NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18424**
Establishment ID No:	**1412**
Name of Establishment:	**Garvagh Care Home**
Date of Inspection:	**26 June 2014**
Inspectors' Names:	**Judith Taylor & 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:	Garvagh Care Home
Type of home:	Nursing Home
Address:	15 Kilrea Road Garvagh Coleraine BT51 5LP
Telephone number:	(028) 2955 7330
E mail address:	garvagh@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Mrs Elaine Allen
Person in charge of the home at the time of Inspection:	Mrs Elaine Allen
Categories of care:	NH-DE, NH-I, NH-PH, NH-LD, RC-DE
Number of registered places:	67
Number of patients accommodated on day of inspection:	49
Date and time of current medicines management inspection:	26 June 2014 10:20 – 16:20
Names of inspectors:	Judith Taylor & Rachel Lloyd
Date and type of previous medicines management inspection:	17 May 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 Mrs Elaine Allen (Registered Manager) and registered nurses/senior care staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

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

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

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

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

An outcome level was identified to describe the service's performance against each criterion that the inspectors examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Garvagh Care Home is a purpose built nursing home situated in its own grounds on the outskirts of Garvagh. It is operated by Four Seasons Health Care and is located within easy reach of shops, other amenities and public transport.

It was first registered on 2 September 1996 to accommodate not more than 67 persons requiring nursing care.

There is a general nursing unit, a nursing dementia unit and a residential dementia unit. All bedroom accommodation is in single rooms, some with en suite facilities. There are a variety of lounges, day areas, dining rooms and bath/shower facilities.

Catering and laundry services are provided on site.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Garvagh Care Home was undertaken by Judith Taylor and Rachel Lloyd, RQIA Pharmacist Inspectors, on 26 June 2014 between 10:20 and 16:20. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards:

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

During the course of the inspection, the inspectors met with the registered manager of the home, Mrs Elaine Allen and with the registered nurses/senior care staff on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines. All three units were examined at the inspection.

This inspection indicated that the arrangements for the management of medicines in Garvagh Care Home are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The three requirements and two recommendations made at the previous medicines management inspection on 17 May 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary in Section 5.0 of the report. Two requirements and one recommendation have been complied with. One requirement and one recommendation have been assessed as moving towards compliance. These are stated 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.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report.

Written policies and procedures for medicines management and standard operating procedures for controlled drugs are in place. The procedures regarding the disposal of medicines in the residential unit must be reviewed to ensure these meet with the waste regulations.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that the relevant records are being maintained.

Largely satisfactory arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on a regular basis. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that the majority of medicines had been administered in strict accordance with the prescribers' instructions. However, close monitoring of liquid medicines is necessary.

Whilst most of the medicine records which were selected for examination had been maintained in the required manner, some areas for improvement in records of prescribing, administration and receipt were identified.

Overall, medicines are stored safely and securely and key control was appropriate. However, the room temperature in one of the three treatment rooms had exceeded the accepted upper limit of 25^{o}C. This should be reviewed.

The inspection attracted a total of four requirements and four recommendations. The requirements and recommendations are detailed in the QIP.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 17 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The recording of the administration of bisphosphonate medicines must reflect the actual practice in the home of administering the medicines 30 minutes before food and other medicines, in line with the manufacturer's directions. **Stated once**	Examination of administration records indicated that bisphosphonate medicines had been administered in accordance with the manufacturer's instructions and the time of administration had been accurately recorded.	**Compliant**
2	13(4)	A complete record of the administration of thickening agents must be maintained The method of recording the administration of thickening agents should be consistent across the home. **Stated once**	The records pertaining to thickening agents in the residential unit had been completed accurately; however, this was not always evidenced in the records selected in the two nursing units. **This requirement has been restated**	**Moving towards compliance**
3	13(4)	The medicines refrigerators in the home must be appropriately managed. **Stated once**	Satisfactory arrangements were observed for the management of medicines refrigerators.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	The acting manager should increase the auditing of liquid medicines including nutritional supplements. **Stated once**	There was no evidence of regular audits on liquid medicines and there is no current system in place to audit nutritional supplements. The outcomes of a sample of liquid medicines selected for audit indicated some discrepancies.	**Moving towards compliance**
2	37	Blood glucometers should be maintained as directed by the manufacturer. **Stated once**	Satisfactory arrangements are in place for the management of blood glucometers.	**Compliant**

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. Improvements are required in the disposal of medicines in the residential unit and record keeping in the nursing units as detailed in the relevant criteria. Several audit trails were performed on a variety of randomly selected medicines at the inspection. Whilst the majority of these produced satisfactory outcomes, some discrepancies were observed and discussed at the inspection. The registered manager should closely monitor the administration of liquid medicines and any further discrepancies should be investigated and reported to RQIA. The management of liquid medicines was also raised at the previous medicines management inspection. A recommendation has been made. The registered manager confirmed that written details of new patients' medicine regimes are obtained from a health or social care professional for new admissions to the home. The process for the ordering and receipt of medicines was examined. All prescriptions are received into the home and checked against the order before being forwarded to the community pharmacy for dispensing. This is in accordance with Health and Social Care Board recommendations. A copy of each prescription is kept in the home. Overall, there are adequate arrangements in place for the stock control of medicines. There was evidence of one out of stock situation at the start of the new medicine cycle and this was discussed with staff. The medicine had since been supplied.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

The management of anticoagulants was examined. Warfarin dosage regimes are confirmed by facsimile. Two members of trained staff are involved in recording new regimes onto warfarin administration records. A daily stock balance record for warfarin is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection. One patient is prescribed dabigatran, this is a new anticoagulant. In accordance with best practice, it was advised that a daily stock balance check should be performed and recorded for this medicine. It was agreed that this would be implemented at the earliest opportunity. Staff have access to medicine reference sources.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The organisation's policies and procedures for the management of medicines and standard operating procedures for controlled drugs are available in the home. These were not examined in detail at the inspection. Specialist care plans for the management of epilepsy, diabetes and the covert administration of medicines were observed at the inspection.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that all staff who are responsible for medicines management have been trained and deemed competent to do so. A sample of training records was provided at the inspection. Staff competencies in medicines management are assessed annually; this activity is currently ongoing and samples of completed competency assessments were provided for inspection. Registered nurses and senior care staff had completed foundation and advanced e learning modules in medicines management and had also received training from the community pharmacist. Dysphagia training is provided for registered nurses, senior care staff and care staff; the most recent training was in May 2014. Training in the management of medicines prescribed for distressed reactions is scheduled for 2 July 2014. A list of the names, signatures and initials of registered nurses, senior care staff and care staff authorised to administer medicines is maintained.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that she evaluates the impact of medicines management training on the staff through appraisal, supervision, and observation of practice and from the outcomes of audit trails. She also advised that a meeting with senior staff from each unit in the home is held twice weekly to inform and identify any areas for improvement. Staff appraisal is undertaken at least annually and one to one supervision is held throughout the year.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the organisation's policies and procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The management of the disposal of medicines must be reviewed. Currently, two procedures are in place. In the two nursing units, medicines which are deemed unsuitable or are discontinued (patient returns) are placed into a special waste bin by two registered nurses and both sign the record of disposal. The registered nurses confirmed that controlled drugs are denatured prior to disposal. In the residential unit, any medicines which are deemed unsuitable or are discontinued (resident returns) are returned to the community pharmacy. As the home is registered as a nursing home, all medicines (patient returns and resident returns) which are to be disposed of, must be uplifted by a clinical waste company or a community pharmacy which holds a clinical waste management licence. The arrangements for the disposal of medicines in Garvagh Care Home must be reviewed and revised to ensure they meet with The Controlled Waste Regulations (Northern Ireland) 2002. A requirement has been made.	Substantially 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:	
Management complete a monthly audit tool specific to medicines. Registered nurses in the nursing units and senior care staff in the residential unit maintain daily stock balances for several medicines which are not supplied in the 28 day blister packs. Audits are also performed by a representative from the community pharmacy on a regular basis. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. This correlated with the outcomes of the majority of audits performed on a variety of randomly selected medicines during the inspection. Staff are commended for their efforts. However, discrepancies were noted in liquid medicines (See Criterion 37.1). It was recommended that the registered manager should review the audit process to ensure that nutritional supplements are routinely audited. The audit process is readily facilitated by the good practice of recording the date and time of opening on most medicine containers.	Substantially compliant

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

STANDARD 38 - MEDICINE RECORDS **Medicine records comply with legislative requirements and current best practice.**	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Overall, 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: • the writing and updating of personal medication records and handwritten medication administration record entries involves two members of trained staff • obsolete records are securely archived and are ready retrievable to facilitate the inspection • separate administration records are maintained to clearly document the site of location of controlled drug patches • there are arrangements in place to remind staff of the next date of administration of monthly injections • separate records are maintained which detail the prescribing and administration of analgesic medicines prescribed on a 'when required' basis.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and these were found to be mostly satisfactory. The good standard of record keeping was acknowledged.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

The personal medication records were well maintained in the residential unit. In the general nursing unit, some improvements are necessary in the maintenance of these records. Although it was acknowledged that there is a system in place to cross-reference personal medication records and medication administration records (MARs) each month, this does not always include external preparations and a recommendation has been made. A small number of personal medication record entries required updating and was discussed with the registered nurse. Whilst most of the (MARs) were well maintained, there were occasional gaps in the records in the general nursing unit. The audit trails indicated the medicine had been given, but had not been signed. It was also noted that the code F had been recorded; this was not always clearly defined on the MARs. The registered nurses clarified this at the inspection. These issues were discussed with the registered nurses and registered manager and it was agreed that these would be discussed with all registered nurses after the inspection. In the general nursing unit, one patient's medicines could not be audited, as the records of the receipt of medicines at the time of admission where incomplete. The need to maintain an accurate record of all incoming medicines was emphasised.	
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:	
Schedule 2 controlled drugs were not prescribed for any patients during the inspection.	Not applicable

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

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. The temperature of the treatment rooms and medicine refrigerators are monitored and recorded on a daily basis. With the exception of the treatment room temperature in the residential unit, records indicate that satisfactory temperatures had been achieved. The registered manager must make the necessary arrangements to ensure that the treatment room temperature in the residential unit does not exceed 25°C. Medicine storage areas are tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Medicine refrigerator temperatures are recorded on a daily basis, and recorded temperatures were within the accepted range of 2°C to 8°C for medicines which required cool storage. A small number of medicines which must be stored at room temperature were removed from the medicine refrigerators during the inspection and this was discussed with the registered nurses and registered manager. Oxygen is stored in each treatment room. Oxygen signage is in place. Stock levels are included in the weekly checks. Staff are reminded that the mask and tubing must be covered when not in use. Dates and times of opening were routinely recorded on limited shelf-life medicines and blood glucometer solutions to facilitate disposal at expiry.	Substantially compliant

STANDARD 39 - MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse/ senior care staff in charge of the unit. The registered manager is responsible for the management of spare medicine 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 were not prescribed or held in stock at the time of the inspection. Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility and records of balance checks were inspected and found to be satisfactory. The good practice of maximising the security of Schedule 4 and some Schedule 5 controlled drugs and including these in the daily stock reconciliation checks was acknowledged.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The management of distressed reactions for patients/residents who are prescribed anxiolytic medicines on a 'when required' basis was examined. The personal medication record, care plan, daily notes and medicine administration record were reviewed. In the residential unit, these records were well maintained. In the nursing units, it was noted that care plans were not in place and some records were incomplete and this was discussed with the registered manager at the inspection. The need to record the reason for and the outcome of the administration of the anxiolytic medicine was emphasised. The registered manager should review the management of distressed reactions in the nursing units to ensure care plans are in place and details regarding the reason and outcome of the administration are recorded on every occasion. A recommendation has been made.

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It was noted that some of these anxiolytic medicines had been administered on a daily or frequent basis in the nursing dementia unit. It was recommended that the prescriber should be consulted regarding the regular use of the 'when required' medicine.

Thickening agents

The records pertaining to the use of for thickening agents were examined. A care plan and speech and language therapist report is in place.

In the residential unit, the records of prescribing, receipt and administration were well maintained. However, in the nursing units, there was no evidence of the administration of thickened fluids by care staff. It is acknowledged that a fluid intake chart is maintained, however, this does not indicate if the fluid has been thickened and there is no reference to the consistency level required for the patient. This must be reviewed. The requirement made at the previous medicines management inspection has been restated.

8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Elaine Allen**, **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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

GARVAGH CARE HOME
26 JUNE 2014

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

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

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	A complete record of the administration of thickening agents must be maintained The method of recording the administration of thickening agents should be consistent across the home. **Ref: Sections 5.0 & 7.0**	Two	Home Manager has reviewed the recording systems in place. This is cosnsistent across the home. Thickeneing agents are recorded on central prescription record , MARS and Fluid Balance Chart	27 July 2014
2	13(4)	The registered manager must review the arrangements for the disposal of medicines to ensure they meet with the waste regulations for nursing homes. **Ref: Criterion 37.6**	One	Arrangements have been reviewed and as advised by the RQIA Pharmacy Inspector disposal ofmedicines in the residential unit are in keeping with the other two nursing units as per waste regulations.	27 July 2014
3	13(4)	With regard to the external preparations in the nursing units, the registered manager must ensure that the personal medication records are up to date and accurate at all times. **Ref: Criterion 38.2**	One	Home Manager has reinforced with nursing staff that TMAR, MARS and Prescription Record must correlate. Home manager has introduced monthly audit of same.	27 July 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 make the necessary arrangements to ensure that the treatment room temperature in the residential unit does not exceed 25°C. **Ref: Criterion 39.1**	One	Temperature continues to be monitored staff advised to inform Home Manager if temperature in excess of 25c.	27 July 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should closely monitor the administration of liquid medicines. Any further discrepancies should be investigated and reported to RQIA. **Ref: Criterion 37.1**	One	Liquid medicines are monitored and any discerpancies reported will be investigated and reported to the RQIA	27 July 2014
2	37	The registered manager should develop the auditing system to ensure nutritional supplements are included. **Ref: Criterion 37.7**	One	Monthly audit of supplements commenced.	27 September 2014
3	37,38	The registered manager should review the management of distressed reactions in the two nursing units to ensure that care plans are in place, the reason for the administration and the outcome of the administration are recorded on every occasion. **Ref: Section 7.0**	One	Care plans updated/implemented to reflect the PRN use of Diazepam .Staff continue to record PRN use on reverse of MARS and document in progress notes outcome.	27 July 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	In relation to the nursing dementia unit, the registered manager should refer the frequent administration of medicines prescribed for distressed reactions to the prescriber. **Ref: Section 7.0**	One	On review of same in agreement with GP , medication now prescribed nocte.	27 July 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	Elaine Allen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall CAROL COUSINS DIRECTOR of OPERATIONS.

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			5/8/14
B.	Further information requested from provider				