RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018406**
Establishment ID No:	**1507**
Name of Establishment:	**Manor Court**
Date of Inspection:	**23 September 2014**
Inspector's Name:	**Paul Nixon**

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:	Manor Court
Type of home:	Residential Care Home
Address:	Sloan Street Lurgan Craigavon BT66 8NR
Telephone number:	(028) 3832 9586
E mail address:	carol.mccoy@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Fold Housing Association/ Mrs Fiona McAnespie
Registered Manager:	Ms Carol McCoy
Person in charge of the home at the time of Inspection:	Ms Carol McCoy
Categories of care:	RC-I, RC-LD, RC-LD(E), RC-MP(E), RC-DE
Number of registered places:	41
Number of residents accommodated on day of inspection:	37 (34 residents in the main house and 3 residents in Nightingale respite unit)
Date and time of current medicines management inspection:	23 September 2014 10:00 – 14:30
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	22 February 2012 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Carol McCoy (Registered Manager) and senior care workers 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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Manor Court was first registered in 1994 and is registered to accommodate 41 residents.

Manor Court is located within walking distance of Lurgan town centre. The main building comprises 36 single flatlets, a large communal sitting room, four dining rooms including a small kitchen area to prepare food, a laundry, toilet/washing facilities, staff accommodation and offices. There are well-maintained gardens and grounds and parking spaces to the front of the building with designated parking facilities for disabled users.

An extension to the home took place during 2012 with the addition of a lounge/quiet room with patio doors leading out to an attractive patio area.

An additional secure garden area is available to the rear of the home so that all residents can safely go outside and enjoy the fresh air.

Registered day care is provided for a maximum of eight service users in the communal sitting room and small activity room on the first floor. The registration, management and staffing of the day care provision is separate from the residential facility.

The Nightingale respite unit is situated within a separate bungalow and can be accessed via a link corridor. This unit can provide a respite service for up to five people with Learning Disabilities. The respite unit has five bedrooms, four with en-suite facilities, a dining room, sitting room and a small games room.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Manor Court was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 23 September 2014 between 10:00 and 14:30 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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with Ms Carol McCoy, Registered Manager. 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 Manor Court are moving towards compliance with legislative requirements and best practice guidelines. An area of concern was found regarding the management of topical medicines. The same issues regarding the management of topical medicines had been raised at the previous medicines management inspection.

The nine requirements and two recommendations made at the previous medicines management inspection on 22 February 2012 were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. Three requirements and one recommendation were assessed as compliant. One requirement was moving towards compliance. Five requirements were not compliant and are restated in the Quality Improvement Plan. One recommendation was not examined and is, therefore, restated in the Quality Improvement Plan.

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.

Several areas of good practice were noted and highlighted during the inspection and are detailed in the report.

The outcomes of a range of audit trails, performed on randomly selected medicines, showed that medicines administered by senior care workers in the main house as well as medicines administered in the Nightingale respite unit were being given in accordance with the prescribers' instructions. However, most audits on externally applied medicines, eye treatment medicines and asthma inhalers, all of which are administered by care workers, showed unsatisfactory correlations between the prescribed instructions and patterns of administration. For these medicines, significant gaps were observed in the administration record sheets.

An action plan must be submitted to RQIA in relation to the issues raised regarding the management of topical medicines.

Medicines prescribed for topical application and asthma inhalers must be administered in accordance with the prescribers' instructions.

The registered person must review the arrangements for the administration of medicines in order to ensure that safe practice exists.

There is a programme of medicines management training for senior care workers in the home. Competencies are assessed annually and training is evaluated through supervision and appraisal. Records of training are maintained. The registered manager must ensure the care workers are provided with further training in relation to the management of medicines prescribed for topical application. Furthermore, the competency of the care workers in the management of medicines must be reassessed.

The registered manager must robustly audit the use of medicines prescribed for topical application, as an integral part of the home's medicines governance arrangements, in order to obtain the necessary assurance that they are being administered to residents in accordance with the prescribers' instructions. The registered manager must submit written reports of the outcomes of the audit activity on medicines prescribed for topical application to RQIA on a monthly basis until further notice. Each written report must be submitted to RQIA within five working days of the commencement of the next month.

The registered person should ensure that the recording system in place for residents who are prescribed 'when required' medicines for the treatment of distressed reactions is reviewed to ensure care plans are developed and the reason and outcome of administration is recorded on every occasion.

The topical medicines administration record must be fully and accurately maintained.

The routes of application of eye-treatment medicines should be routinely recorded on the personal medication record sheets.

The removal of lidocaine patches should be recorded.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations.

The inspection attracted eight requirements and four recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan. A medicines management monitoring inspection has been planned. Failure to address the ongoing issues may lead to enforcement action.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 22 February 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Medicines prescribed for topical application must be administered in accordance with the prescribers' instructions. **Stated once**	Most audits on externally applied medicines and eye treatment medicines showed unsatisfactory correlations between the prescribed instructions and patterns of administration, with significant gaps observed in the topical medicines administration record sheets. **This requirement is restated.**	**Not compliant**
2	13(4)	The registered manager must robustly audit the use of medicines prescribed for topical application, as an integral part of the home's medicines governance arrangements, in order to obtain the necessary assurance that they are being administered to patients in accordance with the prescribers' instructions. **Stated once**	The observations made during this inspection showed that any audit activity on topical medicines is inadequate. There was no recorded evidence of any audits having been completed on topical medicines. **This requirement is restated.**	**Not compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must submit written reports of the outcomes of the audit activity on medicines prescribed for topical application to RQIA on a monthly basis until further notice. Each written report must be submitted to RQIA within five working days of the commencement of the next month. **Stated once**	These reports were submitted to RQIA on a monthly basis, over a period of six months. However, the observations made during this inspection showed that the initial improvement in standards had not been sustained. **This requirement is restated.**	**Not compliant**
4	13(4)	The prescribers must be requested to review those medicines which are not being used in accordance with their prescribed instructions. **Stated once**	Requests had been made to the prescribing GPs to review and discontinue medicines as necessary.	**Compliant**
5	13(4)	The registered manager must ensure the care workers are provided with further training in relation to the management of medicines prescribed for topical application. Furthermore, the competency of the care workers in the management of medicines must be reassessed. **Stated once**	Although training had been held for care workers on 30 November 2011, this has not led to an improvement in the standard for managing topical medicines. **This requirement is restated.**	**Not compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	The topical medicines administration record must be fully and accurately maintained. **Stated twice**	Significant gaps were observed in the topical medicines administration record sheets. **This requirement is restated.**	**Not compliant**
7	13(4)	The resident's medicine allergy status must be routinely recorded on their personal medication record sheet. **Stated once**	This practice was observed.	**Compliant**
8	13(4)	The routes of application of eye-treatment medicines must be routinely recorded on the personal medication record sheets and medication administration record sheets. **Stated once**	The routes of application of eye-treatment medicines were recorded on the medicine administration record sheets but not routinely on the personal medication record sheets. **A recommendation is stated.**	**Moving towards compliance**
9	13(4)	The temperature range of the first floor medicine refrigerator must be accurately monitored. **Stated once**	The temperature range of the first floor medicine refrigerator was observed to have been accurately monitored.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Obtain an up-to-date medicine reference book. **Stated twice**	An up-to-date British National Formulary was available.	**Compliant**
2	33	In an instance where a resident self-administers medication, the initial risk assessment and any changes to the risk assessment should be recorded. **Stated once**	No residents currently self-administer medication. **This recommendation was not examined and is carried forward to the next inspection.**	**Not applicable**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that satisfactory correlations existed between the prescribed instructions, patterns of administration and stock balances for medicines prescribed for oral administration - these medicines are administered by staff of senior care worker grade. A significant improvement is needed in the management of medicines prescribed for topical administration and of asthma inhalers. Most of the audits that were performed on medicines prescribed for topical administration (externally applied medicines and eye treatment medicines), as well as several audits on asthma inhalers produced unsatisfactory outcomes – these medicines are administered by staff of care worker grade. This observation is similar to that observed at the previous medicines management inspection. Significant gaps were observed in the topical medicines administration record sheets. An action plan must be submitted to RQIA in relation to the issues raised regarding the management of topical medicines. A requirement is stated. Medicines prescribed for topical application must be administered in accordance with the prescribers' instructions. A requirement is restated. Asthma inhalers must be administered in accordance with the prescribers' instructions. A requirement is stated. One senior care worker administers all oral medication to 36 residents in the main house. This is a particularly challenging task during the morning medicine round. Topical medicines are kept in a locked cupboard in each of the four dining rooms; however, they are administered in the residents' rooms. The increased chance of errors in	Moving towards compliance

medication administration occurring as a result of these arrangements was discussed with the registered manager. The registered person must review the arrangements for the administration of medicines in order to ensure that safe practice exists. A requirement is stated. Written confirmation of the current medication regime was in place for a resident recently admitted to the home from hospital. The registered manager confirmed this routine practice. The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber. Prescriptions are received by the home and checked against the order before being forwarded to the community pharmacy for dispensing, and the medicines received are checked against the written order. The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained. This is good practice. The records in place for the use of a 'when required' anxiolytic medicine in the management of distressed reactions was examined for one resident. The care plan did not detail when the medicine should be administered. The parameters for administration were recorded on the personal medication record and records of administration had been maintained on medicine administration record sheets. However, the reasons for administration and the effect of administration had not been recorded. The registered person should ensure that the recording system in place for residents who are prescribed 'when required' medicines for the treatment of distressed reactions is reviewed to ensure care plans are developed and the reason and outcome of each administration is recorded on every occasion. A recommendation is stated.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines are in place. These were not examined in detail.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The home has an induction training programme for medicines management for senior care workers. There was recorded evidence that senior care workers receive update training on a regular basis. The observations made during this inspection highlight the need for care workers to be provided with further training in relation to the management of medicines prescribed for topical application. Furthermore, the competency of the care workers in the management of medicines must be reassessed. A requirement is restated.	Moving towards compliance
Criterion Assessed: 30.4 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 a system of staff supervision and annual appraisal, including competency assessment is in place for senior care workers. Records are maintained of the competency assessments. As stated under Criterion 30.3, the competency of care workers in the management of medicines must be reassessed.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in the home. These are reported in accordance with the home's policies and procedures.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 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:	
Recorded evidence of the medicines management audit activity was provided for inspection. A sample of medicines prescribed for oral administration is audited each month. The community pharmacist also carries out quarterly medication audits and provides any recommendations in the form of a written action plan. The observations made during this inspection indicate that the current level of audit activity on medicines prescribed for topical application and asthma inhalers is inadequate. The registered manager must robustly audit the use of these medicines, as an integral part of the home's medicines governance arrangements, in order to obtain the necessary assurance that they are being administered to residents in accordance with the prescribers' instructions. The registered manager is also required to submit written reports of the outcomes of this audit activity to RQIA on a monthly basis until further notice; each written report must be submitted to RQIA within five working days of the commencement of the next month. Two requirements are restated.	Moving towards compliance

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

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 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 the topical medicines administration records, the medicine records were legible, well-kept and had generally been constructed and completed to ensure a clear audit trail.	Substantially compliant
Criterion Assessed: 31.2 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:	
There was a satisfactory correlation between the entries on the personal medication records, medication administration records and the medicine labels. Handwritten entries on the personal medication record sheets were verified and signed by two staff members. This is good practice. The routes of application of eye-treatment medicines were recorded on the medication administration record sheets but not routinely on the personal medication record sheets. This information should be routinely recorded on the personal medication record sheets. A recommendation is stated. Several personal medication record sheets were untidy and in need of rewriting. Where more than one personal medication record sheet is in current use for a resident, this should be clearly recorded on each sheet. A couple of obsolete personal medication record sheets needed to be archived. Each of these matters was discussed with the registered manager.	Moving towards compliance

STANDARD 31- MEDICINE RECORDS

The records examined for the administration of oral medicines were maintained in a satisfactory manner. However, significant gaps were observed in the topical medicines administration record sheets. The topical medicines administration record must be fully and accurately maintained. A requirement is restated. The removal of lidocaine patches is not recorded. A recommendation is stated. Records of the receipts and disposals of medicines had been appropriately completed.	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug record book was observed to have been maintained in a satisfactory manner.	Compliant

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

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Appropriate arrangements are in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised. The date of opening is recorded for all medicines. This good practice facilitates the audit process. Controlled drugs subject to safe custody regulations are stored appropriately in a controlled drug cupboard. Two locked refrigerators are used for medicines which require cold storage. Current, maximum and minimum refrigerator temperatures are monitored and recorded on a daily basis. Records were examined and found to be satisfactory.	Compliant
Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
Within each area, the keys of the controlled drugs cabinet, medicine cupboards and medicine trolleys were observed to be in the possession of the designated care staff.	Compliant

STANDARD 32- MEDICINES STORAGE

Criterion Assessed: 32.3 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:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two senior care workers twice daily, at each handover of responsibility. Stocks of diazepam prescribed for 'when required' administration are also reconciled at each handover of responsibility. This good practice is commended. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

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 residents 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 residents 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 Carol McCoy, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

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The Regulation and Quality Improvement Authority
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5 Lanyon Place
Belfast
BT1 3BT

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

MANOR COURT
23 SEPTEMBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Carol McCoy, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

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 Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13 (4)	Medicines prescribed for topical application must be administered in accordance with the prescribers' instructions. **Ref: Criterion 30.1**	Two	Topical medicines management has been reviewed with immediate effect following inspection. Senior staff ensure medicines such as eye drops, inhalers and steroid based preparations are administered in full accordance with the directions of the prescribing doctor.	23 October 2014
2	13 (4)	The registered manager must ensure the care workers are provided with further training in relation to the management of medicines prescribed for topical application. Furthermore, the competency of the care workers in the management of medicines must be reassessed **Ref: Criteria 30.3 and 30.4**	Two	Further training in the managment of topical medicines is arranged for care staff at the first availabiity with the approved pharmacy and is due to occur on 6/11/14. The re-assessment of care staff competency in regard to topical medicines is noted and actioned.	23 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13 (4)	The registered manager must robustly audit the use of medicines prescribed for topical application, as an integral part of the home's medicines governance arrangements, in order to obtain the necessary assurance that they are being administered to patients in accordance with the prescribers' instructions. **Ref: Criterion 30.8**	Two	The Registered Manager has noted this requirement and, on a weekly basis, will audit administration records ensuring she can evidence that she has done so. Senior staff are required to confirm before the end of each shift that administrations have occurred on the prescribed basis. Additionally TMar records are reviewed within the monthly monitoring visits by a senior manager who directs practice and record keeping requirements to the Registered Manager as required.	23 October 2014
4	13 (4)	The registered manager must submit written reports of the outcomes of the audit activity on medicines prescribed for topical application to RQIA on a monthly basis until further notice. Each written report must be submitted to RQIA within five working days of the commencement of the next month. **Ref: Criterion 30.8**	Two	The Registered Manager is providing reports as required to RQIA.	Monthly until further notice. The written report must be submitted to RQIA within five working days of the commencement of the next month.
5	13 (4)	The topical medicines administration record must be fully and accurately maintained. **Ref: Criteria 31.1 and 31.2**	Two	Practice improvements in the maintenance of TMar records are being monitored daily by senior staff, weekly by the registered manager and monthly within the registered provider visits.	23 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
6	13 (4)	Asthma inhalers must be administered in accordance with the prescribers' instructions. **Ref: Criterion 30.1**	One	Administration is occurring in accordance with the directions of the prescribing doctor as a responsibility of senior staff and the Registered Manager.	23 October 2014
7	13 (4)	The registered person must submit an action plan to RQIA in relation to the issues raised regarding the management of topical medicines. **Ref: Criterion 30.1**	One	Action Plan of the Registered Person is provided to RQIA with this QIP.	23 October 2014
8	13 (4)	The registered person must review the arrangements for the administration of medicines in order to ensure that safe practice exists. **Ref: Criterion 30.1**	One	Association policy and procedure for the management of topical medicines is being further reviewed as an outcome to this inspection	23 October 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	33	In an instance where a resident self-administers medication, the initial risk assessment and any changes to the risk assessment should be recorded. **Ref: Section 5.0**	One	At both the time of inspection and at return of QIP there is no self administering activity occurring. The Association has in place robust policy and procedural guidance that includes risk assessment requirements for all cases of self administration.	Ongoing
2	30	The registered person should ensure that the recording system in place for residents who are prescribed 'when required' medicines for the treatment of distressed reactions is reviewed. **Ref: Criterion 30.1**	One	With immediate effect senior staff now document to resident daily notes the administration of PRN medicines, the reason why PRN Medicines are administered and the effect PRN medicines have had. Where PRN medicines are prescribed this is clearly documented to the care plan setting out the reasons why a PRN medicine is needed.	23 October 2014
3	31	The routes of application of eye-treatment medicines should be routinely recorded on the personal medication record sheets. **Ref: Criterion 31.2**	One	Central Prescription Records have been reviewed and include routes of application for eye drops.	23 October 2014
4	31	The removal of lidocaine patches should be recorded.	One	Noted and all required action in place by senior staff.	23 October 2014

		Ref: Criterion 31.2			

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	Carol McCoy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

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

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	**24/10/2014**
B.	Further information requested from provider		X	Paul W. Nixon	**24/10/2014**