# NURSING HOME
# MEDICINES MANAGEMENT INSPECTION REPORT

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| **Inspection No:** | **18105** |
| **Establishment ID No:** | **1501** |
| **Name of Establishment:** | **The Retreat Care Centre** |
| **Date of Inspection:** | **9 April 2014** |
| **Inspector's Name:** | **Cathy Wilkinson** |


**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

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|---|---|
| **Name of home:** | The Retreat Care Centre |
| **Type of home:** | Nursing Home |
| **Address:** | 62 Drumilly Road<br>Armagh<br>BT61 8RH |
| **Telephone number:** | 02838891202 |
| **Registered Organisation/ Registered Provider:** | Larchwood Care Homes (NI) Ltd<br>Mr Ciaran Henry Sheehan |
| **Registered Manager:** | Mrs Heather Maxwell (Registration pending) |
| **Person in charge of the home at the time of Inspection:** | Mrs Heather Maxwell |
| **Categories of care:** | NH-DE, NH-MP, NH-MP(E) |
| **Number of registered places:** | 40 |
| **Number of patients accommodated on day of inspection:** | 20 |
| **Date and time of current medicines management inspection:** | 9 April 2014<br>10:30 – 15:30 |
| **Name of inspector:** | Cathy Wilkinson |
| **Date and type of previous medicines management inspection:** | 18 April 2011<br>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 Heather Maxwell (Manager) and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

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

**Table 1: Compliance statements**

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

## 3.0 PROFILE OF SERVICE

The Retreat Care Centre provides care for up to 40 male patients who require care under the following categories:

Nursing Care (MP) - Mental disorder excluding learning disability or dementia

Nursing Care MP (E) - Mental disorder excluding learning disability or dementia - over 65 years

Nursing (DE) - Dementia

The home is located approximately two miles from the village of Loughgall and comprises of thirty seven single bedrooms, two double bedrooms, two sitting rooms, a visiting room, a designated smoke room, two dining rooms, a kitchen, a laundry, toilet/washing facilities, staff accommodation and offices.

Larchwood Care Homes (NI) Ltd has been the registered provider since December 2013. This is the first medicines management inspection since the home has been re-registered.

## 4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Retreat Care Centre was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 9 April 2014 between 10:30 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 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 manager of the home, Ms Heather Maxwell and with the registered nurses on duty. Ms Maxwell had been newly appointed as the manager of the home and had been in position for approximately six weeks. The registered provider has also recently acquired the home. This was taken into account throughout the inspection.

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 some of the arrangements for the management of medicines in The Retreat Care Centre are not compliant with legislative requirements and best practice guidelines. An immediate and sustained improvement in the management of medicines is necessary.

The outcome of this inspection raised serious concerns regarding the health and wellbeing of the patients. There was evidence that the healthcare needs of the patients were not always met and that the registered nurses did not take appropriate action when necessary. The findings of this inspection indicate that staff require further training and competency assessment on all aspects of the management of medicines and in the management of specific health conditions. All staff must have the skills to meet the needs of the patients.

Some of the audits, which were completed on randomly selected medicines, indicated that unsatisfactory correlations existed between the prescribed instructions, patterns of administrations and stock balances. Significant discrepancies were noted in some medicines. There were no records for the administration of external medicines. This indicates that medicines were not administered as prescribed and the health and wellbeing of the patients may be affected. The manager was asked to undertake and investigation into these discrepancies and report the outcomes to RQIA.

Auditing is completed on a monthly basis and running stock balances are recorded for most medicines not contained within the monitored dosage system; however, the issues raised at this inspection indicate that the audit system is not robust. Suitable auditing and monitoring procedures must be implemented for all areas of the management of medicines.

Improvement is required in the maintenance of the personal medication records and in the completion of the medicine administration record (MARS) sheets. It was noted that these records had not been fully and accurately maintained.

The storage of medicines requires improvement to ensure that medicines are removed from stock when no longer required and that medicines are stored hygienically and in accordance with infection control guidelines.

The inspection attracted a total of 14 requirements and two recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

Due to the findings of this inspection, a serious concerns meeting was held with Mr Ciaran Sheehan (Registered Person) and Mr Martin Doran (Director), of Larchwood Care Homes (NI) Ltd. This meeting was held in RQIA Belfast office on 17 April 2014. Ms Heather Maxwell (Home Manager), Frances Gault (Senior Pharmacy Inspector) and Cathy Wilkinson (Pharmacist Inspector), were in attendance. The findings of the inspection were discussed. The management of Larchwood Care Homes (NI) Ltd outlined their proposed action plan to address the issues detailed in the draft quality improvement plan which had been issued to them on the day following the inspection. A further medicines management monitoring inspection has been planned. Failure to address the on-going issues may lead to enforcement action.

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

This is the first medicines management inspection since the home has been reregistered.

**SECTION 6.0**

| STANDARD 37 - MANAGEMENT OF MEDICINES<br>Medicines are handled safely and securely. | |
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| **Criterion Assessed:**<br>37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| Significant improvements in the management of medicines are necessary to ensure that medicines management is in accordance with legislative requirements, professional standards and DHSSPS guidance. The findings of the inspection were discussed in detail with the manager who confirmed that immediate corrective action would be implemented.<br><br>A number of concerns were raised with regard to the management of medicines for patients with specific healthcare needs. Patient A is prescribed metformin sachets which had been unavailable for administration for four days. During this period his blood sugars were monitored and noted to be very high. There was no evidence of any action being taken by the registered nurses following this result. The nurse on duty advised that at the shift handover that evening, the night nurse had been advised to recheck the blood sugar. There was no evidence that this had been done. The daily progress notes covering this period make little reference to the fact that metformin was unavailable or that the patient's blood sugar was elevated. The only entry noted by the inspector was on the day following the elevated blood sugar reading which stated 'still awaiting metformin. No concerns'.<br><br>Due to the unavailability of the metformin sachets, metformin MR tablets were obtained. There was no evidence that staff had sought advice on the administration of these tablets and their suitability for crushing prior to administration. The registered person must investigate the circumstances surrounding this incident and forward a written report to RQIA of the outcome and the action taken to prevent recurrence. A requirement has been made. | Not compliant |

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|---|---|
| The registered person must ensure that an appropriate care plan is in place for the management of diabetes for Patient A, which directs the care required and action to be taken by the registered nurses if elevated blood sugars are noted. A requirement has been made.<br><br>Patient B was prescribed a complex regime for skin care. The MARs sheets record that the administration of these creams has been delegated by the registered nurses to the carers and states that the record of administration was made in the carers' file. During the inspection the inspector was advised this record did not exist and that the carers/nurses had occasionally noted in the progress notes 'creams applied'. There was no evidence that the complex skin care regime had been followed. There was no oversight of this delegated task by the registered nurses. The registered person must investigate the non-administration of the prescribed skin care regime to Patient B and forward a written report to RQIA of the outcome and the action taken to prevent recurrence. A requirement has been made.<br><br>The registered person must immediately review and revise the management of external medicines to ensure that they are being administered to patients as prescribed. A requirement has been made.<br><br>This patient had commenced an oral immunosuppressant medicine for the treatment of his skin condition on the day prior to the inspection. This medicine was audited during the inspection and it was found that he had only received four out of the five tablets that had been recorded as administered.<br><br>Patient B is also prescribed lorazepam three times a day. The timing of one of the doses had been reviewed and changed on 28 February 2014. The personal medication record and MARs sheet had not been updated with the new directions and for the first three days of the current medicine cycle the patient had received this medicine at the wrong time in accordance with the obsolete dosage directions.<br><br>Further audits were performed on randomly selected medicines. Significant audit discrepancies were observed in the administration of Epilim liquid and ferrous fumarate syrup prescribed for Patient C. Tiotropium capsules had not been administered to Patient D for six consecutive days, even though these capsules were in stock. This omission by staff had the potential to affect the health and wellbeing of the patient. The manager was asked to investigate these discrepancies and a written report of the outcome must be sent to RQIA by 17 April 2014. Two requirements have been made. | |

| **Criterion Assessed:**<br>37.2 The policy and procedures cover each of the activities concerned with the management of medicines. | **COMPLIANCE LEVEL** |
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| **Inspection Findings:** | |
| Policies and procedures were not examined during this inspection. | Not inspected |

| **Criterion Assessed:**<br>37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff. | **COMPLIANCE LEVEL** |
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| **Inspection Findings:** | |
| Due to the outcome of this inspection, it is clear that further training and competency assessments are required for all the registered nurses. The registered person must ensure that all staff are trained, competent and have the skills required to meet the needs of the patients.<br><br>The registered person must ensure that all staff receive additional training to include:<br>• Management of diabetes<br>• Management of respiratory illnesses<br>• Management of skin conditions<br>• Management and administration of medicines<br><br>The manager must implement systems to ensure that this training is embedded in practice. Records must be maintained to evidence this.<br><br>Two requirements have been made. | Not compliant |
| **Criterion Assessed:**<br>37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| There is regular staff appraisal and competency assessment with respect to medicines management. A record is kept of all staff appraisals and competency assessments. Due to the range and serious nature of the concerns raised at this inspection it is recommended that the system of supervision and appraisal is reviewed. A recommendation has been made. | Moving towards compliance |

| **Criterion Assessed:**<br>37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. | **COMPLIANCE LEVEL** |
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| **Inspection Findings:** | |
| Although one incident with regards to medicines has been reported recently, the medication incidents referred to in Criterion 37.1 were not highlighted and recognised as reportable incidents. The registered person must implement a robust system that ensures that any incident which adversely affects the wellbeing or safety of any patient is appropriately reported. A requirement has been made. | Not compliant |
| **Criterion Assessed:**<br>37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| The disposal of medicines was not inspected. | Not inspected |

| **Criterion Assessed:**<br>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:** | |
| There is a system for auditing medicines in the home which is completed monthly. However, this system has failed to identify the concerns raised during this inspection. There was no evidence of the actions taken as a result of the outcomes of the internal audits and these audits often highlighted the same concerns each month. This indicates that the issues were not being appropriately and effectively managed. The registered person must ensure that there is a robust audit system in place. A requirement has been made. | Moving towards compliance |

| STANDARD 38 - MEDICINE RECORDS<br>Medicine records comply with legislative requirements and current best practice. | |
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| **Criterion Assessed:**<br>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 medicine records were observed to be generally maintained in a manner that facilitates audit activity, however improvements are required as detailed in Criterion 38.2. The completed MARs sheets from previous medicines cycles had not been appropriately filed to facilitate retrieval. This should be addressed. A recommendation has been made. | Substantially compliant |
| **Criterion Assessed:**<br>38.2 The following records are maintained:<br>• Personal medication record<br>• Medicines administered<br>• Medicines requested and received<br>• Medicines transferred out of the home<br>• Medicines disposed of. | **COMPLIANCE LEVEL** |
| **Inspection Findings:** | |
| A sample of the above records was examined.<br><br>The personal medication records examined during this inspection had been written and updated by two nurses and the entries noted contained the required information. However, recent changes in the prescribed medicines had not been documented on some of the personal medication records. Newly prescribed medicines had not been recorded and discontinued medicines had not been cancelled. The registered person must ensure that the personal medication records are fully and accurately completed. A requirement has been made. | Moving towards compliance |

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| The completion of the MARs sheets requires improvement. The evidence from this inspection indicated that these records had not accurately completed on every occasion that medicine was administered. The outcome of the audits of the medicines prescribed for Patient C indicated that the medicines had been recorded as having been administered when they had not. The lorazepam tablets prescribed for patient B had been administered incorrectly because the MARs sheets and personal medication records had not been updated with the new dosage instructions. The registered person must ensure that medicine administration records are fully and accurately completed. A requirement has been made.<br><br>A record of the receipt was made for the majority of medicines inspected during this inspection.<br><br>The record of disposal of medicines was not examined during this inspection. | |

| **Criterion Assessed:**<br>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 records were observed to have been maintained in the required manner.<br><br>A sample of records were reviewed and found to be satisfactory. Quantities of controlled drugs matched balances recorded in the controlled drug record books. | Compliant |

| STANDARD 39 - MEDICINES STORAGE<br>Medicines are safely and securely stored. | |
|---|---|
| **Criterion Assessed:**<br>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 manufacturers' instructions.<br><br>Medicine refrigerator temperatures are recorded daily and are maintained within the recommended limits for the cold storage of medicines.<br><br>One medicine was removed from stock during the inspection as it was no longer prescribed and a different formulation was in the blister pack system. There was a risk that both medicines could have been administered. The registered person is reminded that when medicines are no longer prescribed that they should be removed from stock.<br><br>The container in which the creams prescribed for Patient B were stored was observed to be very dirty and sticky. One of the creams did not have a top. The contents of the container had been spilled and they were not clean. A supply of eye drops were at the bottom of this container and were removed from stock as the creams and lotions had been spilled on them and they were unfit for use. This is unacceptable. The registered person must ensure that medicines are stored in accordance with infection control guidelines. A requirement has been made. | Moving towards compliance |

| **Criterion Assessed:**<br>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 of the controlled drugs cabinet and the medicine trolleys were observed to be in the possession of the designated nurse. | Compliant |

| **Criterion Assessed:**<br>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:** | |
| There were no Schedule 2 controlled drugs in stock at the time of this inspection. Schedule 3 and some schedule 4 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. | Compliant |

## 7.0 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The records of two patients who are prescribed 'when required' medicines for distressed reactions were examined.

Patient E is prescribed diazepam liquid. This was recorded on the personal medication record and MARs sheets. The administration of this medicine was recorded both on the MARs sheets and the reason for the administration was documented in the daily progress notes. There is a care plan in place for distressed reactions, however, this does not make reference to the administration of diazepam.

Patient F is prescribed diazepam tablets. This was not documented on the personal medication record. The administration had been recorded on the MARs sheets and the reason for the administration had been recorded in the progress notes. There was no care plan in place which made reference to the administration of this medicine or the parameters for administration.

The registered person must review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. A requirement has been made.

## 8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Heather Maxwell, 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**

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**Cathy Wilkinson** **Date**
Pharmacist Inspector

# QUALITY IMPROVEMENT PLAN

## NURSING HOME
## UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

## THE RETREAT CARE CENTRE

## 9 APRIL 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 Heather Maxwell, Manager**, either during or after 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**<br>**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(1)(a) | The registered person must investigate the management of diabetes for Patient A between 28 March 2014 and 4 April 2014. This investigation should include:<br><br>• The management of raised blood sugar levels<br>• The unavailability of prescribed medicines<br>• The administration of Metformin MR tablets<br>• The completion of the daily progress notes over this period<br><br>**Ref: Criterion 37.1** | One | Investigation completed and findings concur with the inspection.<br>New care plan in place for management of raised blood sugar levels. All staff are aware of this and actions are clear.<br>Medication was ordered from Boots however was not available. This is not acceptable.<br>We have moved to a new provider who have been made aware of this problem.<br>Ordering practices have been reviewed Metformin MR tablets - This has been investigated and staff are now fully aware of their responsibilities in this area.<br>The current recording systems have been reviewed and are more streamlined and easily followed.<br>Staff training in the new system is well under way.<br>All staff have been reminded of the importance of recording accurately at all times. | 17 April 2014 |

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 2 | 16(1) | The registered person must ensure that an appropriate care plan is in place for the management of diabetes for Patient A, which directs the care required and action to be taken by the registered nurses if elevated blood sugars are noted.<br><br>**Ref: Criterion 37.1** | One | An appropriate care plan is in place for the management of diabetes for patient A. This care plan directs the care required and action to be taken by the registered nurses if elevated blood sugars are noted | 17 April 2014 |
| 3 | 13(1)(a) | The registered person must investigate the non-administration of the prescribed skin care regime to Patient B.<br><br>**Ref: Criterion 37.1** | One | This investigation is complete. Whilst the prescribed skin care regime was in operation, recording of this was inadequate. This has been corrected | 17 April 2014 |
| 4 | 13(4) | The registered person must review and revise the management of external medicines to ensure that they are being administered as prescribed.<br><br>**Ref: Criterion 37.1** | One | The management of external medicines has been reviewed. A carers file is now in place which records those medicines being applied by carers and the mars sheet is signed accordingly. All care staff are due to receive training in the application of creams and lotions. This will be completed within the next 6 weeks. | 17 April 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 investigate the discrepancies noted in the remaining stock balances of Epilim Liquid and ferrous fumarate syrup prescribed for Patient C.<br><br>**Ref: Criterion 37.1** | One | An Investigation into the noted discrepancies has been completed.<br>Ferrous fumarate - a shortfall of 60 mils was found to be present.<br>Epilim - The investigation suggests that two open bottles were in use.<br>A running total of all medications is in place at each administration together with oral syringes | 17 April 2014 |
| 6 | 13(4) | The registered person must investigate the non-administration of tiotropium capsules to patient D between 26 and 31 March 2014.<br><br>**Ref: Criterion 37.1** | One | This has been investigated and it would appear that Tiotropium was in stock however had not been transferred to the medication trolley from the overstock cupboard.<br>All staff have been reminded of the companies medication policy and their professional responsibilities under NMC guidelines. | 17 April 2014 |
| 7 | 20(1)(a) | The registered person must ensure that all staff are trained and competent to meet the health needs of the patients.<br><br>**Ref: Criterion 37.3** | One | All staff undergo competency based training as their induction.<br>This will continue and in addition medicare are providing training for non-qualified staff in both skin care and Dysphagia incorporating the correct use of thickening agents. | 9 May 2014 |

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 8 | 20(1)(a) | The registered person must ensure that all staff receive additional training to include:<br>• Management of diabetes<br>• Management of respiratory illnesses<br>• Management of skin conditions<br>• Management and administration of medicines<br><br>The manager must implement systems to ensure that this training is embedded in practice. Records must be maintained to evidence this.<br><br>**Ref: Criterion 37.3** | One | A training programme has commenced for both management and administration of medicines and management of skin conditions.<br>All staff will have received additional training in management of diabetes and management of respiratory illnesses by 30th September 2014. Records will be kept within each staff members training file to evidence this. Care plans will evidence how this training has been embedded into practice. | 9 June 2014 |
| 9 | 30(1)(d) | The registered person must implement a robust system that ensures that any incident which adversely affects the wellbeing or safety of any patient is appropriately reported.<br><br>**Ref: Criterion 37.5** | One | All incidents that adversely affest the wellbeing or safety of any patient is appropriately reported. | 9 May 2014 |
| 10 | 13(4) | The registered person must ensure that there is a robust audit system in place.<br><br>**Ref: Criterion 37.7** | One | The audit system is robust and completed by the manager monthly. In addition weekly audits are completed by an external person which serve as an ongoing check. | 9 May 2014 |

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 11 | 13(4) | The registered person must ensure that personal medication records are up to date.<br><br>**Ref: Criterion 38.2** | One | A thorough process has been completed to bring together all aspects of the prescription and administration process. This included filing of prescription and mars sheets, rewriting of all kardexs and a request for medicines review by GP<br>. | 9 May 2014 |
| 12 | 13(4) | The registered person must ensure that medicine administration records are fully and accurately completed.<br><br>**Ref: Criterion 38.2** | One | All staff have received training in recording and completion of medication administration records. The accuracy is audited on a monthly basis and in addition monitored weekly by an external provider. | 9 May 2014 |
| 13 | 13(7) | The registered person must ensure that medicines are stored in accordance with infection control guidelines.<br><br>**Ref: Criterion 39.1** | One | The storing of all medications will be subject to daily and weekly monitoring by the Registered Manager. A record of this will be retained | 9 May 2014 |
| 14 | 13(4) | The registered person must review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained.<br><br>**Ref: Section 7** | One | Care Plans are clearly document the use of medicines for the treatment of distress reactions. The design of documentation is undergoing review to ensure accessibility and ease of use. All appropriate records are now maintained. | 9 May 2014 |

**RECOMMENDATIONS**

**These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.**

| NO. | MINIMUM STANDARD REFERENCE | RECOMMENDATION | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|---|---|---|---|---|---|
| 1 | 37 | The registered person should review the systems in place for supervision and appraisal of staff.<br><br>**Ref: Criterion 37.4** | One | The systems in place for supervision and appraisal for staff have been reviewed and a clear system of supervision is in place. | 9 June 2014 |
| 2 | 38 | The registered person should ensure that medicines records are filed in a manner which facilitates retrieval.<br><br>**Ref: Criterion 38.1** | One | Filing saystems are now in place. | 9 June 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** | HEATHER MAXWELL |
| **NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP** | Ciaran Sheehan |

| **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 | 20/05/2014 |
| B. | Further information requested from provider | | | | |