NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018431**
Establishment ID No:	**1437**
Name of Establishment:	**Rylands**
Date of Inspection:	**3 September 2014**
Inspector's Name:	**Judith Taylor**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Rylands
Type of home:	Nursing Home
Address:	11 Doagh Road Kells Ballymena BT42 3LZ
Telephone number:	(028) 2589 2411
E mail address:	rylandsprvt@aol.com
Registered Organisation/ Registered Provider:	Mr Trevor Duncan and Mrs Karen Duncan
Registered Manager:	Mrs Valerie Rutherford
Person in charge of the home at the time of Inspection:	Mrs Valerie Rutherford
Categories of care:	Nursing: NH-I, NH-LD, NH-PH, NH-PH(E) Residential: RC-I, RC-MP(E), RC-PH(E)
Number of registered places:	59 (45 x nursing) (14 x residential)
Number of patients accommodated on day of inspection:	56 (43 x nursing) (13 x residential)
Date and time of current medicines management inspection:	3 September 2014 10:20 – 17:30
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	7 April 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 Valerie Rutherford (Registered Manager) and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS 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

Rylands is a single storey, purpose built nursing home pleasantly located in the countryside between the village of Kells and the town of Ballymena. The home is situated on three acres of spacious grounds with a patio area and landscaped gardens. Ample car parking is available.

Bedroom accommodation is provided in single and double rooms and there is a range of communal lounges, dining area, toilets and bathroom and shower facilities.

Ms Valerie Rutherford is the registered manager of the home and has been the registered manager since March 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rylands was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 3 September 2014 between 10:20 and 17:30. 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 Valerie Rutherford and with staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Rylands are moving towards compliance with legislative requirements and best practice guidelines.

The four requirements and three recommendations made at the previous medicines management inspection on 7 April 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. One requirement has been assessed as substantially compliant, two as not compliant and one has been carried forward for examination at the next inspection. All of the recommendations had been complied with.

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.

The outcomes of this inspection indicated that whilst some areas of the management of medicines are maintained in accordance with legislative requirements, DHSSPS standards and professional guidance, and areas of good practice were noted; a number of areas for

improvement were identified and discussed with the registered manager. This included record keeping, storage and the governance arrangements for medicines management. The registered manager gave assurances that each of the issues would be addressed.

There is ongoing medicines management training for registered nurses / senior care staff. Other medicines management training is provided as needed. Where care staff are responsible for the administration of external preparations and thickening agents, records of training and competency had been completed. Staff training in the management of the storage of medicines should be provided.

The management of controlled drugs with regard to record keeping and stock reconciliation should be closely monitored.

The outcomes of the majority of audit trails indicated that medicines had been administered as prescribed. However, some discrepancies in the administration of medicines were observed and discussed. All medicines must be administered in accordance with the prescribers' instructions. An urgent actions letter was written at the inspection and the registered manager must investigate the observations made in the management of nutritional supplements for one patient. A written report of the findings and action taken must be forwarded to RQIA.

Although it is acknowledged that a system is in place to audit medicine management, this is not effective in identifying the areas for improvement which were noted at the inspection. The audit process must be further developed to ensure it covers all aspects of medicines management.

The storage arrangements for medicines must be reviewed. A robust system for the cold storage of medicines is not in place; expired medicines must be removed from stock once expiry is reached.

The inspection attracted a total of nine requirements (which includes two restated requirements and one carried forward requirement) and four recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

Following the inspection Frances Gault, Senior Pharmacist Inspector, RQIA, was contacted to discuss the inspection outcomes. It was agreed that RQIA would give the registered manager a short period of time to address the issues raised at the inspection and a monitoring inspection would be undertaken to ensure compliance with legislative requirements and best practice. The registered manager and registered provider were advised that if the necessary improvements were not achieved and sustained, further enforcement action may be necessary.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 7 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must increase the level of audit activity on asthma-treatment medicines and nutritional supplements, in order to ensure compliance with the prescribers' instructions. **Stated once**	There was no evidence of regular auditing activity on asthma-treatment medicines or nutritional supplements. Discrepancies were observed in two inhaled medicines and the findings made in one patient's prescribed nutritional supplements require investigation. **This requirement is restated**	**Not compliant**
2	13(4)	The following improvements must be made in the standard of maintenance of the receipt of medicines record: • The dates of receipt of medicines must always be recorded; and, • The receipts of nutritional supplements must always be accurately recorded. **Stated once**	With the exception of a small number of medicines, a record of receipt had been maintained for each medicine.	**Substantially compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	Items with short shelf lives once opened must have the dates of opening specified. **Stated once**	This has not been addressed; the date of opening was not recorded on insulin pens in current use, some eye drops and some multi-dose nutritional supplements. **This requirement is restated**	**Not compliant**
4	13(4)	The following attention must be given to the management of medicines administered via the enteral route: • A written procedure should be drawn up for the administration of medication to the patient via this route; • Written authorisation should be obtained from the prescriber for the administration of medicines to the patient via this route; and, • The fluid balance charts must be fully maintained. **Stated once**	At the time of this inspection, there were no patients who were prescribed the administration of medicines via the enteral route. **This requirement will be carried forward for examination at the next medicines management inspection**	**Not applicable**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The following further attention should be given to the maintenance of the personal medication record: • The dates of re-writing of the record sheets should always be specified; and, • In the absence of the prescriber's signature, handwritten medicine entries should be routinely initialled / signed by the nurses. **Stated once**	The sample of personal medication records examined at the inspection showed that the date of writing was recorded and that medicine entries were initialled appropriately.	**Compliant**
2	39	The arrangements for the stock control of medicines, administered during the morning medication round, should be reviewed in order to ensure that remaining stocks are not unnecessarily returned to the pharmacy for disposal at the end of each medicine cycle. **Stated once**	The registered manager confirmed that this had been reviewed and it was would be very rare for these medicines to be returned.	**Compliant**
3	40	The arrangements for the administration of medical oxygen in the emergency treatment of hypoxia should be formalised in an agreed protocol with the relevant GP practices. **Stated once**	These protocols had been developed and were made available at the inspection.	**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:	
Some areas of the management of medicines are being maintained in accordance with legislative requirements, professional standards and DHSSPS guidance. However, areas for improvement were noted and discussed throughout the inspection as detailed in the report. The outcomes of the majority of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. However, some discrepancies were observed and discussed throughout the inspection. These mainly involved non-solid dosage medicines, i.e. inhaled medicines, eye drops, nutritional supplements and bisphosphonates. The management of inhalers and nutritional supplements had been raised at the previous medicines management inspection and the requirement is restated. For two patients, two doses of a weekly medicine had been missed and for another patient, three doses of a twice weekly medicine had been missed. The registered manager must ensure that all medicines are administered in strict accordance with the prescribers' instructions. A requirement is made. The registered manager should ensure that a variety of medicines formulations are included in the audit process. A recommendation is made. For one patient, the name of the prescribed nutritional supplements on the personal medication record, order book and nutrition and dietetics information report did not correlate. This was discussed at the inspection and could not be clarified. An urgent actions letter was written at the inspection and the registered manager must investigate these observations and forward a written report of the findings and action taken to RQIA, by 17 September 2014. A requirement is made.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

It was noted that one patient had not received their prescribed medicines on the morning of the inspection. This was discussed with the registered nurse and the medicines were administered during the inspection. Staff advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. This was evidenced for one new patient at the inspection. The process for obtaining prescriptions was reviewed. Prescriptions are not received and checked into the home before being forwarded to the pharmacy for dispensing. However, a copy of each prescription is received with the order; the registered manager confirmed that this copy is cross referenced with the patient's personal medication record and order to ensure that all medicines are available for administration as prescribed. She confirmed that this system worked well. The Health and Social Care Board has recommended that all prescriptions are checked by the staff in the home, prior to dispensing; a copy of this guidance was given to the registered manager for consideration. The management of warfarin was examined. Warfarin dosage regimes are confirmed in writing. The good practice of ensuring that two registered nurses are involved in recording new regimes onto warfarin administration records was acknowledged. A daily stock balance record for warfarin is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines and standard operating procedures (SOPs) pertaining to controlled drugs are in place. These had been updated in the last year. There was evidence of the development and implementation of a SOP regarding antibiotics following a recent incident. A care plan and epilepsy management plan is in place for one patient; however, for another patient, there is no epilepsy management plan. This should be addressed. The registered manager should confirm that this plan has been developed. A recommendation is made.	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 provided evidence to indicate that she maintains a record of the training and development activities completed by the registered nurses, senior care staff and care staff in relation to the management of medicines. There is a programme of training in the home. Update medicines training is planned in the next few weeks, following the introduction of new medicine trolleys. On the day of the inspection, training in the management of diabetes was attended by designated staff. Staff competencies and capability assessments in medicines management are completed annually. A new assessment tool has been recently developed. A list of the names, signatures and initials of registered nurses and senior care staff authorised to administer medicines is maintained. It was agreed that a similar list would be developed for care staff who are responsible for delegated medicine related tasks. Due to the observations made in the storage of medicines, it was recommended that further training should be provided.	Substantially 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:	
There is regular staff appraisal and supervision with respect to medicines management. Staff appraisal is undertaken every year and supervisions sessions are held throughout the year. A record of this activity is maintained. The registered manager stated that staff meetings are also used to raise any medicine related issues.	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 Ryland's policies and procedures. The incidents which had been reported in the last six months were further 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 special waste container by two registered nurses. The waste containers are removed by a clinical waste company in accordance with legislative requirements. At the time of the inspection, it could not be confirmed if a waste transfer note denoting the uplift of the waste bins was maintained in the home. It was agreed that this would be clarified and obtained on each occasion. 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 current auditing system involves a daily audit and a monthly audit on medicines. It was noted that this auditing activity focuses on solid dosage medicines i.e. medicines supplied as tablets or capsules only. There was no evidence of any regular auditing activity on liquids (including nutritional supplements), inhaled medicines, bisphosphonates and limited shelf life medicines. This should be reviewed as detailed in Criterion 37.1. The audit process should also include the management of medicines which require cold storage, and records for delegated medicine tasks. Whilst maintaining a running stock balance for the administration of analgesics is good practice, it was noted that there were gaps in the balances. This was brought to the registered manager's attention and it was agreed that this would be reviewed with all relevant staff following the inspection. Due to the findings in this report, the registered manager must develop a robust audit process which covers all aspects of medicines management. A requirement is made.	Moving towards compliance

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

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. Some improvements are necessary 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 and most of these were found to be satisfactory. The good practice of ensuring that two staff are involved in the writing and updating of personal medication records and the disposal of medicines was acknowledged. <u>Medication administration records</u> It was noted that code-copying had occurred on some records and on occasion this had led to the incorrect code being recorded; or on some occasions no record of the administration of a medicine e.g. controlled drug patches. (see also Criterion 39.3) Care staff are responsible for the administration of external preparations; a record of the administration is not	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

always maintained. An accurate record of each administration of a medicine must be maintained. The registered manager should closely monitor the administration records as part of the audit process to ensure records of the administration of medicines are accurately maintained on every occasion. A recommendation is made. <u>Receipt of medicines record</u> The majority of incoming medicines are recorded. However, it was found that the receipt of one new resident's medicines and some other medicines had not been recorded. It was agreed that the registered manager would closely monitor the records of the receipt of medicines.	
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:	
Examination of the controlled drug record book indicated that a record of the receipt, administration and disposal of Schedule 2 controlled drugs is maintained appropriately.	Compliant

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 treatment room was tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. The temperature of the treatment room and medicine refrigerator temperatures are recorded on a daily basis; however, recorded refrigerator temperatures were frequently outside the accepted range of 2^{o}C to 8^{o}C for medicines which require cold storage. The recorded temperatures indicated that staff are not aware of the correct temperature range and the correct use of the thermometer. The need to ensure that medicines are stored in strict accordance with the manufacturers' instructions was emphasised at the inspection. The registered manager must put robust systems in place for the management of medicines which require cold storage. A requirement is made. Oxygen is stored and managed appropriately and signage is in place. Dates and times of opening were not routinely recorded on limited shelf-life medicines such as eye drops, nutritional supplements (Procal, Calogen) and insulin pens in current use. This issue had been raised at the previous medicines management inspection and a requirement had been made. This was further discussed with the registered manager and the requirement is restated. During the inspection, several boxes of expired nebules and one eye preparation were observed and removed from stock. The registered manager must make the necessary arrangements to ensure that medicines are suitable for use and dates of expiry are checked on a regular basis. A requirement is made. Staff were reminded that the date of opening must be recorded on blood glucometer control solutions to ensure removal when expiry is reached.	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 separately from other medicine cupboard keys and is held by the registered nurse in charge of the shift. 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 and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. The expected practice is that staff refer to the controlled drug record book and stock balance sheets at each reconciliation. Records of balance checks were inspected and it was noted that for one supply of BuTrans patch, the balance stated in the controlled drug record book (four patches) differed than that recorded on the stock reconciliation sheet (three patches). The stock balance of three patches was correct. This was reviewed during the inspection and it was found that staff had not recorded one administration in the controlled drug record book. When maintaining a controlled drug record book for Schedule 3 controlled drug patches, these records must be accurately maintained on every occasion. This issue also raises concerns regarding the actual reconciliation process and administration process and was further discussed with the registered manager. It was also noted that there was a recording error in the controlled drug record book for another patient. The administration of two BuTrans patches, although recorded in the controlled drug record book, was not recorded on the administration record as is the expected practice. The registered manager must put robust systems in place for the management of controlled drugs. A requirement is made.	Moving towards compliance

STANDARD 39 - MEDICINES STORAGE

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

7.0 ADDITIONAL AREAS EXAMINED

Management of thickened fluids

The use of thickening agents was discussed. Training has been provided for all designated staff and further training is planned.

Reports from the speech and language therapist and care plans are in place. The thickening agent is recorded on the personal medication record and the required consistency level is usually recorded. This is not recorded on the administration records completed by care staff. The registered manager advised of the corrective action that would be taken and it was agreed that this area of medicines management would be included in the audit process.

Management of medicines for distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined. The registered manager advised that these medicines were rarely required, but confirmed that the reason for any administration and outcome would be recorded in the daily notes. One patient's care plan should be further developed as discussed to include reference to the medicine. The registered manager advised that this would be addressed immediately after the inspection.

Management of medicines prescribed for Parkinson's disease

A small number of patients are prescribed medicines for Parkinson's disease. The actual time of administration was discussed with regard to the 15 minute time frame per administration. The registered manager confirmed this would be shared with all designated staff and the actual time of administration at medicine rounds would be reviewed and recorded.

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 Valerie Rutherford**, **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:

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Belfast
BT1 3BT

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

RYLANDS
3 SEPTEMBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Valerie Rutherford, 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)	The registered manager must increase the level of audit activity on asthma-treatment medicines and nutritional supplements, in order to ensure compliance with the prescribers' instructions. **Ref: Section 5.0 & Criterion 37.1**	Two	The Registered Manager has implemented audit systems on asthma medications and nutritional supplements.	4 October 2014
2	13(4)	Items with short shelf lives once opened must have the dates of opening specified. **Ref: Section 5.0 & Criterion 39.1**	Two	Medications with short shelf lives are dated and timed when opened.	4 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13(4)	The following attention must be given to the management of medicines administered via the enteral route: • A written procedure should be drawn up for the administration of medication to the patient via this route; • Written authorisation should be obtained from the prescriber for the administration of medicines to the patient via this route; and, • The fluid balance charts must be fully maintained. **Ref: Section 5.0** **This requirement is carried forward**	One	A procedure is in place for any resident requiring medications to be administered via the enteral route. A letter of authorisation is in place from the prescriber and a careplan is in place for the administration of medicines to the patient via this route. A fluid balance chart is completed by nursing staff for all flushes given via this route.	Ongoing
4	13(4)	The registered manager must investigate the observations made in the management of nutritional supplements for one patient. A written report of the findings and action taken must be forwarded to RQIA. **Ref: Criterion 37.1**	One	Investigations completed and forwarded to RQIA.	17 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	13(4)	The registered manager must ensure that all medicines are administered in strict accordance with the prescribers' instructions. **Ref: Criterion 37.1**	One	The Registered Manager has a auditing system in place for all medications administered. The audits are mostly positive and any discrepancies are dealt with accordingly. This ensures that all medicines administered are in accordance with the prescribers instructions.	4 October 2014
6	13(4)	The registered manager must develop and implement a robust auditing process which covers all aspects of medicines management. **Ref: Criteria 37.1, 37.7, 38.2, 39.1 & 39.3**	One	An auditing system is in place which covers all aspects of medications.	4 October 2014
7	13(4)	The registered manager must put robust systems in place for the management of medicines which require cold storage. **Ref: Criterion 39.1**	One	All medications requiring cold storage are kept in the fridge. Fridge temperatures are recorded daily and these are checked regularly by the Manager.	4 October 2014
8	13(4)	The registered manager should make the necessary arrangements to ensure that medicines are suitable for use and dates of expiry are checked regularly. **Ref: Criterion 39.1**	One	Auditing systems take into account expiry dates and these are checked regularly.	4 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
9	13(4)	The registered manager put robust arrangements in place for the management of controlled drugs. **Ref: Criterion 39.3**	One	The Manager audits controlled drugs regularly.	4 October 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 include a variety of non-solid dosage medicines in the audit process. **Ref: Criterion 37.1**	One	Medication audits include non solid dosage medications.	4 October 2014
2	37	The registered manager should confirm that an epilepsy management plan is place for the patient identified at the inspection. **Ref: Criterion 37.2**	One	An epilepsy plan is in place for any resident who requires it.	4 October 2014
3	37	The registered manager should provide designated staff with training on the storage of medicines. **Ref: Criterion 37.3**	One	All staff have received Pharmacy training which included the storage of medicines.	4 October 2014
4	38	The registered manager should closely monitor medicine administration records to ensure that records are accurately maintained on every occasion. **Ref: Criterion 38.2**	One	The Manager randomly selects administration records and monitors these.	4 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Val Rutherford
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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	**17/10/14**
B.	Further information requested from provider				