NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018401**
Establishment ID No:	**1486**
Name of Establishment:	**Greenpark**
Date of Inspection:	**21 August 2014**
Inspectors' Names:	**Paul Nixon** **Helen Daly**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Greenpark
Type of home:	Nursing Home
Address:	15 Keady Road Armagh BT60 4DH
Telephone number:	(028) 3752 7445
E mail address:	greenparkpnh@yahoo.co.uk
Registered Organisation/ Registered Provider:	Mr Edward Maguire
Registered Manager:	Mrs Mary McKee
Person in charge of the home at the time of Inspection:	Ms Mary Catherine Powell (Deputy Manager)
Categories of care:	NH-I, NH-DE, NH-MP/MP(E), NH-PH/PH(E), NH-LD(E), RC-I, RC-LD(E), RC-MP(E)
Number of registered places:	62
Number of patients accommodated on day of inspection:	57
Date and time of current medicines management inspection:	21 August 2014 09:50 – 15:10
Names of inspectors:	Paul Nixon Helen Daly
Date and type of previous medicines management inspection:	2 August 2011 Unannounced inspection

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 Ms Mary Catherine Powell (Deputy 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

Greenpark is centrally located to Armagh and situated in private grounds.

The home is a three storey building registered to accommodate a maximum of 62 persons requiring both nursing and residential care.

The bedroom accommodation comprises a range of single bedrooms and double bedrooms.

There are a number of sitting rooms, a designated smoke room for patients and residents and two dining rooms, a kitchen, a laundry, toilet / washing facilities, staff accommodation and offices.

Suitable car parking facilities and a landscaped area are available at the front of the premises.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Greenpark was undertaken by Paul Nixon and Helen Daly, RQIA Pharmacist Inspectors, on 21 August 2014 between 09:50 and 15:10 hours. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (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 deputy manager of the home, Ms Mary Catherine Powell and the registered nurses on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Greenpark are moving towards compliance 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. The attention of the registered person is drawn to the need to ensure that transdermal opioid patches are administered in accordance with the prescribed instructions; failure to address this matter in a satisfactory manner may result in increased regulatory action being taken against the home

The eight requirements and one recommendation which were made at the previous medicines management inspection, on 2 August 2011, were examined during the inspection. Four requirements were assessed as compliant, two requirements were assesed as substantially compliant and one requirement was assessed as moving towards compliance. One requirement was not examined as is carried forward to the next inspection. The recommendation was assessed as compliant.

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.

There is a programme of staff training in the home. There are annual medicines management competency assessments for registered nurses who manage medicines. However, no records are kept regarding the competency of care staff in relation to the delegated tasks of administering thickening agents and external preparations.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. However, a number of audits produced unsatisfactory outcomes.

Two audits on transdermal opioid patches and one audit on azithromycin 250mg capsules produced unsatisfactory outcomes. The observations made are required to be investigated and a written response submitted to RQIA. Transdermal opioid patches must be administered in accordance with the prescribed instructions.

Seretide Evohalers must be administered to patients in accordance with the prescribed instructions.

The stock discrepancy that was observed in Durogesic 12mcg patch, prescribed for one patient, is required to be investigated and a written response submitted to RQIA.

The arrangements for both the ordering of medicines and the disposal of medicines must be reviewed. Also, the arrangements for the management of non-prescribed medicines (household remedies) should be reviewed.

Running stock balances should be maintained for warfarin and obsolete dosage regime forms should be cancelled and archived.

The arrangements for recording the application of external preparations by care staff should be reviewed. Two registered nurses should sign all handwritten entries on the medication administration records (MARs).

The storage arrangements for medicines were generally satisfactory. In Unit B and the dementia care unit, the maximum and minimum temperatures of the medicine refrigerators should be monitored and recorded. The medicine refrigerator in the dementia care unit should be locked. Overstock oxygen cylinders should be chained to the wall. The storage of external medicines in individual patient's rooms should be risk assessed. Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions.

The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.

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

The inspectors would like to thank the deputy 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 2 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	A complete record for the administration of thickening agents must be maintained. **Stated twice**	Records for the administration of thickening agents are maintained on daily recording sheets. This practice was observed.	**Compliant**
2	13(4)	The registered manager must implement a robust auditing system in order to closely monitor the administration of all medicines, focusing on those medicines highlighted at this inspection. **Stated once**	The deputy manager provided evidence that the management perform monthly medicines management audits. In addition, audit trails are carried out on a random selection of medicines which are not contained in the blister pack system at monthly intervals. A representative of the community pharmacy also completes an audit at approximately quarterly intervals.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must investigate the non-administration of Durogesic 50 patches between 16 July 2011 and 26 July 2011. Details of the investigation, the patient's pain management during this period and action taken to prevent a recurrence must be forwarded to RQIA with the Quality Improvement Plan. **Stated once**	The investigation was completed and an action plan detailing the action to be taken to prevent a recurrence was forwarded to RQIA. However, two audits showed delays in the applications of transdermal opioid patches. The registered person must ensure that transdermal opioid patches are administered in accordance with the prescribed instructions. **This requirement is incorporated into a new requirement regarding the management of transdermal opioid patches.**	**Moving towards compliance**
4	13(4)	A detailed care plan must be in place for the administration of rectal diazepam. **Stated once**	No patients were prescribed rectal diazepam. **This requirement was not examined and is carried forward to the next inspection.**	**Not examined**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must ensure that designated members of staff have been trained and deemed competent to administer thickening agents. A record of the training provided and competency assessment must be maintained. **Stated once**	The deputy manager confirmed that designated members of staff have been trained and deemed competent to administer thickening agents. A record of the training is maintained; however, a record of competency assessments is not maintained. **A requirement is made.**	**Substantially compliant**
6	13(4)	The necessary improvements must be made in the standard of maintenance of the medication administration records. **Stated once**	The MARs were observed to have been maintained in a broadly satisfactory manner.	**Compliant**
7	13(4)	The registered manger must ensure that eye preparations are not in use after their expiry date has been reached. **Stated once**	With one exception, eye preparations were not in use after their expiry date has been reached.	**Substantially compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
8	13(4)	The registered manager must ensure that any omission or refusal likely to have an effect on a patient's/resident's health or wellbeing is reported to the prescribing practitioner and that the reason for each omission is accurately recorded. **Stated once**	This practice was observed.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Medication policies and procedures should be readily accessible for all designated staff. **Stated once**	Medication policies and procedures were observed to be readily accessible for all designated staff.	**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 outcomes of the majority of the audits which were performed on a range of randomly selected medicines indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, a number of audits produced unsatisfactory outcomes, as detailed below. The following audits produced unsatisfactory outcomes: - Two audits on transdermal opioid patches, prescribed to be applied every seven days, showed that one patient did not have the patch replaced for nine days between 24 July 2014 and 2 August 2014 and one patient did not have the patch replaced since 9 August 2014 until the day of the inspection. - One audit on azithromycin 250mg capsules showed that the medicine was out-of-stock since 15 August 2014. - Two audits on Seretide Evohaler indicated that both patients were not being administered the medicine in accordance with the prescribed instructions. For one patient, the registered nurse stated that they did not require the medicine. The medicine had not been referred to the prescriber for review. - One audit on pilocarpine eye drops, indicated that the patient was not being administered the medicine in accordance with the prescribed instructions. The registered nurse stated that it is difficult to administer the medication four times daily to the patient and that this often results in it only being administered three times daily. The medicine had not been referred to the prescriber for review. The observations made in the two audits on transdermal opioid patches and the audit on azithromycin 250mg capsules are required to be investigated and a written response submitted to RQIA. A requirement is made. Transdermal opioid patches must be administered in accordance with the prescribed instructions. A requirement	Moving towards compliance

is made. Failure to address this matter in a satisfactory manner may result in increased regulatory action being taken against the home. Seretide Evohalers must be administered in accordance with the prescribed instructions. A requirement is made. The deputy manager agreed to refer the patterns of non-administration of Seretide Evohaler, prescribed for two patients and pilocarpine eye drops, prescribed for one patient, to the prescribers for review. The deputy manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for two patients who had recently been admitted from hospital. The process for obtaining prescriptions was reviewed. The deputy manager advised that prescriptions are not received into the home for checking before being forwarded to the pharmacy for dispensing. Also, no record is kept in the home of medicines requested. The arrangements for ordering medicines must be reviewed. A requirement is made. Several audits on warfarin produced satisfactory outcomes. Dosage directions are received in writing. However, daily stock balance checks are not maintained and in Unit A, obsolete dosage regime forms had not been cancelled and archived. Running stock balances should be maintained for warfarin and obsolete dosage regime forms cancelled and archived. A recommendation is made. The records for two patients who are prescribed an anxiolytic medicine for the management of distressed reactions were reviewed. Only one patient had a care plan in place that detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. Records of administrations had been maintained on the medication administration record sheets (MARs). For one patient, the reason for the administration and the subsequent outcome had not always been recorded in the patient's daily notes. The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is made. The deputy manager and registered nurses stated that only paracetamol is kept as a household remedy. However, it was observed that Anthisan cream, chlorphenamine tablets, Glucogel, and Waspeze were also being kept for this purpose. The chlorphenamine tablets, Glucogel, and Waspeze were each out-of-date. Two tubes of	

Anthisan cream were in use. The deputy manager was reminded that external preparations are for single patient use. The arrangements for the management of non-prescribed medicines (household remedies) should be reviewed. A recommendation is stated.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The deputy manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are in place. The need for the registered person to review the procedures for the ordering of medicines and disposal of medicines was discussed.	Substantially 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:	
There is a programme of staff medicines management training in the home. The deputy manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed. The deputy manager confirmed that care staff had been trained to manage external preparations and thickening agents. A record of the medicines management training and development activities completed by the staff is maintained. However, no competency assessment records are maintained. A requirement is made. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.	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:	
The deputy manager confirmed that there is annual staff appraisal and supervisions for all nursing staff.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The deputy manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacist, who possesses a certificate of registration under The Waste & Contaminated Land (NI) Order 1997. Two registered nurses are not involved in the disposal of medicines. Controlled drugs are not denatured by two registered nurses in the home prior to their disposal. Pharmaceutical clinical waste disposal bins are not used. The arrangements for the disposal of medicines must be reviewed to ensure that two registered nurses dispose of all medicines and record this action, controlled drugs are denatured on the premises and pharmaceutical clinical waste bins are used. A requirement is stated.	Moving towards compliance

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:	
A management audit tool is completed by the management at approximately monthly intervals. In addition, audit trails are carried out on a random selection of medicines which are not contained in the blister pack system at monthly intervals. A review of these audits indicated that broadly satisfactory outcomes had been achieved. A representative of the community pharmacy also completes an audit at approximately quarterly intervals. There is evidence that staff address any issues highlighted at these advice visits. Dates and times of opening had been recorded on all containers examined at this inspection.	Compliant

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:	
With the exception of records for medication orders, the majority of medicine records had been constructed and completed in a satisfactory manner. However, some improvements are required as detailed in Criterion 38.2.	Substantially compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
The records of medicines prescribed and received had been constructed and completed in a satisfactory manner. However, as detailed in Criterion 37.1 a record of medication ordered must be kept in the home in order to highlight any potential stock control issues and provide a clear audit trail. There are no arrangements in place for care staff to record the applications of external preparations. The arrangements for recording the application of external preparations by care staff should be reviewed. A recommendation is made. Two registered nurses should sign all handwritten entries on the medication administration records (MARs). A recommendation is made.	Substantially compliant

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:	
Observation of the controlled drug record book indicated that records had been maintained in a mostly satisfactory manner. A stock discrepancy was observed in Durogesic 12mcg patch, prescribed for one patient. The controlled drug record book stated that four patches were in stock; however, no patches were in stock and there was no record of their disposal. This discrepancy must be investigated and a written response submitted to RQIA. A requirement is made.	Substantially 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:	
Storage was observed to be tidy and organised in each of the three treatment rooms. Satisfactory recordings for the temperature ranges of the medicine refrigerator in Unit A were observed. However, only the current temperature of the medicine refrigerators in Unit B and the dementia care unit are monitored and recorded. In Unit B and the dementia care unit, the maximum and minimum temperatures of the medicine refrigerators should be monitored and recorded. A recommendation is made. The medicine refrigerator in the dementia care unit did not have a lock fitted. The registered nurse stated that the room is kept locked at all times. The necessary arrangements should be made to ensure this refrigerator is locked. A recommendation is made. The temperature of each treatment room is monitored and recorded daily; satisfactory readings were observed. Several overstock oxygen cylinders in Units A and B were not chained to the wall. Overstock oxygen cylinders should be chained to the wall. A recommendation is made. Some external preparations are kept in patients' rooms. The storage of external medicines in individual patient's rooms should be risk assessed. A recommendation is made. There was no evidence that control checks are performed on blood glucose meters. Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions. A recommendation is made. One in use insulin pen did not have the patient's name and date of opening recorded on it. One eye-treatment medicine was out-of-date and two bottles did not have the date of opening recorded. These matters were discussed with the deputy manager for corrective action.	Moving towards compliance

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 keys to the controlled drugs cabinets, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurses on duty in each unit. The controlled drug keys are held separately from all other keys by the nurse in charge in each unit.	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:	
Schedules 2, 3 and 4 controlled drugs are reconciled at each handover of responsibility. Stock balance checks had been accurately maintained.	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

None

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 Mary Catherine Powell (Deputy Manager),** during the inspection, 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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

GREENPARK
21 August 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 Mary Catherine Powell (Deputy 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 REQUIREMENT

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

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	A detailed care plan must be in place for the administration of rectal diazepam. **Ref: Section 5.0**	One	Greenpark PNH have a policy in place for the administration of rectal Diazepam.No current Resident is prescribed same but this will be in place when appropriate.	Ongoing
2	13(4)	The registered person must investigate the unsatisfactory observations made in two audits on transdermal opioid patches and one audit on azithromycin 250mg capsules and must submit a written response to RQIA. **Ref: Criterion 37.1**	One	Internal investigation completed identifying the Staff who did not administer prescribed Medication. Further training provided by our Pharmacist on 15/08/14 with emphasis on Controlled Drugs Management.	21 September 2014
3	13(4)	The registered person must ensure that transdermal opioid patches are administered in accordance with the prescribed instructions. **Ref: Criterion 37.1**	One	As above. Audits of Controlled Medications will increase to weekly until Manager satisfied with safe practice.	21 September 2014
4	13(4)	The registered person must ensure that Seretide Evohalers are administered to patients in accordance with the prescribed instructions. **Ref: Criterion 37.1**	One	Prescriber contacted to review medication and same discontinued when no longer in use.	21 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	13(4)	The registered person must ensure that the arrangements for ordering medicines are reviewed, as detailed in Criterion 37.1. **Ref: Criterion 37.1**	One	Greenpark PNH now hold copies of monthly orders as advised and this practice will continue.	21 September 2014
6	20(1)(a)	The registered person must ensure that competency assessment records are kept for care staff in relation to the delegated tasks of administering thickening agents and external preparations. **Ref: Section 5.0 and Criterion 37.3**	One	Training provided to all Care Staff on 17th, 22nd, 24September with further training dates planned. Competencies are prepared and will result when training complete.	21 September 2014
7	13(4)	The registered person must ensure that the arrangements for the disposal of medicines are reviewed, as detailed in Criterion 37.6. **Ref: Criterion 37.6**	One	Action taken following advise from Inspectors to provide denaturing kits. Same now in situ, GPNH hold a valid certificate of disposal.	21 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13(4)	The registered person must investigate the stock discrepancy that was observed in Durogesic 12mcg patch, prescribed for one patient, and must submit a written response to RQIA. **Ref: Criterion 38.3**	One	These items had been retumed to the individual post respite but not signed for. Again this was addressed at the training on 15/08/14	21 September 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	Running stock balances should be maintained for warfarin and obsolete dosage regime forms cancelled and archived. **Ref: Criterion 37.1**	One	All obsolete regimes archived and running balances now being maintained.	21 September 2014
2	37	The recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines should include detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. **Ref: Criterion 37.1**	One	This practice is currently being addressed. All care plans are being revised and refreshed to include necessary detail.	21 September 2014
3	37	The arrangements for the management of non-prescribed medicines (household remedies) should be reviewed. **Ref: Criterion 37.1**	One	Household remedies now reduced to include Paracetamol only. Permission to administer same has been secured from GP's. Policy rewritten.	21 September 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The arrangements for recording the application of external preparations by care staff should be reviewed. **Ref: Criterion 38.2**	One	GPNH have implemented a Body Map clearly indicating the areas topical preparations are to be applied with recording sheets attached for all Residents	21 September 2014
5	38	Two registered nurses should sign all handwritten entries on the medication administration records. **Ref: Criterion 38.2**	One	Complete audit undertaken and this is now achieved.	21 September 2014
6	39	In Unit B and the dementia care unit, the maximum and minimum temperatures of the medicine refrigerators should be monitored and recorded. **Ref: Criterion 39.1**	One	New recording sheets introduced and this is being monitored during the auditing process.	21 September 2014
7	39	The medicine refrigerator in the dementia care unit should be locked. **Ref: Criterion 39.1**	One	Same attended to immediately and retained on the medicine keys.	21 September 2014
8	39	Overstock oxygen cylinders should be chained to the wall. **Ref: Criterion 39.1**	One	Immediately actioned and ongoing.	21 September 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
9	39	The storage of external medicines in individual patient's rooms should be risk assessed. **Ref: Criterion 39.1**	One	Al external preparations are now retained in the Treatment rooms to minimise risks and distributed to Care and Nursing Staff when required.	21 September 2014
10	39	Blood glucose meters should have quality control checks performed on them in accordance with the manufacturers' instructions. **Ref: Criterion 39.1**	One	Actioned immediately and ongoing.	21 September 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 and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mary Mc Kee Mary McKee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Edward Maguire. E McMaguire

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	30/9/14
B.	Further information requested from provider		X	Paul W. Nixon	30/9/14