NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018435**
Establishment ID No:	**1432**
Name of Establishment:	**Galgorm**
Date of Inspection:	**14 October 2014**
Inspector's Name:	**Judith Taylor**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Galgorm
Type of home:	Nursing Home
Address:	90 Galgorm Road Ballymena BT42 1AA
Telephone number:	(028) 2565 1365
E mail address:	galgorm@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Mrs Lisa McDonald (registration pending)
Person in charge of the home at the time of Inspection:	Mrs Lisa McDonald
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI, RC-I, RC-PH, RC-PH(E)
Number of registered places:	35
Number of patients accommodated on day of inspection:	30
Date and time of current medicines management inspection:	14 October 2014 10:40 – 16:45
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	5 September 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 Lisa McDonald, Nurse 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) 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

Galgorm is a nursing home which is situated on the Galgorm Road within close proximity to Ballymena town centre. It is one of a number of homes operated by Four Seasons Health Care. The current manager is Mrs Lisa McDonald.

Galgorm was first registered as a nursing home on 2 March 1992 and subsequently re-registered to allow social care residents to be accommodated. The home is a substantial two storey building which has been extensively developed and extended to accommodate 35 persons.

There are four double and 27 single bedrooms. Access to the first floor is via a passenger lift and stairs.

There are adequate numbers of sitting/dining rooms and toilet, bathroom/shower facilities. These are appropriately located throughout the home.

Catering and laundry services are provided by the home. Car parking facilities are available within the grounds.

The home is registered to provide care under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years
TI	terminally ill

Residential care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
PH(E)	physical disability other than sensory impairment over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Galgorm was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 14 October 2014 between 10:40 and 16:45. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

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

During the course of the inspection, the inspector met with the nurse manager of the home, Mrs Lisa McDonald and with the registered nurses on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

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

The two requirements and two recommendations made at the previous medicines management inspection on 5 September 2011 were examined during the inspection. The outcomes of compliance can be observed in Section 5.0 of the report. One requirement and one recommendation have been complied with. The remaining requirement has been assessed as moving towards compliance and is in part, restated. The remaining recommendation has been assessed as not compliant 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 and any intelligence that may be received from trusts and other sources.

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

During the inspection it was noted that one medicine (cyclizine suspension) had been out of stock for eight days. An urgent action letter was written at the inspection requiring the register person to investigate this matter and provide a written report of the findings and action taken by 16 October 2014. A response was received on 15 October 2014 and the medicine was delivered to the home on 14 October 2014.

Policies and procedures for the management of medicines and written standard operating procedures (SOPs) for controlled drugs are in place.

There is ongoing medicines management training for registered nurses. Other medicines management training is provided as needed. Training is provided for care staff who are responsible for the administration of external preparations and thickening agents. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

The management of controlled drugs must be reviewed in relation to record keeping and administration.

Satisfactory arrangements are in place for the management of bisphosphonate medicines.

The standard or maintenance of medicine records must be reviewed to ensure these are fully and accurately maintained. In particular improvement is required in the completion of personal medication records. Robust arrangements must be put in place for the management of external preparations.

The procedures for transcribing medicines information on medicine records should be reviewed to ensure that two trained members of staff are involved in this process on every occasion.

The management of distressed reactions should be reviewed to ensure the relevant records are being maintained.

The majority of medicines are stored safely and securely. The management of medicines which require cold storage must be reviewed.

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

The inspector would like to thank the nurse 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 5 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The flow rate and quantity of enteral feed must be accurately recorded on the patient's personal medication record. **Stated once**	The personal medication record clearly stated the name of the enteral feed, the flow rate and the time to administer the enteral feed.	**Compliant**
2	13(4)	The maintenance of medicine administration records must be reviewed to ensure that: • the time of administration of bisphosphonate medicines is accurately recorded • records of the administration of external preparations are fully completed. **Stated once**	Examination of a sample of medication administration records indicated improvement in the management of bisphosphonates. The time of administration was accurately recorded. However, records of the administration of external preparations were incomplete. **One element of the requirement is restated**	**Moving towards compliance**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	All handwritten updates on medicine records should involve two members of staff. **Stated once**	This practice has not been embedded in the home. Examination of the medicine records indicated that most of the handwritten entries on personal medication records, warfarin administration records and medicine administration records involve one member of staff only. **This recommendation is restated**	**Not compliant**
2	39	A risk assessment should be undertaken to ensure appropriate storage of external preparations stored in patients' bedrooms. **Stated once**	A risk assessment had been undertaken and copy of this is displayed in the treatment room. The nurse manager confirmed that the storage of external preparations in patients' bedrooms is monitored through the audit process.	**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. Areas for improvement in record keeping and storage were identified. The outcomes of the majority of audit trails which were performed on a variety of medicine formulations showed good correlation between prescribed directions, administration records and stock balances of medicines. For a patient, it was noted that one medicine (cyclizine suspension) had been out of stock since 6 October 2014; this had been administered three times daily prior to 6 October 2014. This had not been brought to the nurse manager's attention. An urgent action letter was written at the inspection and the registered provider was requested to investigate this matter and provide a written report of the findings and action taken by 16 October 2014. Written details including the procedures implemented to prevent a recurrence were received by RQIA on 15 October 2014; the medicine had been supplied later on the evening of 14 October 2014. There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. The process for the ordering and receipt of medicines was reviewed. The nurse manager advised that prescriptions are received into the home and checked before being forwarded to the community pharmacy for dispensing. This is best practice and meets with the HSC Board recommendations.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

The management of warfarin was examined. Warfarin dosage regimes are confirmed by facsimile. Only one registered nurse is involved in recording new regimes onto the warfarin administration records. It is recommended that this process should involve two members of staff to ensure accuracy of transcribing. A daily stock balance record for warfarin is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection. Improvements were noted in the administration of bisphosphonate medicines. The time of administration indicated that the medicine had been administered separately from food or other medicines in accordance with the manufacturers' instructions.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The nurse manager confirmed that written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. These were not examined at this inspection.	Compliant
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The nurse manager provided evidence to indicate that she maintains a record of the training and development activities completed by the registered nurses and care staff in relation to the management of medicines. The registered nurses had recently received training in the management of syringe drivers and general medicines management. Training in enteral feeding and the administration of medicines via this route was completed in September 2013. Care staff had received update training on the administration of external preparations in October 2014 and thickening agents in April 2014. Staff competencies in medicines management are assessed annually and this activity is recorded. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are arrangements in place to evaluate the impact of medicines management training on the registered nurses and care staff. This occurs through annual appraisal and supervision every three months.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The nurse manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the company's policies and procedures. Details of two recent incidents were discussed at the inspection.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into a special waste container by one registered nurse. In accordance with best practice, two members of trained staff should be involved in this process and both should sign the disposal record. A recommendation is made. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. A copy of the waste transfer note is attached to the disposal record. This is good practice. The registered nurses confirmed that controlled drugs are denatured prior to disposal.	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:	
The management of medicines is audited at weekly and monthly intervals by registered nurses and the nurse manager. As part of this audit process, registered nurses record running stock balances for medicines which are not supplied in 28-day monitored dosage packs. This is good practice. A carried forward stock balance is also recorded at the beginning of each new medicine cycle and readily facilitates the audit process. Due to the observations made in the record keeping as detailed in Criterion 38.2, the audit process should be further developed to include this area of medicines management.	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:	
The majority of medicine records were legible and had been constructed and completed to ensure a clear audit trail. Some improvements are required as detailed below.	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. Improvements are necessary in the completion of the following records: <u>Personal medication records (PMRs)</u> The sample of PMRs selected at the inspection indicated that a number of these were not up to date and accurate. Staff rely on the medicine information on printed/handwritten medication administration records (MARs). There were several occasions, where the medicine entries on the PMR and corresponding MARs did not correlate. Both of these records must match. As other healthcare professionals may refer to PMRs, these records must be kept up to date at all times. Significant improvement is required to ensure that all currently prescribed external preparations are recorded on the patients' personal medication records.	Moving towards compliance

STANDARD 38: MEDICINE RECORDS

When new medicine details are transcribed onto PMRs, a signature from the staff member is not recorded. This process should involve two members of trained staff, one to record the details and the other to witness the accuracy of the transcription. Both staff should initial the entry. The issue had been raised before and the recommendation is restated. It is recommended that PMRs and MARs are checked for accuracy at the beginning of each medicine cycle. The standard of maintenance of personal medication records must be reviewed to ensure these are fully and accurately maintained at all times. A requirement is made. <u>Medication administration records (MARs)</u> Whilst there was evidence that the MARs had been well maintained for the majority of medicines, this was not evidenced for external preparations. Where an entry was recorded on the MARs, the registered nurses had coded the entry to infer that the care staff had administered the external preparation. However, there was little evidence that the records completed by the care staff, correlated with the PMR or MAR entry. This must be reviewed. A system should be put in place to oversee the completion of medicine records by care staff. Robust arrangements must be put in place for the management of external preparations. The issue had been raised at the previous medicines management inspection and the requirement is restated. The good practice of maintaining a separate chart to record the patient's blood monitoring and administration of insulin was acknowledged. It is recommended that staff should ensure that the dosage regimen which is recorded on this chart is initialled by two members of trained staff to ensure accuracy of the transcription. In the instances where handwritten MARs entries are necessary, two trained staff should initial the new entry on every occasion. This is the expected practice for the home, but does not always occur. This had been raised at the previous medicines management inspection and the recommendation is restated. <u>Receipt of medicines records</u> The majority of incoming medicines had been recorded appropriately. However, there were no records of the receipt of a small number of medicines. These records must be maintained to ensure a clear audit trail. It was agreed that this would be closely monitored within the audit process.	

STANDARD 38: MEDICINE RECORDS

Disposal of medicines Staff should ensure that the disposal of controlled drugs is also recorded in the disposal of medicines record book on every occasion. (See also Criterion 38.3)	
Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug (CD) record book is used for Schedule 2 and Schedule 3 controlled drugs which require safe custody. Examination of this book indicated that whilst most entries were satisfactory, there was evidence of overwriting and amended entries. The management of errors in the controlled drug record book must be reviewed. For one patient, the actual stock balance of controlled drug patches differed from that recorded in the CD record book. This was discussed and the registered nurse advised that a patch had been administered that morning; however, the registered nurses had not signed the CD record book. This was completed during the inspection. Therefore, there was no actual discrepancy. However, this issue has raised concerns regarding the procedures in place to remove controlled drugs from the controlled drug cupboard, the process for administration and the time of completion of the controlled drug record book. This was discussed with the registered nurses on duty and the nurse manager and must be reviewed. On the occasions when part of the dose of an ampoule is used, a record of the quantity which has been discarded is recorded on some but not all occasions. This must be recorded on every occasion and witnessed by a second member of staff. Staff are reminded that when the complete supply of a controlled drug is denatured/transferred out of the home, the stock balance should be brought to zero on each occasion and a record maintained in the disposal/transfer record book. The management of controlled drugs must be reviewed to ensure robust arrangements are in place. A requirement is made.	Moving towards compliance

STANDARD 38: MEDICINE RECORDS

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

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
The majority of medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Some surplus stocks of laxatives, warfarin, eye drops and analgesics were observed at the inspection. It was agreed that this would be reviewed to ensure that stock is only ordered as the need arises and the community pharmacy is made aware of any surplus stocks. The temperatures of the medicine refrigerator are monitored and recorded twice daily. Two thermometers are in use, one to measure the temperature each morning and the other to measure the temperature each evening. It was noted that both thermometers showed different temperatures. Whilst the records for the current temperature and minimum temperature were within the accepted range of $2^{o}C$ - $8^{o}C$ for medicines which require cool storage, this was not observed for the maximum temperatures, which were frequently recorded between $9^{o}C$ - $12^{o}C$. This must be reviewed. Staff must ensure that any deviation is recognised and reported for corrective action. Robust arrangements must be put in place for the management of cold storage of medicines. A requirement is made. Oxygen is held in the home. Signage is displayed in all areas where it is stored. The chain was not fastened around the cylinders in the treatment room, however, the nurse manager advised that this would be addressed immediately after the inspection, and no further action is required at this time. Dates and times of opening were routinely recorded on medicine containers to facilitate removal and replacement when expiry is reached.	Substantially compliant

STANDARD 39 - MEDICINES STORAGE

Opened sachets of lidocaine plasters were stored on one medicine trolley. These sachets must be sealed immediately after each removal of a plaster, in accordance with the manufacturer's instructions. This was addressed during the inspection. Satisfactory arrangements are in place for the management of blood glucometers.	
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 in charge of the shift. The nurse 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 and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records are maintained. Some Schedule 4 controlled drugs are included in the stock reconciliation checks. This is good practice.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines in distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for one patient. A care plan was not in place and this must be addressed. The parameters for administration were clearly recorded on the personal medication records. The administration of these medicines is infrequent. When administered, there was evidence that the reason for the administration had been recorded on the administration record and also in the daily notes. This is best practice. Staff were advised that the effect of the administration should also be recorded on each occasion.

The management of medicines for distressed reactions should be reviewed to ensure that a care plan is developed and the effect of any administration is recorded. A recommendation is made.

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 daily fluid intake required is recorded in the dietician's report. It was advised that the total daily fluid intake should be recorded to ensure this corresponds with the requirements in the dietician's report. It was agreed that this would be implemented from the date of the inspection onwards.

Parkinson's disease

A small number of patients are prescribed medicines for Parkinson's disease. The nurse manager advised that a care plan for each patient is maintained. The actual time of administration was discussed with regard to the 15 minute time frame per administration. The nurse manager confirmed this would be shared with all registered nurses and the actual time of administration at medicine rounds would be reviewed and recorded.

Thickening agents

The records for thickening agents prescribed for one patient was examined at this inspection. The patient's care plan corresponded with the most recent speech and language therapist report. A record of the prescribing, receipt and administration is maintained.

The required consistency level of thickened fluid is not recorded on the personal medication record or the records of administration which are completed by care staff. This information should be recorded. A recommendation is made.

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 Lisa McDonald**, **Nurse 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:

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Belfast
BT1 3BT

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

GALGORM
14 OCTOBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Lisa McDonald, Nurse Manager**, during the inspection visit. Timescales for completion commence from the date of inspection.

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

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

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

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

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The 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 maintenance of medicine administration records must be reviewed to ensure that: • records of the administration of external preparations are fully completed. **Ref: Section 5.0 & Criterion 38.2**	Two	I can confirm that all medication administration records have been fully updated to reflect the application of external preparations. Topical Medication Application Records are now kept in an individual file and the registered nurse checks their completion.	15 November 2014
2	13(4)	The registered person must investigate the observations made in Patient A's anti-emetic medicine; a written report of the findings and action taken must be forwarded to RQIA. **Ref: Urgent Action letter & Criterion 37.1**	One	Incident was fully investigated and findings forwarded to RQIA. List of "specials" liquid medications received from the pharmacy to ensure staff are fully informed of expected delivery time frames for certain liquid medications.	16 October 2014
3	13(4)	The registered person must make the necessary arrangements to ensure that personal medication records are kept fully and accurately maintained at all times. **Ref: Criterion 38.2**	One	I can confirm that the registered nurses checked all personal medication records and updated same. Maintaining personal medication records accurately is on going on a daily basis.	15 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered person must put robust arrangements in place for the management of controlled drugs as detailed in the report. **Ref: Criteria 38.2 & 38.3**	One	I can confirm that two registered nurses are involved in removing, signing, and administering controlled drugs. Controlled drugs register is completed in detail.	15 November 2014
5	13(4)	The registered person must put robust arrangements in place for the management of medicines which require cold storage. **Ref: Criterion 39.1**	One	I can confirm that the integral fridge thermometer is the only one now in use. the registered nurses reset the fridge on a daily basis. An air conditioning unit has been approved for installation in the Treatment Room.	15 November 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	All handwritten updates on medicine records should involve two members of staff. **Ref: Section 5.0, Criterion 37.1 & 38.2**	Two	All handwritten updates on medicine records now involve two members of staff.	15 November 2014
2	37	The registered person should review the disposal of medicines process to ensure that two members of staff are involved in the disposal of each medicine. **Ref: Criterion 37.6**	One	The disposal of medicines now involve two members of staff. Two signatures evidence this process.	15 November 2014
3	38	The registered person should ensure that personal medication records and medication administration records are checked for accuracy at the beginning of each new medicine cycle. **Ref: Criterion 38.2**	One	On receipt of new cycle registered nurses checked all personal medication records for accuracy. All personal medication records where updated as needed. I can confirm that this practice will be on going at the start of each new cycle.	15 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The registered person should review the management of distressed reactions to ensure the relevant records are being maintained. **Ref: Section 7.0**	One	I can confirm that care plans have been implemented for any resident prescribed medication for distressed reactions, the	15 November 2014
5	38	The registered persons should ensure that the prescribed consistency of thickened fluids is recorded on personal medication records and administration records. **Ref: Section 7.0**	One	I can confirm that the prescribed consistency of thickened fluids is recorded on personal medication records and administration records.	15 November 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	Lisa McDonald
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall JP WATSON DIRECTOR OF OPERATIONS 21/11/14

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

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	**25/11/14**
B.	Further information requested from provider				