NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18426**
Establishment ID No:	**1419**
Name of Establishment:	**Cove Manor**
Date of Inspection:	**4 June 2014**
Inspector's Name:	**Judith Taylor**

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

Name of home:	Cove Manor
Type of home:	Nursing Home
Address:	89 Mullanahoe Road Ardboe Dungannon BT71 5AU
Telephone number:	(028) 8673 6349
E mail address:	office@covemanor.co.uk
Registered Organisation/ Registered Provider:	Cove Manor Care Home Ltd/ Mr Sean McCartney
Registered Manager:	Mrs Madge Quinn
Person in charge of the home at the time of inspection:	Mrs Madge Quinn
Categories of care:	NH-PH, NH-I, NH-DE, RC-I, RC-MP(E), RC-PH(E)
Number of registered places:	31 permanent and 3 day care
Number of persons accommodated on day of inspection:	29 (20 x patients) (9 x residents)
Date and time of current medicines management inspection:	4 June 2014 10:00 – 16:25
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	21 October 2011 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Mrs Madge Quinn, Registered Manager, and Mr Sean McCartney, Registered Provider
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

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

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

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

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Cove Manor is a nursing home which is situated in the village of Ardboe, County Tyrone. It is close to local shops, churches, and the Community Parish Centre.

The home is registered to care for people in the following categories of care:

Nursing Care

- NH - I: Old age not falling within any other category
- NH - PH: Physical Disability other than sensory impairment
- NH - DE: Dementia (3 identified patients)

Residential Care

- RC - I: Old age not falling within any other category
- RC - MP (E) Mental Disorder excluding learning disability over 65 years
- RC - PH (E) Physical Disability other than sensory impairment

The home is also approved to provide day care for three service users.

Cove Manor comprises single and double bedrooms, a choice of sitting rooms, conservatory, visitors room, dining room, washing/toilet facilities, kitchen, laundry, staff accommodation and offices.

There is adequate car parking facilities in the grounds of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Cove Manor was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 4 June 2014 between 10:00 and 16:25. 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 Madge Quinn and the registered provider, Mr Sean McCartney. 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 Cove Manor are moving towards compliance with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found some areas which require attention; mainly the management of controlled drugs and the disposal arrangements for medicines.

The three requirements and three recommendations made at the previous medicines management inspection on 21 October 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 two recommendations had been complied with, and the remaining requirement and recommendation have been assessed as substantially compliant.

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

Written policies and procedures for medicines management are in place. The procedures regarding the disposal of medicines should be reviewed to ensure these meet with the waste regulations.

A significant improvement is required in the management of controlled drugs. The controlled drug cabinet must meet with the legislative requirements, records of disposal must be fully maintained and stock reconciliation checks should be performed and recorded at each handover of responsibility of the controlled drug key. An investigation into the disposal of two controlled drugs is necessary and a written report of the findings and action taken must be forwarded to RQIA. Written standard operating procedures for the management of controlled drugs should be developed and implemented.

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

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

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.

Practices for the management of medicines are audited on regular basis. The outcomes of the majority of audit trails performed on a variety of randomly selected medicines at the inspection indicated that the medicines had been administered in strict accordance with the prescribers' instructions. These satisfactory outcomes are acknowledged. However, discrepancies were observed in a small number of medicines, and further details are required regarding one patient's medicines. A written report detailing the findings and outcomes must be forwarded to RQIA.

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 disposal were identified.

The administration of bisphosphonate medicines must be reviewed to ensure these are administered in accordance with the manufacturer's instructions.

Medicines are stored safely and key control was appropriate. The management of insulin pen devices must be reviewed.

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

The inspector would like to thank the registered persons 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 21 October 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Close monitoring of the administrations of ranitidine liquid, Nystan suspension and Calfovit D3 sachets is required to ensure these medicines are administered as prescribed, on every occasion. Any further discrepancies must be investigated and reported to RQIA Belfast Office. **Stated once**	The completed QIP from the previous medicines management inspection stated that systems were in place to closely monitor these medicines. Nystan suspension and ranitidine liquid were not prescribed for any patients at the time of the inspection. The outcomes of the audit trails performed on Calfovit D3 sachets showed no further discrepancies.	**Compliant**
2	13(4)	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded • the reason for any non-administration is recorded • a record of each administration of thickening agent is maintained. **Stated once**	An improvement was observed in the standard of maintenance of medication administration records. The majority of medicines had been administered as prescribed (see criterion 37.1), reasons for non-administration are usually recorded and the administration of thickening agents is recorded.	**Substantially compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The management of external preparations must be reviewed, to ensure records of administration are fully and accurately maintained at all times. **Stated once**	An improvement was evidenced at this inspection. A new recording system had been implemented for care staff to document the administration of emollients and barrier creams.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Training in the maintenance of records for the administration of medicines, should be provided for nursing staff and designated care staff. A list of the names, signatures and initials of designated care staff should be maintained. **Stated once**	Records of training and a list of the names, signatures and initials of designated care staff are maintained and were available for inspection.	**Compliant**
2	37	The audit process for medicines should be further reviewed to ensure that: • The date of opening is recorded for all bottles of lactulose liquid. • A variety of nutritional supplements is included every month. • Records of the administration of external medicines and thickening agents are included every month. **Stated once**	The audit process had been further developed to include each of these areas identified for improvement. The date of opening was recorded on lactulose liquid. A separate sheet to record the administration of nutritional supplements is now in place and is used as part of the audit process. The registered manager confirmed that records completed by care staff are reviewed at least monthly.	**Compliant**
3	39	The necessary arrangements should be made to ensure that staff are familiar with the correct storage temperature of medicines. **Stated once**	With the exception of one bottle of eye drops, all medicines were being stored at the correct temperature. A list of medicines which require cold storage is available in the treatment room.	**Substantially 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 management of controlled drugs and in the disposal arrangements for medicines. 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 must investigate the observations made in Patient A's medicines – codeine, tramadol and diazepam; a written report of the findings and action taken must be forwarded to RQIA. The registered manager must closely monitor the administration of lactulose liquid for Patient B and Symbicort inhaler for Patient C; any further discrepancies must be investigated and reported to RQIA. Two requirements have 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. There had been no recent 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. The registered manager confirmed that an up to date medicine list is kept in the home. The management of warfarin was examined. Warfarin dosage regimes are received by telephone and are also confirmed in writing. A separate warfarin administration record is maintained and includes a daily stock balance record for warfarin.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicines management policy and procedures covered most areas relating to the use and control of medicines. The policies and procedures for the management of the disposal of medicines should be further developed to ensure these meet with the waste regulations for nursing homes. A recommendation has been made. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. It is recommended that these are developed and implemented. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures: • Ordering, transport and receipt • Safe storage • Administration • Disposal • Record keeping • Management of errors and incidents.	Substantially 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. Registered nurses had been provided with general update training in March 2014 and training in the management of enteral feeding and medicines via the enteral route had been provided in January 2014. Care staff are responsible for the administration of external preparations and thickening agents. Training had been provided after the previous medicines management inspection in 2011, and recent training regarding thickening agents had been provided last year. Refresher training in external preparations is to be arranged. Staff competencies in medicines management are assessed annually; this activity had been undertaken in March 2014. A list of the names, signatures and initials of registered nurses 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 supervision, observation of practice and from the outcomes of audit trails. Staff appraisal is undertaken at least annually and one to one supervision is held every three to six months. Records of this activity were provided at the inspection.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: **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. There had been no reportable incidents since the previous medicines management inspection.	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. Any medicines which are deemed unsuitable or are discontinued, are either destroyed in the home in a denaturing kit and sent to a clinical waste company (patient returns) or are returned to the community pharmacy (resident returns). 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. Staff confirmed that all discontinued controlled drugs (patient returns) are denatured prior to disposal. The medicines should be placed into a clinical waste bin by two members of designated staff and both staff should sign the record of disposal. A recommendation has been made. It was advised that a copy of the waste transfer note from the clinical waste company should be attached to the disposal of medicines record. It was found that controlled drugs and other medicines are placed into the denaturing kit, however, the kit is not filled with liquid at that time, only when the kit is full. Denaturing kits should only be used to dispose of controlled drugs and are intended for single use. This was further discussed with the registered manager and registered provider and advice was given with reference to 'The Disposal of Medicines in Nursing Homes – A Guide to Good Practice' (RQIA, 2011). The arrangements for the disposal of medicines in Cove Manor must be reviewed and revised to ensure they meet with The Controlled Waste Regulations (Northern Ireland) 2002. A requirement has been made.	Moving towards compliance

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:	
Audit trails are performed on a nightly basis, by the registered manager and registered nurses. The system aims to ensure that each patient's medicines are audited at least monthly. Running stock balances are maintained for warfarin, analgesics and diazepam. This is good practice. Nutritional supplements are also included in the audit process. 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. The audit process is readily facilitated by the good practice of maintaining a permanent record of the date and time of opening for the majority of medicines. The registered manager was advised that the areas identified for improvement in relation to the management of controlled drugs and the disposal of medicines should be included in the audit process.	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:	
The majority of medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Further attention is necessary in the maintenance of some medicine records as detailed below in Criterion 38.2.	Substantially 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. Areas for improvement were noted and discussed. <u>Personal medication records</u> Most of these records had been maintained in the required manner. However, the registered manager should ensure that two staff are involved in the writing and updating of personal medication records. It was acknowledged that this occurred on some but not all occasions. This is best practice and should be implemented. A recommendation has been made.	Moving towards compliance

STANDARD 38 - MEDICINE RECORDS

In the instances where the personal medication record had been handwritten, it was noted that the strength of the medicine was recorded in the dosage column. The dosage column should indicate the number of doses required e.g. one, two, 5mls, 10mls. This issue was not observed in the records which had been typed. A recommendation has been made. <u>Medication administration records</u> These records had been maintained in a largely satisfactory manner. However, there was evidence that code-copying had occurred on a small number of occasions and this was discussed with staff at the inspection. The management of bisphosphonates was reviewed. Although there were a few records which stated the patient had received the bisphosphonate at separate times from other medicines as per the manufacturers' instructions, this was not observed for all of the bisphosphonate records audited at the inspection. This was further discussed and a requirement has been made. A variable dose is prescribed for some medicines i.e. one or two tablets; some of the audits could not be concluded as the actual quantity administered had not been recorded. This must be recorded on every occasion. The registered manager should monitor the records of administration pertaining to variable doses as part of the audit process. A recommendation has been made. In accordance with best practice, where medicated patches/plasters are prescribed, staff should document the site of administration of the new patch/plaster and the removal of the old patch/plaster; this was discussed with staff. <u>Receipt of medicines records</u> The outcomes of the audit trails indicated these records had been well maintained. The majority of medicines are supplied in seven day blister packs. Each medicine was clearly identifiable and had been recorded individually in the receipt record.	

STANDARD 38 - MEDICINE RECORDS

Disposal of medicines records There was evidence that where medicines are returned to the community pharmacy or are transferred out of the home with the patient, this is recorded in the disposal of medicines record. In the instances where medicines are destroyed by the home in the denaturing kits, this is not routinely recorded in the disposal of medicines record. A record of the disposal of all medicines must be maintained. A requirement has been made.	
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 at the time of the inspection. A review of the controlled drug record book indicated that improvements are needed in the record keeping and disposal of controlled drugs. The controlled drug book is bound; however, several pages had been added as the book was completed. These pages were not numbered and a few were loose; advice was given. A new bound book was made available at the inspection. It was noted that four controlled drugs which had been discontinued, were not recorded in the disposal of medicines records. Two controlled drugs were located in a locked drawer in the office; these had been intended for return to the community pharmacy. These were checked and the stock balances matched those recorded in the controlled drug record book and therefore no discrepancy was observed. These controlled drugs were placed in the controlled drug cabinet at the time of the inspection. The registered manager must investigate the management of the other two controlled drugs (Durogesic and BuTrans patches) and forward a written report of the findings and action taken to RQIA. A requirement has been made.	Moving towards compliance

STANDARD 38 - MEDICINE RECORDS

Quantities of the current stock of controlled drugs, stored in the controlled drug cabinet, matched balances recorded in the controlled drug record book. Staff are reminded that stock balances in the controlled drug record book should be brought to zero when the complete supply of a controlled drug is transferred out of the home. Due to the observations also made in Criteria 37.1, 37.6, 39.1 and 39.3, the registered manager must ensure that robust arrangements in place for the management of controlled drugs at all times. A requirement has been made.	

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:	
Overall, medicines are stored safely and securely and in accordance with the manufacturer's instructions. One eye drop which required cold storage was stored at room temperature and this was addressed during the inspection. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Appropriate arrangements are in place for the stock control of medicines. There are satisfactory systems to ensure that all medicines are available for administration as prescribed. Controlled drugs subject to the Safe Custody Regulations are being stored in a locked metal cabinet. This cabinet does not meet with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973. The registered manager advised that a replacement lock for the other controlled drug cabinet was being sourced. The registered manager must confirm that controlled drugs which are subject to the Safe Custody Regulations are stored in a cabinet which meets with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973. A requirement has been made. Medicine refrigerator temperatures are recorded on a daily basis, and recorded temperatures were within the accepted range of 2^{o}C to 8^{o}C for medicines which required cold storage. Oxygen is stored and managed appropriately and signage is in place. Dates and times of opening were routinely recorded on some but not all limited shelf-life medicines. This was not recorded on two insulin pen devices and one of the insulin pen devices was not labelled. The registered manager must put robust arrangements in place for the management of insulin pen devices. A requirement has been made.	Moving towards compliance

STANDARD 39 - MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug cabinet key is held by the registered nurses in charge of the shift. Appropriate arrangements are in place for the management of spare 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:	
Although the stock balance records for controlled drugs correlated with the quantity held in stock, there was no evidence that Schedule 2 and Schedule 3 controlled drugs which are subject to the safe custody requirements are reconciled at each handover of responsibility. The registered manager advised that registered nurses check the temazepam (Schedule 3) each morning when two registered nurses are on duty. The BuTrans patches (Schedule 3) are checked each week at the time of administration only. It was advised that a registered nurse and another member of trained staff could partake in stock reconciliation checks and a second staff member should be present at each dispensing of controlled drugs for administration. From cross-reference with the controlled drug record book and the disposal of medicines book, it was noted that stock of previously held Schedule 2 and Schedule 3 controlled drugs had not been checked from the date of discontinuation to the date of transfer or disposal. These checks should be undertaken until responsibility is transferred. The registered manager should ensure that stocks of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements, are reconciled on each occasion when responsibility for safe custody is transferred. i.e. each shift change, and that records are maintained. A recommendation has been made.	Not compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines prescribed for distressed reactions

A number of patients are prescribed medicines on a 'when required' basis for distressed reactions. Three patients' records were examined. A care plan is not in place and this was discussed. The parameters for administration are clearly recorded on the personal medication records. Records of each administration are maintained, however, the reason for the administration and the outcome of the administration had not been recorded. It was noted that some of these medicines had been administered on a daily or frequent basis. It was recommended that the prescriber should be consulted regarding the regular use of the 'when required' medicine.

The registered manager should review the management of distressed reactions 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.

Thickening agents

The records for thickening agents were examined at this inspection. Care plans, speech and language therapist reports and records of the prescribing, receipt and administration are maintained.

The required consistency level of thickened fluid is not recorded on the personal medication record and it was agreed that this would be recorded. A specific chart for each patient prescribed a thickening agent has been developed. This is completed by care staff and includes procedures for the administration of thickening agents and the patient's required consistency level.

Management of medicines administered via enteral feeding tubes

One patient is administered medicines via an enteral feeding tube. The personal medication record included the name of the enteral feed, the daily dose and the appropriate route of administration of medicines. Written policies and procedures are in place and registered nurses had received training. There was evidence of written instructions from the health care professional to administer the medicines 'via PEG'.

The patient's fluid intake is recorded and indicates that the administration of medicines is accompanied by flushes of water. The total daily fluid intake is recorded and cross-referenced with the requirements in the dietician's report.

Blood glucometers

Blood glucometers are in use in this home. The registered manager confirmed that quality control checks are performed on a regular basis by designated staff and control solutions are replaced once the expiry date has been reached.

Administration of medicines prescribed for Parkinson's disease

For patients who are prescribed medicines for Parkinson's disease, the registered manager should implement a system to ensure medicine administration is not delayed for more than 15 minutes from the time prescribed. It was agreed that this would be discussed with all registered nurses after the inspection.

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 Madge Quinn**, **Registered Manager** and **Mr Sean McCartney**, **Registered Provider**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

COVE MANOR
4 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 Madge Quinn, Registered Manager**, and M**r Sean Mc Cartney**, Registered Provider, 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)	The registered manager must investigate the observations made in codeine, tramadol and diazepam prescribed for Patient A; a written report of the findings and action taken must be forwarded to RQIA. **Ref: Criterion 37.1**	One	Report returned to RQIA	5 July 2014
2	13(4)	The registered manager must closely monitor the administration of lactulose liquid for Patient B and Symbicort inhaler for Patient C; any further discrepancies must be investigated and reported to RQIA. **Ref: Criterion 37.1**	One	ONGOING	5 July 2014
3	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	The policy and prodeures for waste disposal of medicines has been reviewed and updated.	5 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 put robust arrangements in place for the management of bisphosphonate medicines. **Ref: Criterion 38.2**	One	The management of medicines policy has been reviewed and updated	5 July 2014
5	13(4)	The registered manager must ensure that a record of the disposal of each medicine is maintained. **Ref: Criteria 38.2 & 38.3**	One	Ongoing	5 July 2014
6	13(4)	The registered manager must investigate the management of two controlled drugs (Durogesic and BuTrans); a written report of the findings and action taken must be forwarded to RQIA. **Ref: Criterion 38.3**	One	Report returned to RQIA	5 July 2014
7	13(4)	The registered manager must ensure that robust arrangements are in place for the management of controlled drugs at all times. **Ref: Criteria 37.1,37.6, 38.3, 39.1 & 39.3**	One	The policy and procedures for the management of controlled drugs has been reviewed and updated.	5 July 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13(4)	The registered manager must confirm that controlled drugs which are subject to the safe custody regulations are stored in a cabinet which meets with the Misuse of Drugs (Safe Custody) (NI) Regulations 1973. **Ref: Criterion 39.1**	One	Confirmed	5 July 2014
9	13(4)	The registered manager must put robust arrangements in place for the management of insulin pen devices. **Ref: Criterion 39.1**	One	The procedure for the management of insulin pens has been reviewed and updated.	5 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 further develop the disposal of medicines policy and procedures to ensure these meet with the waste regulations. **Ref: Criterion 37.2**	One	The policy and prodeures for waste disposal of medicines has been reviewed and updated.	5 September 2014
2	37	The registered manager should develop and implement written standard operating procedures for the management of controlled drugs in Cove Manor. **Ref: Criterion 37.2**	One	The procedures surrounding the management of controlled drugs has been reviewed and updated.	5 September 2014
3	37	The registered manager should ensure that any medicines which are deemed unsuitable or are discontinued are disposed of in the clinical waste bin by two members of designated staff and both staff should sign the record of disposal. **Ref: Criterion 37.6**	One	ongoing	5 July 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The registered manager should ensure that two staff are involved in the writing and updating of personal medication records on every occasion. **Ref: Criterion 38.2**	One	ongoing	5 July 2014
5	38	The registered manager should review the writing of personal medication records to ensure the dosage column clearly states the number of doses prescribed. **Ref: Criterion 38.2**	One	ongoing	5 July 2014
6	38	The registered manager should ensure the audit process includes the monitoring of medicine administration records pertaining to variable doses. **Ref: Criterion 38.2**	One	The audit process has now been updated	5 July 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	39	The registered manager should ensure that stocks of Schedule 2 and Schedule 3 controlled drugs which are subject to safe custody requirements are reconciled and recorded on each occasion when the responsibility for safe custody is transferred. **Ref: Criterion 39.3**	One	ongoing	5 July 2014
8	37	The registered manager should refer the frequent administration of 'when required' medicines prescribed for distressed reactions to the prescriber. **Ref: Section 7.0**	One	Prescriber will be notified .	5 July 2014
9	37	The registered manager should review the management of distressed reactions to ensure care plans are in place and the reason for the administration and outcome of the administration are recorded on every occasion. **Ref: Section 7.0**	One	Care plans in place and reason for administration will be noted on medicine Kardex.	5 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	Madge Quinn
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sean McCartney

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Frances Gault	28/7/14
B.	Further information requested from provider				