff appraisal and that staff supervision occurs every six months. The appraisals and supervisions are now due for completion. The person in charge advised that a team meeting is planned and she agreed that the findings of this inspection would be discussed with all relevant staff without delay.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The person in charge advised that staff are not responsible for the administration of medicines using invasive procedures, the administration of medicines through PEG-tubes, or the administration of medicines in treating any life threatening emergency.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Four medication incidents had been reported to RQIA between April 2013 and March 2014. One medication incident has been reported to RQIA since April 2014; the person in charge advised that she had also reported two incidents on the day before the inspection. These two incidents had been managed appropriately but they had not been reported to RQIA in a timely manner. The registered person must ensure that medication errors and incidents are reported to RQIA without delay. A requirement has been made.	Not compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Out of date and discontinued medicines are returned to the community pharmacy.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 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:	
Senior carers maintain running stock balance counts for medicines which are not contained within the blister pack system. These counts include the stock on the trolley and in the overstock cupboard. A review of these stock counts indicated that they are not being accurately maintained and hence are ineffective. It was agreed that only the in-use stock would be included in the stock counts and that senior carers would be advised that actual stock counts must be carried out on each occasion. As stated in Criterion 30.1, the registered person must ensure that the date and time of opening is recorded on all medicine containers, including eye preparations. As stated in Criterion 30.1, the registered person must implement a robust auditing system which monitors all aspects of the management and administration of medicines.	Moving towards compliance
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Moving towards compliance

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Improvements in the standard of record keeping are necessary as detailed in Criterion 31.2.	Moving towards compliance
Criterion Assessed: 31.2 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:	
The majority of the personal medication records (PMRs) had been re-written recently. Two staff verify and sign these records at the time of writing/re-writing. However, updates are not verified and signed. This finding was also evidenced at the previous inspection. The recommendation which was made at the previous inspection is restated. The majority of the medication administration records (MARs) had been maintained in a satisfactory manner. However, hand-written updates on the MARs had not been signed and verified. In the interests of safe practice two members of staff should verify and sign hand-written updates on the MARs. The recommendation which was made at the previous inspection is restated. Records of the administration of thickening agents and external medicines by care staff are not maintained. This is unacceptable; complete records of the administration of thickening agents and external medicines must be maintained. The requirement which was made at the previous inspection is restated and a further requirement has been made.	Moving towards compliance

STANDARD 31- MEDICINE RECORDS

The date of receipt had not been recorded for the monthly medication order and medicines in weekly sealed compliance aids received for one resident had not been recorded. The registered person must ensure that records of medicines which are received into the home are fully and accurately maintained. A requirement has been made. Records of the transfer of medicines out of the home were found to be satisfactory.	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
The receipt, administration and disposal of Schedule 2 and Schedule 3 controlled drugs had been recorded in a controlled drug record book.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Moving towards compliance

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Storage space for medicines is limited in this home; the plans for a new treatment room which were discussed at the previous inspection have not been progressed. Storage was observed to be tidy and organised and all prescribed medicines were available for administration. As stated in Criterion 30.1, two out of date medicines were removed from use; further supplies were available in the home. The temperature of the treatment room is not monitored and recorded each day. On the day of the inspection the temperature was observed to be 26°C. The requirement which was made at the previous inspection is restated. The maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded each day. However, temperatures above 8°C had been recorded on many occasions and there was no evidence that any corrective action had been taken. The registered person must ensure that appropriate corrective action is taken if temperatures outside the recommended range are observed. The requirement which was made at the previous inspection is restated. The person in charge advised that some external preparations are stored in residents' bedrooms. Up to date risk assessments are not in place. The requirement which was made at the previous inspection is restated. Two blood glucometers are in use. Control checks are performed at weekly intervals and the control solution was observed to be in date.	Moving towards compliance

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
One senior carer is in charge of medicines during each shift. The keys to the medicines cupboard were observed to be held by this person during the inspection. The key to the controlled drugs cabinet is held separately from all other keys.	Compliant
Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Moving towards compliance

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The records for one resident who is prescribed 'when required' medicines for the management of distressed reactions were reviewed. Both diazepam and risperidone were prescribed; the care plan did not specify the circumstances for use. The diazepam had not been administered recently, however the risperidone was being administered regularly. Staff had not recorded why the risperidone had been administered and the daily notes indicated that the resident had been settled or sleepy suggesting that the administration may not have been necessary. There was no record of the outcome of each administration.

The use of 'when required' medicines for the management of distressed reactions was discussed in detail with the person in charge. It is recommended that the management of 'when required' medicines for distressed reactions is reviewed and revised to ensure that:

- the dose is clearly recorded on the personal medication record
- records of administration are clearly recorded on the medication administration records
- a care plan is in place detailing when the medicine can be administered
- the reason for, and outcome of each administration must be recorded (in the daily notes)
- if the 'when required' medicine is needed regularly the prescription should be referred to the prescriber for review

Management of thickening agents

The management of thickening agents was reviewed for one resident. The thickening agent had been recorded on the resident's PMR and records of administration by senior carers are maintained on the fluid intake charts.

Care staff also administer thickening agents. As detailed in the report (Criteria 30.3 and 31.2), records of their training and competency assessments must be maintained and records of each administration must be maintained.

A care plan and up to date speech and language assessment was in place for this resident.

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 residents 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 residents 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 Rhonda Spence, Person in charge,** 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 Daly
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

MALONE

11 SEPTEMBER 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 specific actions set out in the Quality Improvement Plan were discussed with **Mrs Rhonda Spence, Person in charge,** during the inspection.

The timescales for completion commence from the date of inspection.

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 Residential Care 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 ensure that all relevant staff have been trained and deemed competent to administer thickening agents. Records of the training provided and competency assessments must be maintained. **Ref: Sections 5.0 and 7.0, Criterion 30.3**	Two	Competency assessments are being carried out on all senior staff and care staff to determine competency regarding administering thickening agents and creams. Records and assessments are maintained.	13 October 2014
2	13(4)	The registered manager must ensure that complete records for the administration of thickening agents are maintained. **Ref: Sections 5.0 and 7.0, Criterion 31.2**	Two	All records for administering thickening agents are maintained.	13 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13(4)	The temperature of the treatment room must be monitored and recorded each day. Appropriate corrective action must be taken if the temperature exceeds +25 ºC. **Ref: Section 5.0 and Criterion 32.1**	Two	Staff reminded about recording temperatures appropriately and correct action to take if temperature exeeds. staff reminded to ensure all records are recorded.	13 October 2014
4	13(4)	The register manager must ensure that appropriate corrective action is taken if the temperature of the refrigerator falls outside the accepted range. **Ref: Section 5.0 and Criterion 32.1**	Two	Staff reminded about recording temperatures appropriately and correct action to take if temperature falls outside range, also to ensure all information is recorded.	13 October 2014
5	13(4)	The registered manager must ensure that appropriate risk assessments are in place when medicines are stored in resident's bedrooms. **Ref: Section 5.0 and Criterion 32.1**	Two	All clients have risk assessments in place for any medications stored in their rooms.	13 October 2014
6	13(4)	The registered person must implement a robust auditing system which monitors all aspects of the management and administration of medicines. **Ref: Criteria 30.1 and 30.8**	One	New auditing system in place to monitor all aspects of management & administration of medicines.	13 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	13(4)	The registered person must ensure that the date of opening is recorded on all medicines and that medicines are removed from use at their expiry date. **Ref: Criteria 30.1, 30.8 and 32.1**	One	All dates of opening recorded and regular checks implemented to check expiry dates of all medicines.	13 October 2014
8	13(4)	The registered person must review and revise the systems in place for the management of warfarin. **Ref: Criterion 30.1**	One	System reviewed - new system and documentation put in place.	13 October 2014
9	20 (1)	The registered person must ensure that senior carers are competent to perform all of the medication tasks assigned to them; records of their competency assessments must be maintained. **Ref: Criterion 30.3**	One	Competency assessments carried out and records maintained.	4 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
10	20 (1)	The registered person must ensure that all relevant staff have been trained and deemed competent to administer external preparations. Records of the training provided and competency assessments must be maintained. **Ref: Criterion 30.3**	One	Competency assessments carried out on all care staff and records maintained.	4 November 2014
11	30(1)	The registered person must ensure that medication errors and incidents are reported to RQIA without delay. **Ref: Criterion 30.6**	One	All staff reminded about protocol for reporting incidents to RQIA.	13 October 2014
12	13(4)	The registered person must ensure that complete records of the administration of external preparations are maintained. **Ref: Criterion 31.2**	One	All records completed and maintained.	13 October 2014
13	13(4)	The registered person must ensure that records of medicines which are received into the home are fully and accurately maintained. **Ref: Criterion 31.2**	One	All records reviewed and new systems in place.	13 October 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	31	Two members of staff should verify and initial all entries on the personal medication records. **Ref: Section 5.0 and Criterion 31.2**	Two	All handwritten enteries are now signed and verified by two staff.	13 October 2014
2	31	Two members of staff should verify and initial all hand-written updates on the medication administration records. **Ref: Section 5.0 and Criterion 31.2**	Two	All hand written updates/enteries are now signed and verified by two staff.	13 October 2014
3	32	A list of the names, signatures and initials of care staff who have been trained and deemed competent to administer external preparations and thickening agents should be maintained. **Ref: Criterion 30.3**	One	New lists completed.	4 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30	The registered person should review the recording systems in place for all residents who are prescribed 'when required' medicines for the management of distressed reactions as detailed in the report. **Ref: Section 7.0**	One	New system and records in place.	13 October 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr K McKinney

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	30 October 2014
B.	Further information requested from provider				