



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018434

Establishment ID No: 1442

Name of Establishment: Ballyclare Nursing Home

Date of Inspection: 11 September 2014

Inspectors' Names: Judith Taylor & Karen Scarlett

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

1.0 GENERAL INFORMATION

Name of home:	Ballyclare Nursing Home
Type of home:	Nursing Home
Address:	107a Doagh Road Ballyclare BT39 9ES
Telephone number:	(028) 9334 0310
E mail address:	ballyclare.nursinghome@btconnect.com
Registered Organisation/ Registered Provider:	Hutchinson Homes Ltd Mrs Janet Montgomery
Registered Manager:	Mrs Harriet Dunsmore
Person in charge of the home at the time of inspection:	Ms Shan Horan (Staff Nurse) at beginning of inspection Mrs Harriet Dunsmore returned to the home at 15:00
Categories of care:	NH-I ,RC-I ,RC-MP(E) ,RC-PH(E)
Number of registered places:	34
Number of patients accommodated on day of inspection:	34
Date and time of current medicines management inspection:	11 September 2014 10:00 – 15:30
Name of inspectors:	Judith Taylor & Karen Scarlett (on induction)

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 the registered nurses on duty during the inspection and feedback with Sister Dorothy Burns at the end of the inspection, as Mrs Dunsmore was with a patient
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.

HOW RQIA EVALUATES SERVICES

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

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

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

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Ballyclare Nursing Home was first registered in September 1989. Hutchinson Homes Ltd took over ownership of the home in 2013. It is a purpose built two storey home situated on the outskirts of Ballyclare town centre, convenient to all shops and amenities.

Bedroom accommodation is provided in single and double rooms. The first floor of the home is accessed by a passenger lift and stairs. There are a range of toilets, bathrooms and shower facilities, communal lounges and a large dining room.

The nursing home shares a site with Clareview Nursing Home and car parking facilities are available.

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

Nursing Care

I Old age not falling into any other category

Residential Care

I Old age not falling into any other category

MP(E) Persons with mental disorder excluding learning disability over pension age

PH(E) Persons with physical disability over pension age

Mrs Harriet Dunsmore has been the registered manager for several years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ballyclare Nursing Home was undertaken by Judith Taylor, RQIA Pharmacist Inspector, who was accompanied by Karen Scarlett, RQIA Nurse Inspector as part of her induction programme on 11 September 2014 between 10:00 and 15:30. 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 arrangements for medicines management within the home were examined and focused on three of the four 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 inspectors met with the registered nurses on duty and feedback was discussed with Ms Dorothy Burns, Nursing Sister. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Ballyclare Nursing Home are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

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.

Written policies and procedures for the management of medicines are in place. These should be further developed to ensure they reflect the current practices for medicines and include standard operating procedures for controlled drugs.

There is a programme of medicines management training and competency assessment for registered nurses and designated care staff.

The reporting of medicine incidents must be reviewed to ensure all reportable medicine incidents are forwarded to RQIA.

A robust auditing system has been recently developed and is currently being implemented. The audit trails performed at this inspection indicated that medicines are being administered as prescribed. Staff are commended for their efforts.

Medicine records are generally well maintained. Some improvements are necessary in the completion of disposal records and administration records. In accordance with best practice, two designated members of staff should be involved in the transcribing of medicine details. The care plans and some medicine records regarding thickened fluids and medicines prescribed for distressed reactions should be reviewed to ensure these are fully and accurately maintained.

Medicines are stored safely and securely and key control is appropriate. Robust arrangements are in place to monitor the temperatures of medicine storage areas. The stock control of medicines should be reviewed to ensure currently prescribed medicines are not unnecessarily disposed of. The management of oxygen should be reviewed.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This was the first medicines management inspection to this home, since registration of the new provider, Hutchinson Homes Ltd in October 2013.

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. A new medicine system has been introduced earlier in the year. The registered nurses 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. Suitable arrangements are in place for the ordering and receipt of prescriptions. The management of anticoagulants was examined. Warfarin dosage regimes are received by telephone and are also confirmed in writing. One nurse is responsible for transcribing the new warfarin regime on the warfarin administration record. In accordance with safe practice, it is recommended that this activity is witnessed by a second member of staff on every occasion. Copies of the printed warfarin regimes are located together for each patient. It was agreed that only the copy of the current regime would be kept with the patient's warfarin administration record and the obsolete records would be archived. A daily stock balance for warfarin is maintained and no discrepancies were observed at the inspection. Enoxaparin injections are prescribed for one patient, it was suggested that a daily stock balance should also be considered for this medicine. The outcomes 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. These satisfactory outcomes were acknowledged.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed:	COMPLIANCE LEVEL
37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	
Inspection Findings:	
<p>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. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures:</p> <ul style="list-style-type: none"> • Ordering, transport and receipt • Safe storage • Administration • Disposal • Record keeping • Management of errors and incidents <p>Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on the RQIA website.</p> <p>The medicines management policy and procedures covered most areas relating to the use and control of medicines. This should be further developed and updated as discussed at the inspection and to ensure that it reflects the current practices for medicines management including the new medicine system and the Standard Operating Procedures. A recommendation is made.</p>	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A sample of training records pertaining to medicines management was observed at the inspection. This included update training for registered nurses in November 2013, dysphagia training for registered nurses and care staff in May 2014 and training in the application of external preparations for care staff in June 2014.</p> <p>A list of the names, signatures and initials of registered nurses and care staff authorised to administer medicines is maintained.</p> <p>Staff competencies in medicines management are assessed annually and this had also been undertaken following the registration of the new provider.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The nursing sister advised that there are arrangements in place to evaluate the impact of medicines management training. This occurs through annual appraisal, supervision sessions as needed and observation of practice. She further advised that the outcomes of audit trails are also used to identify areas of training.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed:	COMPLIANCE LEVEL
37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	
Inspection Findings:	
<p>There are systems in place to report medicine errors and incidents to RQIA. The reported incidents had been managed appropriately.</p> <p>During the course of the inspection, it was noted that staff had been made aware of an issue relating to medicines which had been administered but were found at a later time, indicating the patient hadn't swallowed the medicine, this involved three patients. Although the appropriate action had been taken, and staff had been reminded of the need to remain with the patient until all medicines are swallowed, this had not been reported to RQIA.</p> <p>It was also noted that the monthly audit trails in August 2014 had identified that five patients had missed a dose of bisphosphonate medicines. This should also have been reported. It was acknowledged that the audit trails performed on bisphosphonates had produced satisfactory outcomes at the inspection</p> <p>The registered manager must ensure that all reportable medicine related incidents are reported to RQIA. A requirement is made.</p>	Moving towards compliance
Criterion Assessed:	COMPLIANCE LEVEL
37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	
Inspection Findings:	
<p>All discontinued or expired medicines are placed into a special waste bin by two registered nurses. The nursing sister advised that the waste bin is removed by the community pharmacist who has obtained a clinical waste licence.</p> <p>Registered nurses confirmed that controlled drugs are denatured prior to disposal.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Following the introduction of the new medicine system, earlier in the year, the auditing system for medicines has been reviewed and revised. The nursing sister completes a monthly audit. This is displayed in a bound book and includes a variety of medicines with particular focus on warfarin, bisphosphonates, controlled drugs, nutritional supplements and eye drops. This is good practice and was acknowledged. Audits are also performed by a representative from the community pharmacy on a regular basis.</p> <p>Records of this auditing activity were observed and with the exception of bisphosphonate medicines (see Criterion 37.5), satisfactory outcomes had been achieved. This correlated with the outcomes of the audits performed on a range of medicines which were selected during the inspection. Staff are commended for their efforts.</p> <p>The audit process is readily facilitated by the good practice of recording the date and time of opening on most of the medicine containers.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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. Improvements are necessary in a small number of records and were discussed at the inspection. (See also Criterion 38.2 and Section 7.0.)	Substantially compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none">• 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. Some improvements were noted and discussed. In accordance with best practice, it is recommended that two designated members of staff should be involved in the writing and updating of personal medication records. Where medicines are prescribed on a 'when required' basis, this should be clearly specified and include the maximum daily dose e.g. analgesics, benzodiazepines. The nursing sister advised that new personal medication records had been developed and these were to be introduced for the next medicine cycle and confirmed that this issue would be addressed. From the beginning of the current medicine cycle, (25 August 2014), there has been no procedure in place for the recording of external preparations administered by care staff. The previous recording system had been	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

<p>reviewed and although there was evidence of the new recording system, this has yet to be implemented. The registered manager must ensure that a record of the administration of these medicines is maintained on every occasion. A requirement is made.</p> <p>Examination of the new record of disposal book indicated that staff do not routinely document the date of the disposal of the medicine. This had been recorded in the previous disposal records. Staff are reminded that the date must be recorded and it was agreed that this would be monitored within the new audit process.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Observation of the controlled drugs record book (CDRB) indicated that records of the receipt, administration and disposal of controlled drugs were being maintained in a satisfactory manner.</p> <p>However, it was noted that several completed loose pages were located at the back of the CDRB; this had occurred due to completion of the CDRB and staff had photocopied a blank page, as no replacement book had been available. A new CDRB has since been introduced. All records in a CDRB must be bound. It was agreed that the registered manager would ensure that these loose pages were affixed to the CDRB after the inspection.</p>	Substantially compliant
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p style="text-align: center;">COMPLIANCE LEVEL Substantially compliant</p>

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.

The stock control arrangements for medicines were largely satisfactory and the inspection outcomes indicated medicines were available for administration as prescribed. However, it was also noted that currently prescribed medicines had been disposed of, as overstock at the end of the medicine cycle. This was discussed with regard to the unnecessary wastage of medicines. It is recommended that this practice is reviewed.

There are satisfactory arrangements in place to monitor the temperature of the treatment room and medicine refrigerator.

Oxygen is stored in the treatment room and signage is in place. Cylinders are securely chained to the wall. It was noted that empty cylinders and full cylinders were stored together, these should be stored separately. It was also noted that there had been no recent oxygen stock level checks, as the last had been in June 2014. These checks should be restarted. The management of oxygen should be reviewed. A recommendation is made.

The date of opening was recorded on some but not all medicines with a limited shelf-life. This included Procal Shot liquid. Staff were reminded that this medicine expires after three days once opened.

Substantially compliant

STANDARD 39 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys. Appropriate arrangements are in place for the management of spare keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. A record of this activity is maintained.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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 two patients. A care plan was not in place and the parameters of administration were not clearly recorded on the personal medication records. The need for these records was discussed. One dose had been recently administered. Staff were advised that the reason for the administration and outcome of the administration should also be recorded on every occasion.

The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained. A recommendation is made.

Thickening agents

The records pertaining to thickening agents prescribed for three patients were examined at this inspection. A speech and language therapist report was observed for each patient. The care plans referred to the use of thickening fluids, however, did not specify the consistency level of thickened fluid required for the patient. This should be recorded. The patients' personal medication record included the name of the thickening agent, but made no reference to the consistency required. This should also be recorded. Satisfactory records of the administration of thickened fluids were observed.

It is recommended that the management of thickened fluids is reviewed to ensure the prescribed consistency level of thickened fluid required is clearly recorded on the patient's personal medication record and care plan.

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 nursing sister 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 **Ms Dorothy Burns, Nursing Sister**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

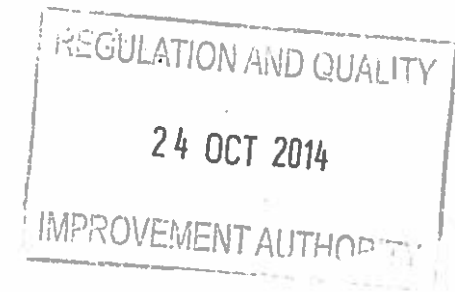
Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other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

Judith Taylor
Pharmacist Inspector

Date



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

BALLYCLARE NURSING HOME

11 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 **Ms Dorothy Burns, Nursing Sister**, 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	30(1)	The registered manager must ensure that all reportable medicine related incidents are forwarded to RQIA. Ref: Criterion 37.5	One	STAFF HAVE BEEN ADVISED INDIVIDUALLY TO ENSURE MEDICINE INCIDENTS ARE REPORTED	12 October 2014
2	13(4)	The registered manager must ensure that records of the administration of external preparations are fully and accurately maintained on every occasion. Ref: Criterion 38.2	One	THE TRAINING HAS BEEN CARRIED OUT AND WILL BE REVIEWED. APPROPRIATE RECORDS WILL BE COMMENCED	12 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	37,38	The registered manager should ensure that two members of staff are involved in the transcribing of medicine details. Ref: Criterion 37.1 & 38.2	One	STAFF HAVE BEEN TOLD TO ENSURE THAT THIS IS ALWAYS CARRIED OUT	12 October 2014
2	37	The registered manager should update the medicine policy and procedures to ensure it covers all aspects of medicines management in Ballyclare Nursing Home and include Standard Operating Procedures for controlled drugs. Ref: Criterion 37.2	One	THE MEDICINE POLICY WILL BE UPDATED TO REFLECT ALL AREAS IN THE PRACTICE OF MEDICINE MANAGEMENT FOR BALLYCLARE NURSING HOME	12 December 2014
3	39	The registered manager should review the stock control of medicines to ensure that currently prescribed medicines are not unnecessarily disposed of, at the end of the medicine cycle. Ref: Criterion 39.1	One	WE HAVE SPOKE TO OUR PHARMACIST TO TRY AND ENSURE WASTAGE IS REDUCED	12 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	39	<p>The registered manager should review the management of oxygen as detailed in the report.</p> <p>Ref: Criterion 39.1</p>	One	<p>EMPTY CYLINDERS HAVE BEEN REMOVED</p> <p>ALL STAFF HAVE BEEN TOLD NEVER TO STORE EMPTY CYLINDERS WITH FULL CYLINDERS. CHECKS ON OXYGEN LEVELS WILL BE FULLY RESUMED</p>	12 October 2014
5	37,38	<p>The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained as detailed in the report.</p> <p>Ref: Section 7.0</p>	One	<p>PERSONAL MEDICATION RECORDS WILL NOW HAVE THE INFORMATION REQUIRED. RECORDS WILL BE MAINTAINED BY INCLUDING IN CARE PLANS AND DAILY PROGRESS REPORTS FOR INDIVIDUAL RESIDENTS</p>	12 October 2014
6	37,38	<p>The registered manager should ensure that the prescribed consistency level of thickened fluid is clearly recorded on the patient's personal medication record and care plan.</p> <p>Ref: Section 7.0</p>	One	<p>ALL STAFF ARE NOW AWARE OF THIS AND WILL ENSURE REQUIRED INFORMATION IS RECORDED APPROPRIATELY.</p>	12 October 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: [Signature]

NAME: J. Montgomery
 Registered Provider

DATE: 18th October 2014

SIGNED: H. DUNSMORE

NAME: HARRIET DUNSMORE
 Registered Manager

DATE: 16th OCTOBER 2014

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<u>[Signature]</u>	<u>28/10/14</u>
Further information requested from provider			