NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020765**
Establishment ID No:	**1498**
Name of Establishment:	**St Joseph's**
Date of Inspection:	**7 January 2015**
Inspectors Names:	**Cathy Wilkinson**

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

Name of home:	St Josephs
Type of home:	Nursing Home
Address:	16 Princes Street Warrenpoint Newry BT34 3NH
Telephone number:	0284175 3572
E mail address:	stjosephs@kilmoreycare.com
Registered Organisation/ Registered Provider:	Kilmorey Care Ltd Mrs Peggy O'Neill
Registered Manager:	Mrs Jacqueline Rooney
Person in charge of the home at the time of Inspection:	Mrs Jacqueline Rooney
Categories of care:	NH-LD, NH-I, NH-LD(E), NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)
Number of registered places:	50
Number of patients accommodated on day of inspection:	45
Date and time of current medicines management inspection:	7 January 2015 10:45 – 14:30
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	19 December 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 Jacqueline Rooney, Registered Manager, staff on duty and Mrs Peggy O'Neill Responsible Person by telephone on 8 January 2015
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

St Joseph's is located centrally within Warrenpoint town and can provide care for a maximum of 50 persons.

The home overlooks the sea front and some bedrooms have a sea view. There are adjacent gardens and car parking spaces available within the home grounds.

The home is registered to provide nursing and residential care, and respite care is also provided when occupancy levels allow. Day care is provided within a designated area of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of St Joseph's was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 7 January 2015 between 10.45 and 14.30. 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 Jacqueline Rooney and with the registered nurses on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

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

The requirements and recommendations made at the previous medicines management inspection on 19 December 2011 were examined during the inspection. The inspector's assessment of compliance is detailed in Section 5 of this report. Of the four requirements, two were assessed as compliant, one was moving towards compliance and one was not assessed and had been carried forward to be examined at the next medicines management inspection. Of the two recommendations, one was substantially compliant and the other was not 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 the care inspector.

Improvement is required in most areas of the management of medicines. Feedback on the outcome of this inspection was provided to the responsible person, Mrs Peggy O'Neill, by telephone on 8 January 2015. The importance of ensuring that the issues discussed were fully addressed was emphasised. Following discussion with senior pharmacist inspector after the inspection it was decided to give the registered persons a period of time to address the issues evidenced during the inspection. Further enforcement action may be considered by RQIA if sufficient progress is not made.

A range of audits was attempted on randomly selected medicines which were not contained in the monitored dosage system. Most of these audits could not be completed as the date of opening of the medicines had not been recorded. Significant discrepancies were noted in the audits other medicines. The home does not have robust systems in place to ensure that patients are being administered medicines as prescribed. The registered manager must implement a robust auditing system. Copies of audits completed during January, February and March 2015 must be submitted to RQIA by the fifth working day of the following month.

There was evidence that some medicines (warfarin and temazepam) prescribed for individual patients had been lent/borrowed between patients as individual supplies had been allowed to run out of stock. This is unacceptable. Each patient must have their own supply of medicine available for administration. An urgent actions letter was issued to the registered manager requiring confirmation that all patients had a supply of their prescribed medicines available for administration as prescribed. This confirmation was received by telephone on 8 January 2015.

Supplies of warfarin tablets for several patients could not be audited. The registered person must ensure that there are robust systems for the management of anticoagulants.

One patient had not been administered simvastatin tablets for 22 days and it could not be determined if enoxaparin had been administered as prescribed to another patient. The registered manager is required to investigate these incidents and send a written report of the outcome to RQIA.

The personal medication records and medication administration records (MARs) which were reviewed at this inspection require further attention to ensure that they are fully and accurately maintained. A record must be made of all medicines that are disposed of.

Further attention is required to ensure that medicines are appropriately stored. Medicines must be stored at the correct temperature and the maximum and minimum temperatures of the medicine refrigerator must be monitored to ensure it is within the required range of $2^{o}C$ and $8^{o}C$. Medicines with a limited shelf life must be dated once opened to ensure that they are appropriately disposed of once the date of expiry is reached.

The inspection attracted a total of 12 requirements and five 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.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 19 December 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must investigate the audit discrepancies noted for one patient. A written report detailing the outcome and action taken to prevent a recurrence must be forwarded to RQIA. **Stated once**	This was investigated and the report received by RQIA. Part of the investigation revealed that tablets had been borrowed from one patient's supply to administer to another. It was disappointing to note that this practice was evidenced again at this inspection three years later. The requirement as stated is compliant however a further requirement relating to this issue has been made.	**Compliant**
2	13(4)	The registered manager must ensure that the time recorded for the administration of bisphosphonates on the personal medication record accurately reflects practice. **Stated once**	The time recorded on the personal medication records was appropriate.	**Compliant**
3	13(4)	Staff must ensure that MARs sheets are fully and accurately maintained. The reason for any non-administration must be documented. The date of administration must be accurately documented on all occasions. **Stated once**	Further attention is required to ensure that MARs sheets are fully and accurately maintained as detailed in Criterion 38.2. **This requirement has been restated.**	**Moving towards compliance**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that the appropriate documentation for self-administration is in place. **Stated once**	No patients currently self-administer medicines. **This requirement has been carried forward to be examined at the next inspection.**	**Not applicable**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	Ensure that the date of opening is documented appropriately to facilitate accurate audits. **Stated three times**	The date of opening had not been recorded on the majority of medicines that were not in the blister pack system. **This recommendation has been subsumed into a requirement.**	**Not compliant**
2	38	The registered manager should ensure that entries on the personal medication records and hand written entries on the MARs sheets are verified by a second nurse. **Stated once**	The majority of these entries had been verified and signed by a second nurse.	**Substantially compliant**

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Improvement is required in the management of medicines to ensure that it is accordance with legislative requirements, professional standards and DHSSPS guidance. The majority of medicines are contained within a blister pack system. For those medicines not contained within the blister pack, the majority could not be audited as the date of opening had not been recorded. It could not therefore be verified by the inspector that these medicines had been administered in accordance with prescribed instructions. During this inspection it was only possible to audit five individual medicines, and a supply brought in from hospital by one patient. All of the audits except the supply brought from hospital showed significant discrepancies. This was discussed in detail with the registered manager. As stated in Criteria 37.5 and 37.7, a robust audit system must be implemented to ensure that patients are administered medicines as prescribed. A requirement has been made. Audits were attempted on supplies of warfarin tablets for three patients and none could be brought to a satisfactory conclusion. The record of administration was unclear and incomplete. Running stock balances are not routinely completed. One patient did not have a supply of warfarin for administration that was due on the evening of the inspection. The registered nurse telephoned the pharmacy during the inspection to ensure that a supply would be available. There was evidence that on occasion warfarin tablets were being lent/borrowed between patients as the patient did not have sufficient tablets to be administered from their own supply. One patient's warfarin tablets did not have a pharmacy dispensing label as it had been removed.	Not compliant

The registered manager must ensure that the arrangements in place for the management of anticoagulants are robust. A requirement has been made. A supply of enoxaparin injections could not be audited for one patient. The registered manager was required to investigate this medicine to determine whether it had been administered as prescribed. It was noted that one patient had not been administered simvastatin for 22 days. This is unacceptable. The registered manager was required to investigate the incidents involving simvastatin and enoxaparin and submit a report to RQIA which details any action taken to prevent a recurrence. A requirement has been made. There was evidence that this patient had also been without a supply of zopiclone tablets for five days in November. A note in the controlled drug record book indicated that one patient had been administered temazepam from another patient's supply. An urgent actions letter was issued to the registered manager requiring confirmation that all patients had a supply of their prescribed medicines available for administration as prescribed. This confirmation was received by telephone on 8 January 2015. The registered manager must ensure that robust stock management systems are in place to ensure that patients do not run out of their prescribed medicines. A requirement has been made.	

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. They were not examined during this inspection. Due to the outcome of this inspection, the registered manager should ensure that the SOPs are reviewed to ensure that they adhere to the regulations regarding the denaturing of controlled drugs prior to disposal and are reflective of current practice within St Joseph's. A recommendation has been made.	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:	
Update training on the management of medicines is provided annually for all nursing staff. Competency assessments are also completed annually. Records were available for inspection. Due to the outcome of this inspection, further training on the issues raised should be provided to the registered nurses. A recommendation has been made.	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 registered manager confirmed that there is annual staff appraisal and that nurses have regular supervision. The outcome of this inspection illustrates that this process should be reviewed.	Substantially compliant
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 advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. During inspection two patients were found to have had no medicines for a number of days and as stated in Criterion 37.1 some medicines were observed to have been shared between patients. The audit systems in place had not identified these as medication incidents that should have been reported to RQIA. As stated in Criterion 37.7, the registered manager must ensure a robust audit system is implemented and completed regularly.	Moving towards compliance
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 pharmacy who has advised the home that they hold the appropriate waste management licence. The registered manager advised that controlled drugs had not been denatured before being returned to the community pharmacist. Controlled drugs (in Schedule 2, 3 and 4 (part 1), which include temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem) must be denatured and therefore rendered irretrievable prior to disposal. A requirement has been made.	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:	
Audits to determine that medicines had been administered as prescribed, using the date of opening as a baseline, had not been completed since June 2014. Audits on the medicine records had been completed in October 2014 and the community pharmacy had also completed an external audit recently. Due to the outcome of this inspection, the auditing arrangements within the home must be enhanced in order to give assurance that medicines are being administered as prescribed and that the arrangements for the management of medicines are robust. The registered manager was required to submit copies of the audits completed in the home for January, February and March 2015 within five working days of the following month. A requirement has been made.	Moving towards compliance.

INSPECTORS' 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:	
Further attention is required in the maintenance of medicine records to ensure that there is a clear audit trail.	Moving towards compliance
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 personal medication records and medication administration records (MARs) which were reviewed at this inspection require further attention to ensure that they are fully and accurately maintained. Some of the personal medication records examined did not have all of the prescribed medicines recorded. Some inhaled medicines and food supplements were recorded on the MARs sheets but not on the personal medication records. The registered manager must ensure that personal medication records are fully and accurately maintained. A requirement has been made. The MARs sheets require improvement to ensure that all medicines administered or not administered are appropriately recorded. There were unexplained omissions in the record and the date of administration of some of the medicines was sometimes unclear.	Moving towards compliance

The registered manager must ensure that the MARs sheets are fully and accurately maintained. The requirement made previously has been restated. The records of medicines received into the home were observed to be maintained in a generally satisfactory manner. The records of disposal of waste medicines were examined. This record should be signed by two nurses who witness the disposal. Controlled drugs which are disposed of should also be recorded in this book as well as the controlled drugs record book. The registered manager should ensure that the record of medicines disposed of is fully and accurately maintained. A recommendation has been made.	

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drugs record book was generally completed appropriately. However the entries for morphine sulphate liquid for one patient had not been fully completed. The registered manager should closely monitor the completion of the controlled drugs record book ensure that all entries are fully documented. A recommendation has been made.	Substantially compliant

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

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
There is sufficient storage space for medicines in the medicine trolleys and cupboard. Further attention is required to ensure that medicines are appropriately stored. In use insulin pens were removed from the refrigerator; they should be stored at room temperature whilst in use. The registered nurse was aware of this and advised that further supplies were available in the medicine trolley. Opened supplies of Procal liquid were removed from the medicine trolley as they should be stored in the refrigerator. Some medicines (e.g. insulin, eye drops, and food supplements) have a limited shelf life once opened. The date of opening of these medicines must be recorded so that the date of expiry can be determined. This had not been done for any of these medicines in the home. The registered manager must ensure that medicines are stored in accordance with the manufacturers' instructions. A requirement has been made. The current temperature of the medicine refrigerator is recorded daily. The maximum and minimum temperature must be recorded and should be maintained within the acceptable range (2^{o}C and 8^{o}C). A requirement has been made.	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 key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys by the nurse in charge.	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 not reconciled at each handover of responsibility. Controlled drugs are reconciled at 22:00 each night by the nurses on duty at that time. It is recommended good practice that controlled drugs are reconciled at each shift change. A recommendation has been made.	Not compliant

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

7.0 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 Jacqueline Rooney, 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:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ST JOSEPH'S
7 JANUARY 2015

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 Jacqueline Rooney, 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 confirm that all patients have a supply of their prescribed medicines available for administration as prescribed. **Ref: Urgent actions letter and Criterion 37.1**	One	Actioned on the day and confirmed with inspector the following morning that all medication had been received.	8 January 2015
2	13(4)	The registered manager must ensure that the appropriate documentation for self-administration is in place. **Ref: Section 5**	One	No Patient Self Administrating Currently Policy procedure and GP Approval all available in the event of a patient self adminstrating medication.	On-going
3	13(4)	Staff must ensure that MARs sheets are fully and accurately maintained. The reason for any non-administration must be documented. The date of administration must be accurately documented on all occasions. **Ref: Section 5 and Criterion 38.2**	Two	All MARS and main prescription sheets have been checked for accuracy and reason for non adminstration is recorded. Dates and times of adminstration are accurately documented. This will be routinely audited for acuraracy.	7 February 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must ensure a robust audit system is implemented and completed regularly. **Ref: Criteria 37.1, 37.5 and 37.7**	One	Weekly audit are now taking place to ensure accuracy of administration. These audits are forwarded to R.Q.I.A	7 February 2015
5	13(4)	The registered manager must ensure that the arrangements in place for the management of anticoagulants are robust. **Ref: Criterion 37.1**	One	New warfarin sheet developed.Warfarin prescription sheet now reads as per inr instead of changing it as each result received.	7 February 2015
6	13(4)	The registered manager was required to investigate the incident regarding the administration of simvastatin and enoxaparin and submit a report to RQIA which should detail any action taken to prevent a recurrence. **Ref: Criterion 37.1**	One	Please see attached report on this requirement. A separate report has already been sent re: simvastatin.	7 February 2015
7	13(4)	The registered manager must ensure that robust stock management systems are in place to ensure that patients do not run out of their prescribed medicines. **Ref: Criterion 37.1**	One	Audits are in place and staff must order medication in adequate time to ensure patients do not run out of same. Stock control has been revised and delivery of monthly medications so that any missing medication can be identified in a timely manner.	7 February 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13(4)	The registered manager must ensure that controlled drugs are denatured prior to disposal. **Ref: Criterion 37.6**	One	The process of denaturing has been implemented and all staff have been trained re:same..	7 February 2015
9	13(4)	The registered manager must submit copies of any audits completed in January, February and March 2015 to RQIA **Ref: Criterion 37.7**	One	Audits submitted and monthly audits ongoing.	By the fifth working day of February, March and April 2015
10	13(4)	The registered manager must ensure that personal medication records are fully and accurately maintained. **Ref: Criterion 38.2**	One	Medicine kardexes have been rewritten and are being reviewed for accuracy on a monthly basis.	7 February 2015
11	13(4)	The registered manager must ensure that medicines are stored in accordance with the manufacturers' instructions. **Ref: Criterion 39.1**	One	Appropriate medication for fridge storage is listed on door of fridge.	7 February 2015
12	13(4)	The registered manager must ensure that the maximum and minimum refrigerator temperature are recorded and are maintained within the acceptable range (2^{o}C and 8^{o}C). **Ref: Criterion 39.1**	One	Temperatures are being recorded daily and are within acceptable limits. Staff have been trained in resetting the thermometer so that readings are accurate and records maintained and audited.	7 February 2015

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 ensure that the SOPs for controlled drugs are reviewed to ensure that they adhere to the regulations regarding the denaturing of controlled drugs prior to disposal and are reflective of current practice within St Joseph's. **Ref: Criterion 37.2**	One	Standard operations procedure has been reviewed and include Procedure for Denaturing controlled drugs.	7 April 2015
2	37	The registered manager should ensure further training is provided for the registered nurses on the management of medicines. **Ref: Criterion 37.3**	One	Training has been arranged for 10th March to be delivered by McKeevers pharmacist.	7 April 2015
3	38	The registered manager should ensure that the record of medicines disposed of is fully and accurately maintained. **Ref: Criterion 38.2**	One	Staff have been made aware that all drugs for disposal must have two nurses signatures This also will be included in audits.	7 February 2015
4	38	The registered manager should closely monitor the completion of the controlled drugs record book ensure that all entries are fully documented. **Ref: Criterion 38.3**	One	Controlled drug book is being included in the overall drug audit.	7 February 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	39	The registered manager should ensure that 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. **Ref: Criterion 39.3**	One	A new schedule 2 and schedule 3 controlled drugs folder has been put in place and medications in this folder are now reconciled at the handover at the end of each shift by two nurses. This procedure is being audited and is proving very effective at present.	7 February 2015

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	Jacqueline Rooney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Peggy O'Neill

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	03/03/2015
B.	Further information requested from provider		No		