# NURSING HOME
# MEDICINES MANAGEMENT INSPECTION REPORT

| | |
|---|---|
| **Inspection No:** | **18451** |
| **Establishment ID No:** | **1388** |
| **Name of Establishment:** | **Prospect** |
| **Date of Inspection:** | **22 May 2014** |
| **Inspector's Name:** | **Rachel Lloyd** |


**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 GENERAL INFORMATION

| | |
|---|---|
| **Name of home:** | Prospect |
| **Type of home:** | Nursing Home |
| **Address:** | 3 Old Galgorm Road<br>Ballymena<br>BT42 1AL |
| **Telephone number:** | (028) 2564 5813 |
| **E mail address:** | nursemanager@prospectnursinghome |
| **Registered Organisation/ Registered Provider:** | Prospect Private Nursing Home Ltd/<br>Mr Thomas Mark McMullan |
| **Registered Manager:** | Mrs Elizabeth Jane Ross |
| **Person in charge of the home at the time of Inspection:** | Mrs Elizabeth Jane Ross |
| **Categories of care:** | NH-I ,NH-PH |
| **Number of registered places:** | 52 |
| **Number of patients accommodated on day of inspection:** | 50 |
| **Date and time of current medicines management inspection:** | 22 May 2014<br>10:25 – 16:15 |
| **Name of inspector:** | Rachel Lloyd |
| **Date and type of previous medicines management inspection:** | 7 June 2011<br>Unannounced inspection |

## 2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Mrs Elizabeth Ross, Registered Manager, and registered nurses on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

## HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008).

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

Prospect is a two storey nursing home situated in a quiet residential area on the outskirts of Ballymena. The home is surrounded by landscaped gardens and ample car parking is provided.

On entering the home, there is a large reception area which leads to the living and office accommodation. There are three separate dining areas, a number of lounges and private sitting areas, including a conservatory which overlooks the gardens and front entrance.

Bedroom accommodation is provided on both floors in 42 single and five double bedrooms. En-suite facilities are provided in all but one bedroom. The first floor of the home is accessed by stairs and a passenger lift.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Prospect was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 22 May 2014 between 10:25 and 16:15. 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 registered manager of the home, Mrs Elizabeth Ross, and 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 Prospect are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found some areas requiring immediate attention and areas for improvement were noted.

The five requirements and three recommendations made at the previous medicines management inspection on 7 June 2011 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5 of this report. Of the five requirements, one was assessed as compliant, two as substantially compliant and two as moving towards compliance. The latter two are restated. Of the three recommendations, two were assessed as compliant. One recommendation was assessed as moving towards compliance and is restated.

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

Some areas of good practice were noted and highlighted during the inspection and staff are commended for their efforts in these areas.

Policies and procedures for the management of medicines are in place. The registered manager should review and revise medicine policies to ensure that they reflect the current procedures for the destruction and disposal of medicines and the current arrangements for the management of controlled drugs.

There is a programme of training in the home. There is a system of supervision and appraisal and there are regular medicines management competency assessments for registered nurses. However, the registered manager must ensure that designated care assistants undertaking delegated medicines tasks are trained and deemed competent and that a record of the training and competency assessment is maintained.

Medicine records are generally well maintained. However, records of the administration of external preparations and thickening agents by designated care assistants must be maintained. The management of anxiolytic medication prescribed for use 'when required' for distressed reactions should be reviewed, to ensure that the parameters for administration are documented in the patients care plan and the reason for use and the outcome are recorded in the daily progress notes.

The outcomes of audit trails, performed on randomly selected medicines, showed that most medicines have been administered in accordance with the prescribers' instructions. However, poor outcomes were observed for bisphosphonate medicines and some inhaled preparations. The registered manager must ensure that these medicines are being administered according to the prescriber's instructions and that medicine administration records are monitored to ensure compliance.

The registered manager must ensure that practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and corrective action should be taken where necessary. Nutritional supplements must be managed appropriately with regard to monitoring.

Robust arrangements are in place for the management of controlled drugs.

Medicines were mostly being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. Storage areas were clean, tidy and well organised. However, since unacceptable and unsafe practice was observed in the storage of insulin pen devices in use, the registered manager must ensure that robust arrangements are in place for the management and administration of insulin.

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

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

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

**Issues arising during previous medicines management inspection on 7 June 2011:**

| NO. | REGULATION REF. | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 13(4) | Incidents must be reported to appropriate authorities in accordance with procedures<br><br>**Stated once** | Medicine incidents have been reported to RQIA since the previous inspection and the registered manager stated that all staff have been reminded of the appropriate procedures. The registered manager was reminded that medication errors, picked up during audit procedures in the home should be reported as necessary and this was discussed. | **Substantially compliant** |
| 2 | 13(4) | The temperature of the medicine refrigerator must be maintained within the recommended range for cold storage of medicines. A system must be in place to report and act upon any recorded temperatures for the medicine refrigerator that are outside the recommended range of 2°C - 8°C. All staff must be trained and competent to manage the cold storage of medicines.<br><br>**Stated twice** | Three medicine refrigerators are in use in the home. Significant improvements in record keeping were observed during the inspection; temperatures are recorded on a daily basis and confirmation of refrigerator thermometers being reset is noted. The registered manager confirmed that all relevant staff received training and were assessed as competent in the cold storage of medicines following the previous inspection. It was agreed that this training would be repeated regularly on an on-going basis. Some small deviations above the maximum accepted temperature of 8°C were noted for two of the refrigerators; the registered manager agreed to address this immediately. | **Substantially compliant** |

| NO. | REGULATION REF. | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 3 | 13(4) | Nutritional supplements must be managed appropriately with regard to storage, administration and monitoring.<br><br>**Stated once** | The storage, stock rotation and organisation of nutritional supplements have been addressed since the previous inspection. Satisfactory records of administration were noted to be in place. No evidence of nutritional supplements being included in audit and monitoring procedures was observed.<br><br>**One element of the requirement is restated** | **Moving towards compliance** |
| 4 | 13(4) | The registered manager must ensure that practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and corrective action should be taken where necessary.<br><br>**Stated once** | Audit procedures have been revised since the previous inspection. In addition to end of box audits on all medicines in regular use, audits are undertaken on medication for individual patients. It was noted however; that these audits do not include a variety of medicines e.g. inhaled preparations, eye preparations and nutritional supplements, or an overview of adherence to policy and procedures.<br><br>No evidence of the action taken, when the outcome of an audit is unsatisfactory, was observed e.g. bisphosphonate medicines.<br><br>**This requirement is restated** | **Moving towards compliance** |

| NO. | REGULATION REF. | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 5 | 13(4) | The stock control system must be reviewed to ensure that medicines including nutritional supplements are only ordered when necessary and that out of date stock is not available in the home.<br><br>**Stated once** | This requirement has been satisfactorily addressed; no expired stock was observed in the home and nutritional supplements were observed to be organised to facilitate ordering. | **Compliant** |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|---|---|---|---|---|
| 1 | 38 | It is recommended that the registered manager reviews the layout of the current personal medication records to ensure that different codes are used for every prescribed medicine.<br><br>Two members of nursing staff should sign medicine updates on the personal medication record.<br><br>**Stated once** | This recommendation has been satisfactorily addressed. The layout of personal medication records was reviewed and revised following the previous inspection and those examined during the inspection were found to be well maintained.<br><br>Two registered nurses had checked and signed each personal medication record and each medicine update. | **Compliant** |
| 2 | 37 | A copy of the most recent prescriptions should be kept in the home and updated when required.<br><br>**Stated once** | Copies of all prescriptions are now held in the home. This was evidenced during the inspection. | **Compliant** |
| 3 | 37 | The date of opening should be recorded on all medicines including insulin to facilitate a clear audit trail and to ensure that out of date medicines are not administered to patients.<br><br>**Stated once** | The date of opening was recorded on the majority of medicines in use; however it was not recorded on any of the insulin pen devices in use which have a limited shelf-life after opening.<br><br>**This recommendation is restated** | **Moving towards compliance** |

**SECTION 6.0**

| STANDARD 37 - MANAGEMENT OF MEDICINES<br>Medicines are handled safely and securely. | |
|---|---|
| **Criterion Assessed:**<br>37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Satisfactory arrangements were largely observed to be in place for the management of medicines; however some areas requiring attention were noted.<br><br>The outcomes of audit trails, performed on a range of randomly selected medicines, showed that the majority of these medicines had been administered in accordance with the prescribers' instructions. However, the management of the administration of bisphosphonate medicines, prescribed for administration on a weekly basis was unsatisfactory. A significant number of doses of these medicines had been omitted without reason for several patients, although there is a reminder sheet at the front of each personal medication record file. The registered manager must ensure that bisphosphonate medicines are administered according to the prescriber's instructions and that medicine administration records are monitored for compliance. These omissions must be reported to the prescriber and any further discrepancies must be reported to RQIA. A requirement is stated.<br><br>Some discrepancies were observed following the audit of inhaled preparations, this was discussed and it was agreed that there may be an issue with compliance with the inhaler device for particular patients. The registered manager agreed to ensure that staff are competent in the use of these devices, monitor compliance and ask the prescriber to review these patients as necessary.<br><br>The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.<br><br>The registered manager stated that copies of prescriptions are kept in the home and that prescriptions are received | Moving towards compliance |

| | |
|---|---|
| into the home and checked against the order before being dispensed, which is considered good practice.<br><br>The management of anticoagulant medicines was reviewed during the inspection. There was evidence that written confirmation of warfarin regimes is obtained from the prescriber. A written procedure for the use of anticoagulants is in place. The management of warfarin includes daily administration and stock counts involving two registered nurses, and the use of a separate warfarin administration record, indicating good practice.<br><br>The administration of medicines for the management of Parkinson's disease were examined and found to be satisfactory.<br><br>The management of anxiolytic medication prescribed for use 'when required' for distressed reactions was examined. The medicine and the parameters for administration were recorded on the personal medication record, however this was not always documented in the patients' care plan and the reason for use and the outcome were not recorded in the daily notes, which are considered good practice. A recommendation is stated. | |
| **Criterion Assessed:**<br>37.2 The policy and procedures cover each of the activities concerned with the management of medicines. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Written policies and procedures for the management of medicines are in place. The registered manager should review and revise these to ensure that they reflect the current procedures for the destruction and disposal of medicines and the current arrangements for the management of controlled drugs which have altered since the previous inspection. A recommendation is stated. | Substantially compliant |

## STANDARD 37 - MANAGEMENT OF MEDICINES

| **Criterion Assessed:**<br>37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff. | **COMPLIANCE LEVEL** |
|---|---|
| **Inspection Findings:** | |
| The registered manager and registered nurses on duty confirmed that staff who manage medicines are trained and competent. Records of staff training are maintained and were available for inspection.<br><br>Evidence that designated care assistants are trained on the administration of external preparations, dysphagia and thickening fluids was not in place. Designated care assistants undertaking delegated tasks must be trained and deemed competent and a record of the training and competency assessment must be maintained. A requirement is stated.<br><br>A list of the names, sample signatures and initials of all staff authorised to administer medicines is maintained. The registered manager stated that this list was due to be reviewed and updated. | Substantially compliant |
| **Criterion Assessed:**<br>37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The registered manager confirmed that the competency of registered nurses, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and appraisal, and that records are maintained. This was evidenced during the inspection.<br><br>The competency of designated care assistants, in the administration of external preparations and thickening agents, is not currently assessed. A requirement is stated (See 37.3). | Substantially compliant |

**STANDARD 37 - MANAGEMENT OF MEDICINES**

| **Criterion Assessed:**<br>37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. | **COMPLIANCE LEVEL** |
|---|---|
| **Inspection Findings:** | |
| The registered manager stated that medication errors and incidents are reported to RQIA, in accordance with procedures. The registered manager was reminded that medication errors, picked up during audit procedures in the home should be reported as necessary. | Substantially compliant |
| **Criterion Assessed:**<br>37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Discontinued or expired medicines are discarded by the registered nurses into designated bins and records maintained. These bins are periodically uplifted and replaced by the supplying pharmacy, which possesses a waste disposal license. The medicines disposal container is stored securely. Controlled drugs are denatured by two registered nurses prior to disposal and a record is maintained. | Compliant |
| **Criterion Assessed:**<br>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:** | |
| Audit procedures have been revised since the previous inspection. In addition to end of box audits on all medicines in regular use, audits are undertaken on medication for individual patients. It was noted however that these audits do not include a variety of medicines e.g. inhaled preparations, eye preparations and nutritional supplements, or an overview of adherence to policy and procedures. A requirement regarding the monitoring of nutritional supplements is restated.<br><br>No evidence of the action taken when the outcome of an audit is unsatisfactory was observed e.g. bisphosphonate medicines. The registered manager must ensure that practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and corrective action should be taken and recorded where necessary. This issue had been raised at the previous medicines management inspection and the requirement made is restated. | Moving towards compliance |

| STANDARD 38 - MEDICINE RECORDS<br>Medicine records comply with legislative requirements and current best practice. | |
|---|---|
| **Criterion Assessed:**<br>38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The medicine records reviewed during the inspection were found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were noted to be maintained in a manner that facilitates audit activity. Archived medicine records were readily available during the inspection. | Compliant |
| **Criterion Assessed:**<br>38.2 The following records are maintained:<br>• Personal medication record<br>• Medicines administered<br>• Medicines requested and received<br>• Medicines transferred out of the home<br>• Medicines disposed of. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Personal medication records were well maintained. Staff were commended for this improvement.<br><br>The majority of medicine administration records were well maintained, however due to the discrepancies observed in the administration of bisphosphonate medicines and some inhaled preparations, records must be monitored by the registered manager to ensure that all medicines are being administered according to the prescriber's instructions. These omissions must be reported to the prescriber and any further discrepancies must be reported to RQIA. A requirement is stated (See 37.1).<br><br>The administration of external preparations and thickening agents by designated care assistants is not recorded. The registered manager must ensure that the administration is accurately recorded on every occasion. A requirement is stated. | Substantially compliant |

| | |
|---|---|
| Records of medicines ordered and received and medicines disposed of/ transferred out of the home were well maintained. | |
| **Criterion Assessed:**<br>38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Observation of the controlled drugs record book indicated that records are being maintained in a satisfactory manner. Records of the receipt, administration, destruction and disposal of controlled drugs had been documented and signed by two registered nurses.<br><br>Quantities of a randomly selected sample of controlled drugs matched the corresponding balances recorded in the controlled drug record book. | Compliant |

| STANDARD 39 - MEDICINES STORAGE<br>Medicines are safely and securely stored. | |
|---|---|
| **Criterion Assessed:**<br>39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Medicines were mostly found to be stored securely under conditions that conform to statutory and manufacturers' requirements. There was sufficient storage space on medicine trolleys and in medicine cupboards and storage areas were clean, tidy and well organised. Some medicines which do not require cool storage were observed in the refrigerator; these were highlighted and removed immediately.<br><br>Improved arrangements for the stock control of medicines were observed, however significant overstock was observed of some medicines prescribed for use 'when required', e.g. laxatives, analgesics and topical preparations. These medicines had not been reordered in recent months, indicating that improvements in stock control are being made. The registered manager agreed to continue to monitor stock control of these medicines.<br><br>Oxygen is stored and managed appropriately and appropriate signage is in place.<br><br>Arrangements for monitoring the medicines refrigerator temperature were examined. Three medicine refrigerators are in use in the home. Significant improvements in the maintenance of refrigerator temperature records were observed during the inspection; temperatures are recorded on a daily basis and confirmation of refrigerator thermometers being reset is noted. The registered manager confirmed that all relevant staff received training and were assessed as competent in the cold storage of medicines following the previous inspection. It was agreed that this training would be repeated regularly on an on-going basis. Some small deviations above the maximum accepted temperature of 8°C were noted for the two refrigerators downstairs; the registered manager agreed to address this immediately.<br><br>The temperature of the treatment room is monitored and recorded on a daily basis and appropriate temperatures were observed.<br><br>Records are maintained of the weekly calibration of blood glucose meters. | Moving towards compliance |

## STANDARD 39 - MEDICINES STORAGE

| | |
|---|---|
| Dates and times of opening were generally recorded on medicine containers in use, including limited shelf-life medicines. This is good practice. However, dates of opening were not recorded on any of the insulin pen devices in use. This issue had been raised at the previous medicines management inspection and was discussed. The recommendation is restated.<br><br>It was additionally noted that insulin pen devices in use were unlabelled, stored inappropriately in the refrigerator and had unsheathed needles attached. This is unsafe practice and an unacceptable risk, particularly since more than one patient is prescribed the same type of insulin, therefore increasing the risk of the same insulin pen device, intended for singe patient use only, being used for more than one patient or being used after expiry. This issue was discussed with the registered manager and registered nurses on duty. Individual insulin pen devices must be labelled with the patient's name, marked with the date of opening, stored and used according to the manufacturer's instructions and needles must be used once only and discarded immediately. A requirement is stated. | |
| **Criterion Assessed:**<br>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:** | |
| The controlled drug cabinet key is held separately from other medicine cupboard keys. Medicine keys are held by the nurse-in-charge of the shift on each wing. The registered manager is responsible for spare medicine cupboard keys. | Compliant |
| **Criterion Assessed:**<br>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 balance checks were inspected and found to be satisfactory. | 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 **Mrs Elizabeth Ross, Registered Manager,** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

**Rachel Lloyd**
**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

## PROSPECT
## 22 MAY 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Elizabeth Ross, Registered Manager**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that the 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**<br>**This section outlines the action which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.** | | | | | |
|---|---|---|---|---|---|
| **NO.** | **REGULATION REFERENCE** | **REQUIREMENT** | **NUMBER OF TIMES STATED** | **DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)** | **TIMESCALE** |
| 1 | 13(4) | The registered manager must ensure that nutritional supplements are managed appropriately with regard to monitoring.<br><br>**Ref: Section 5 & Criterion 37.7** | Two | Staff reminded that auditing and monitoring of nutritional supplements is required along with the auditing arrangements already in place. | 23 June 2014 |
| 2 | 13(4) | The registered manager must ensure that practices for the management of medicines are systematically audited to ensure that they are consistent with the home's policy and procedures, and corrective action should be taken where necessary.<br><br>**Ref: Section 5 & Criterion 37.7** | Two | Management and staff aware that audits should be consistant with policies and procedures and reminded that reporting of abnormal audits is necessary in order for corrective action to be taken. | 23 June 2014 |
| 3 | 13(4) | The registered manager must ensure that bisphosphonate medicines and inhaled preparations are being administered according to the prescriber's instructions and that medicine administration records are monitored to ensure compliance. The omissions must be reported to the prescriber and any further discrepancies must be reported to RQIA.<br><br>**Ref: Criterion 37.1 & 38.2** | One | The management of bisphosphonate medicines and inhaled preparations under review and more frequent audits carried out. No further discrepancies at present. | 23 June 2014 |

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 4 | 13(4) | The registered manager must ensure that designated care assistants undertaking delegated tasks are trained and deemed competent, and that a record of the training and competency assessment is maintained.<br><br>**Ref: Criteria 37.3 & 37.4** | One | Induction and training records to include the training and competency assessment of care assistants undertaking tasks such as administration of external preparations and thickening agents. | 23 June 2014 |
| 5 | 13(4) | The registered manager must ensure that the administration of external preparations and thickening agents by designated care assistants is accurately recorded on every occasion.<br><br>**Ref: Criterion 38.2** | One | The importance of recording the administration of external preparations and thickening agents reinforced to all care staff. | 23 June 2014 |
| 6 | 13(4) | The registered manager must ensure that robust arrangements are in place for the management and administration of insulin. Individual insulin pen devices must be labelled with the patients name, marked with the date of opening, stored and used according to the manufacturer's instructions and needles must be used once only and discarded immediately.<br><br>**Ref: Criterion 39.1** | One | Review of the management and administration of insulin was carried out. All individual pens labelled, dates of opening to be recorded and insulin to be stored with the manufacturers instructions. Needles used once only and discarded. | 23 June 2014 |

**RECOMMENDATIONS**

**These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This promotes 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, 39 | The date of opening should be recorded on all medicines including insulin to facilitate a clear audit trail and to ensure that out of date medicines are not administered to patients.<br><br>**Ref: Section 5 & Criterion 39.1** | Two | Dates of opening to be recorded. | 23 June 2014 |
| 2 | 37 | The registered manager should ensure that the management of anxiolytic medication prescribed for use 'when required' for distressed reactions is reviewed. Parameters for administration should be documented in the patients care plan and the reason for use and the outcome should be recorded in the daily notes.<br><br>**Ref: Criterion 37.1** | One | Staff to ensure care plans and daily progress notes reflect the management of anxiolytic medications. | 23 June 2014 |

| NO. | MINIMUM STANDARD REFERENCE | RECOMMENDATION | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 3 | 37 | The registered manager should review and revise medicine policies to ensure that they reflect the current procedures for the destruction and disposal of medicines and the current arrangements for the management of controlled drugs.<br><br>**Ref: Criterion 37.2** | One | Policies and procedures to be updated to reflect the destruction and disposal of medicines and controlled drugs. | 23 August 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** | Mrs Liz Ross |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Mr Mark McMullan |

| **QIP Position Based on Comments from Registered Persons** | | | | **Inspector** | **Date** |
|---|---|---|---|---|---|
| | | **Yes** | **No** | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | yes | | R Lloyd | 30/7/2014 |
| B. | Further information requested from provider | | | | |