Unannounced Medicines Management Inspection Report
28 November 2016

Nazareth House Care Village

Type of Service: Nursing Home
Address: 516 Ravenhill Road, Belfast, BT6 0BW
Tel no: 028 9069 0600
Inspector: Judith Taylor

1.0 Summary

An unannounced inspection of Nazareth House Care Village took place on 28 November 2016 from 10.05 to 16.10.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence that some areas of the management of medicines supported the delivery of safe care and positive outcomes for patients. Management confirmed that staff administering medicines were trained and competent. However, areas for improvement were identified in relation to the administration and storage of medicines. To ensure that the management of medicines was in compliance with the standards, three recommendations have been made, one of these has been stated for a second time.

Is care effective?

A number of areas for improvement were identified and must be addressed to ensure that the management of medicines in this home supports the delivery of effective care. Whilst there was evidence that medicines supplied in the 28 day blister packs had been administered as prescribed, some other medicines had not been administered as prescribed and records had not been fully and accurately maintained. Where the administration of medicines was delegated to care staff, there was no records of administration. Improvement is required in the standard of record keeping. To ensure that the management of medicines is in compliance with legislative requirements and standards, three requirements and two recommendations have been made. Three of the requirements have been stated for a second time.

Is care compassionate?

The management of medicines supported the delivery of compassionate care. Staff interactions were observed to be compassionate, caring and timely which promoted the delivery of positive outcomes for patients. Patients consulted with confirmed that they were administered their medicines appropriately. One patient raised concerns and these were shared with management for follow up. No requirements or recommendations were made.

Is the service well led?

There was some evidence to indicate that this service was well led. Written policies and procedures were in place. There were largely satisfactory systems in place to enable management to identify and cascade learning from any medicine related incidents. However, in relation to governance arrangements, there was no effective auditing system to ensure that robust systems were in place for the management of medicines. One requirement was stated for a second time and one recommendation was made. In considering the findings from this inspection and as requirements have also been made within the domains of safe and effective care, some of which were stated for a second time, this would indicate the need for more robust management and leadership in the home.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015 relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 standards until compliance is achieved. Please also refer to Section 4.2 and 5.0 of this report.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	6

As part of the inspection process, details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Patricia McMullan, Registered Manager at the inspection and with Ms Jenny Hall, Registered Provider, by telephone on 29 November 2016. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection. However, the outcomes of the inspection resulted in a discussion with the senior pharmacist inspector in RQIA. It was agreed that the registered provider would be contacted and advised of the concerns raised. A further inspection will be undertaken to ensure compliance with legislative requirements and professional standards.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 2 August 2016.

2.0 Service details

Registered organisation/registered person: Poor Sisters of Nazareth/Ms Jenny Hall	**Registered manager:** Mrs Patricia McMullan
Person in charge of the home at the time of inspection: Mrs Patricia McMullan	**Date manager registered:** 30 September 2008
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 48

3.0 Methods/processes

Prior to inspection the following records were analysed:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two patients, two patients' relatives, three care staff, three registered nurses and the registered manager.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Twenty-five questionnaires were issued to staff, patients, relatives/patients' representatives with a request that these were completed and returned within one week for the inspection.

The following records were examined during the inspection:

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 August 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspection on 26 November 2013

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	Staff must ensure that the refrigerator temperatures are maintained within the recommended limits for the cold storage of medicines.	**Met**
	Action taken as confirmed during the inspection: Satisfactory refrigerator temperatures records were noted for one of the two medicine refrigerators. However, for the other refrigerator, continuous high temperatures above 8^{o}C were recorded for the last few months. There was no evidence that this had been recognised or reported for corrective action. It was acknowledged that this refrigerator was very cold inside. The registered manager provided assurances by email on 29 November 2016, that this area of medicines management would be closely monitored on a daily basis. As written this requirement has been partially met; however, following the assurances provided by management this requirement has been assessed as met.	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** First time (Carried forward)	Blister packs containing more than one medicine must be labelled to enable positive identification of the medicines contained within them.	**Met**
	Action taken as confirmed during the inspection: The blister packs in current use contained one medicine and were labelled. Following discussion with staff it was evident that they were aware of the process to ensure that blister packs containing multiple medicines were appropriately labelled.	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** First time (Carried forward)	The management of PEG tubes must be reviewed to ensure that: • The name of the feed and the rate of flow are recorded on the personal medication record. • It is indicated on the personal medication record that medicines are to be administered via the PEG tube. • Authorisation to administer medicines via this route is sought from the prescriber. • Suitability of the medicines to be administered via the PEG tube must be checked.	**Met**
	Action taken as confirmed during the inspection: The management of PEG tubes had been reviewed and the above areas had been addressed in a largely satisfactory manner. It was agreed that the flow rate of the enteral feed would be added to the personal medication record.	
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must closely monitor the medicines highlighted during this inspection as part of the routine audit activity within the home.	**Met**
	Action taken as confirmed during the inspection: There was evidence that these medicines had been included in the audit process. No further discrepancies were observed regarding the sample of medicines examined.	
Requirement 5 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that the audit system is robust and encompasses all aspects of the management of medicines.	**Partially Met**
	Action taken as confirmed during the inspection: Whilst there was evidence of some auditing activity regarding medicines management, the outcomes of the inspection indicate that this process was not robust in identifying areas for improvement. As this requirement has not been fully met, this requirement is stated for a second time.	

Requirement 6 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that personal medication records are fully and accurately completed.	**Partially Met**
	Action taken as confirmed during the inspection: Examination of a sample of personal medication records indicated that some records were incomplete and did not match the corresponding entry on the medication administration record. For one patient the current prescribed skin care regime could not be ascertained. Although there was a system in place to check and verify the accuracy of these records at the time of writing, this system was not effective and there was no evidence that these records were monitored on a regular basis. As this requirement has not been fully met, this requirement is stated for a second time.	
Requirement 7 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that the medicine administration records are fully and accurately completed.	**Partially Met**
	Action taken as confirmed during the inspection: Several medication administration records were examined. Some unexplained omissions were observed and it could not be confirmed if the medicine had been administered as prescribed. There were occasions when the reason for the non-administration was not clearly stated; and where care staff were responsible for the administration of medicines, there were no records in place. A record of all administered medicines must be maintained. As this requirement has not been fully met, this requirement is stated for a second time.	

Requirement 8 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that medicines are removed from use once the expiry date is reached.	**Met**
	Action taken as confirmed during the inspection: This requirement was made in relation to eye preparations. These were marked with the date of opening and there was no evidence that any had passed the expiry date. However, in relation to other medicines, two non-prescribed medicines (home remedies) were removed from stock as these had passed the expiry date. It was acknowledged that these medicines had not been administered after the expiry date had been reached.	
Requirement 9 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that the refrigerator is maintained within the required temperature range of 2^{o}C to 8^{o}C.	**Met**
	Action taken as confirmed during the inspection: See Requirement 1.	
Requirement 10 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must review the management of home remedies within the home.	**Partially Met**
	Action taken as confirmed during the inspection: This requirement was made in relation to protocols for home remedies, stock balances and the use of cyclizine tablets. Written protocols were in place and cyclizine tablets were no longer in use as a home remedy. Whilst there was evidence that a record book was in use for the administration of these medicines, there were discrepancies in the recorded stock balances and actual stock balances. This indicated that the home remedy had been administered, but had not been documented in these records. For one home remedy, there were two separate pages in the same book and the audit could not be concluded. As stated above, two medicines had passed the expiry date and were removed for disposal, during the inspection. As this requirement has not been fully met, this requirement is stated for a second time.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 39 **Stated:** First time	Staff should be provided with further training on monitoring the refrigerator temperature and the importance of ensuring that medicines are stored at the correct temperature.	**Not Met**
	Action taken as confirmed during the inspection: The response in the completed QIP from the last medicines management inspection indicated that training was to be provided for all registered nurses. There was no evidence that this training had been completed; and due to the inspection findings, it was concluded that staff were not familiar with the accepted temperature range for medicines which require cold storage. As this recommendation has not been fully met, it is stated for a second time.	
Recommendation 2 **Ref**: Standard 37 **Stated:** First time	The consistency of thickened fluid should be recorded on all relevant records.	**Not Met**
	Action taken as confirmed during the inspection: This recommendation was made in relation to records of prescribing and administration. The prescribed consistency level of thickened fluids was not routinely recorded on the personal medication records, as only one of the six personal medication records examined, included this information. Staff advised that all administration was recorded by the registered nurses on the medication administration records. The consistency level of thickened fluids which had been administered was not recorded. As this recommendation has not been fully met, it is stated for a second time.	

4.3 Is care safe?

Training in relation to medicines management was examined. The registered nurses confirmed that they had received training in medicines management. It could not be ascertained on the day of the inspection if the care staff who were responsible for delegated medicines tasks had received the relevant training. As all of the training records were not available on the day of the inspection, it was agreed that management would follow this up. More detailed training records were provided by email on 29 November 2016. Training in

dysphagia had been completed in January 2015 and further training was planned for February 2017. Other training completed in 2016 included the management of medicines, pain, dementia, syringe drivers, diabetes and enteral feeding. In relation to training regarding the cold storage of medicines, the recommendation made at the last medicines management inspection was stated for a second time.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. However, it was found that one medicine had been out of stock for five doses in the last week. The registered manager advised by email that this medicine was now in stock.

There were satisfactory arrangements in place to manage changes to prescribed medicines. Personal medication records and handwritten entries on medication administration records were updated by two registered nurses. This safe practice was acknowledged.

There were procedures in place to ensure the safe management of medicines during a patient's admission to the home and discharge from the home.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book (CDRB). Checks were performed on controlled drugs which require safe custody, at the end of each shift. Additional checks were also performed on other controlled drugs which is good practice. Following cross reference with the disposal record, it was found that two entries in the CDRB were incorrect; however, a review of corresponding stock balance records indicated that these were recording errors and there was no actual discrepancy. The need to ensure that the CDRB is accurately maintained was discussed.

Medicines may be added to food/drinks to aid swallowing. There was no evidence that pharmaceutical advice was sought regarding the suitability of adding medicines to food/drinks and a care plan was not maintained. A recommendation was made.

Medicines may be crushed and administered in disguised form. There was no evidence that pharmaceutical advice was sought regarding the suitability of crushing some of the medicines. A care plan was not maintained. A recommendation was made.

Discontinued or expired medicines were disposed of appropriately. Discontinued controlled drugs were denatured and rendered irretrievable prior to disposal.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean and tidy. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Areas for improvement

Staff should be provided with training in the management of medicines which require cold storage. A recommendation was stated for a second time.

The administration of medicines should be reviewed in relation to adding medicines to food. A recommendation was made.

The management of medicines which are administered in disguised form should be reviewed. A recommendation was made.

Number of requirements	0	Number of recommendations	3

4.4 Is care effective?

The majority of medicines which were examined had been administered in accordance with the prescriber's instructions. However, some audit discrepancies in medicines which were not supplied in the 28 day medicine packs, were identified and discussed with the registered manager. These related to liquid medicines, including laxatives and inhaled medicines. The outcomes indicated that the medicine had not been administered as prescribed. See Section 4.6 regarding the requirement made.

There was evidence that time critical medicines had been administered at the correct time. There were arrangements in place to alert staff of when doses of three times weekly, weekly or three monthly medicines were due. The good practice of marking out the dates on the administration records was acknowledged.

It was noted that improvement was required in the standard of maintenance of the records of prescribing and administration. Several personal medication records were not up to date and did not correspond with the medication administration record. These issues had been raised at the last medicines management inspection. The actual dose of some medicines could not be clarified at the time of the inspection, including analgesics and external preparations. There was no evidence that these records were checked for accuracy on a regular basis. It was reiterated that these records may be used by other healthcare professionals and must be fully and accurately maintained at all times. Staff were reminded that obsolete personal medication records should be discontinued and archived. The requirement was stated for a second time.

In relation to administration records, as mentioned above there was several examples of non-correlation between the patient's personal medication records and medication administration records. Both of these records must match. The reason for the non-administration of a medicine was not always clearly recorded. These issues had also been raised at the last medicines management inspection. A number of external preparations were administered by care staff; however, there was no system in place to enable the care staff to record the administration and there was no evidence of a system to oversee that these medicines had been administered as prescribed. A record of all administered medicines must be maintained. The requirement was stated for a second time.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the dosage instructions were recorded on the personal medication record. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were not recorded. A care plan was not maintained for each patient administered these medicines. A recommendation was made.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed on most occasions. For a small number of patients, the prescribed dose of some analgesics was not clear, as there were differences in the personal medication record, corresponding medication administration records and medicine labels. It was agreed that this would be reviewed. Staff confirmed that they were aware that ongoing

monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that most of the patients could verbalise any pain, and a pain assessment tool was used as needed. A care plan was maintained. Staff also advised that a pain assessment was completed as part of the admission process.

The management of swallowing difficulty was examined. There was evidence that care plans and speech and language assessment reports were in place. The name of the thickening agent was recorded on the patient's personal medication record and medication administration record. However, the prescribed fluid consistency was not recorded on five of the six records examined and was not documented on the records of administration. As part of the improvements to the personal medication records and medication administration records, the prescribed fluid consistency level should be recorded. The recommendation made at the last medicines management inspection was stated for a second time.

Largely satisfactory arrangements were in place for the management of medicines administered via an enteral feeding tube. It was agreed that the flow rate of the enteral feed and the sterile water prescribed would be added to the patient's personal medication record. In relation to the fluid intake charts, it was found that some of these were incomplete as flushes of water, enteral feed and the total 24 hour fluid intake were not always recorded. There was no evidence that a system was in place to ensure that the prescribed target fluid intake was achieved each day. The registered manager confirmed by email on 29 November 2016 that this was being addressed and that new recording charts had been commenced.

The management of non-prescribed medicines (home remedies) requires further review. Improvements in this area of medicines management had been identified at the last medicines management inspection. Records had not been fully completed and there was limited evidence to indicate that robust arrangements were in place to monitor the records, stock balances and expiry dates. The requirement is stated for a second time.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber.

Following discussion with the registered manager and staff, it was evident that when applicable, other healthcare professionals were contacted in response to medicines management.

Areas for improvement

The necessary arrangements must be made to ensure that personal medication records are up to date at all times. A requirement was stated for a second time.

A record of all administered medicines must be maintained. A requirement was stated for a second time.

In the instances where patients are prescribed medicines on a 'when required' basis for the management of distressed reactions, a care plan should be maintained, the reason and outcome of the administration should be recorded and any regular administration should be reported to the prescriber for review. A recommendation was made.

The prescribed fluid consistency of thickened fluids must be clearly recorded on medicine records. A recommendation was stated for a second time.

The management of non-prescribed (home remedies) must be reviewed. A requirement was stated for a second time.

Number of requirements	3	Number of recommendations	2

4.5 Is care compassionate?

The administration of medicines to patients was not observed during this inspection.

Following discussion with staff they confirmed that patients were given time to take their medicines and that medicines were given in accordance with the patient's wishes.

The patients spoken to at the inspection had no concerns about the management of their medicines and advised that staff responded in a timely manner to their requests for e.g. pain relief. One patient raised concerns regarding their care and with the patient's consent, these were raised with the registered manager and registered provider. The registered manager confirmed by email on 29 November 2016 that these concerns had been followed up and addressed.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As part of the inspection process, questionnaires were issued to patients, relatives/patients' representatives and staff. Four staff, three relatives/patient's representatives and five patients returned and completed questionnaires. All of the responses were recorded as 'very satisfied' or 'satisfied' with the management of medicines within the home.

One patient commented that:
"Staff do not ensure that the medicines are taken at the time of administration as they are often very busy."

Relative/patient representatives commented that:
"On occasions when visiting at different times of the day, carers are often in other rooms for long periods leaving the rest of the residents unattended."

"On occasions, we as a family were first to express the need for a referral to GP/other medical help."

These comments were discussed with the registered manager for follow up and also shared with RQIA care inspector.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

The inspection findings in relation to the domains of safe and effective care, evidence that the management of medicines has not been well led. Initial details of the actions taken by the registered persons after the inspection were provided by email on 29 November 2016.

Although there was evidence of an auditing system, this was not effective in identifying areas for improvement and ensuring sustained improvement. Some audit trails on medicines could not be concluded due to the record keeping and the quantity of medicine carried forward to the new medicine cycle had not been recorded. As stated in Section 4.4, there were some discrepancies in the audit trails and areas for improvement were identified in relation to the standard of record keeping, care plans and governance arrangements; the requirement regarding the audit process which was made at the last medicines management inspection, was stated for second time.

Written policies and procedures for the management of medicines were in place. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to staff.

There were largely satisfactory arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents. It was noted that a large discrepancy in one antipsychotic liquid medicine had been found during the audit process. It was not clear if this had been investigated and this had not been reported to RQIA and was discussed with the registered manager. It was agreed that the registered manager would look into this.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Four of the requirements and the two recommendations made at the last medicines management inspection had not been addressed effectively. The compliance confirmed by the registered provider after the last medicines management inspection had not been sustained. To ensure that requirements and recommendations are fully addressed and the improvement sustained, it was recommended that the QIP should be regularly reviewed as part of the quality improvement process.

Staff confirmed that any concerns in relation to medicines management were raised with management. They advised that any resultant action was communicated with staff individually and at meetings.

The registered manager advised that a meeting with registered nurses would be scheduled following the outcomes of this inspection.

Areas for improvement

The governance arrangements for medicines management must be reviewed. A requirement was stated for a second time.

As part of the audit process, the QIP should be included in the audit process. A recommendation was made

Number of requirements	1	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Patricia McMullan, Registered Manager and Ms Jenny Hall, Registered Provider, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the nursing home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time **To be completed by:** 28 December 2016	The registered manager must ensure that personal medication records are fully and accurately completed.
	Response by registered provider detailing the actions taken: Peg flow rate is now recorded for two residents on a chart in their room and on the MAR sheet. These records have been reviewed, new medicine kardexes have been compiled where appropriate, and out of date kardexes have been removed and archived appropriately.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 28 December 2016	The registered manager must ensure that the medicine administration records are fully and accurately completed.
	Response by registered provider detailing the actions taken: It is confirmed that medication creams are recorded on MAR sheets as prescribed. In addition, individual topical cream charts have been provided for each resident and where applicable Care Assistants sign when these medications have been applied. These are the only medications administered by Care Assistants. It has been highlighted to all Nurses that MAR sheets must be fully and accurately completed eg if a medication is refused, further explanation must be recorded. This is to be monitored during future Regulation 29 Monthly visits undertaken by the Registered Provider.
Requirement 3 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 28 December 2016	The registered manager must review the management of home remedies within the home.
	Response by registered provider detailing the actions taken: Following consideration of the use and management of home remedies, it has been decided to withdraw the supply of home remedies which were infrequently used as was evidenced at the inspection.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 28 December 2016	The registered manager must ensure that the audit system is robust and encompasses all aspects of the management of medicines.
	Response by registered provider detailing the actions taken: Two Senior Nurses now undertake weekly audits of analgesia/liquid medications on random selection. This is in addition to existing medication audits. The community pharmacist attended the Home and undertook a full day audit of medications on 20/12/2016 and will also undertake unannounced monthly audits commencing in January 2017.

Recommendations	
Recommendation 1 **Ref**: Standard 39 **Stated:** Second time **To be completed by:** 14 December 2016	Staff should be provided with further training on monitoring the refrigerator temperature and the importance of ensuring that medicines are stored at the correct temperature.
	Response by registered provider detailing the actions taken: On reviewing fridge temperatures with new digital fridge thermometers a fault has been identified with the fridge in St 5 & 6 and a new fridge has been ordered. It is confirmed that the internal temperature of both fridges is within safe level. However, an electronic error was identified on the fridge exterior of St 5 & 6. Delivery of a new fridge is expected on 16/01/2017. It has been confirmed that Registered Nurses have the necessary knowledge to record fridge temperatures accurately and that if any fault is identified this must be reported to the Nurse Manager immediately.
Recommendation 2 **Ref**: Standard 37 **Stated:** Second time **To be completed by:** 28 December 2016	The consistency of thickened fluid should be recorded on all relevant records.
	Response by registered provider detailing the actions taken: New format / personal chart for each resident has been set up. The pharmacist has been informed that MAR sheets must detail the consistency of thickened fluid. However, it has been observed that the January MAR sheets do not have this detail and this has been brought to the attention of the pharmacist for a second time. The January MAR sheet simply stated "use as directed". This will require further monitoring until compliance is achieved. Nursing team informed accordingly.
Recommendation 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 28 December 2016	The registered provider should review the management of medicines administered in food/drinks.
	Response by registered provider detailing the actions taken: This has been reviewed and is recorded appropriately in Care Plans. This applied to one resident only as at 28/12/16 and is no longer applicable as at 11/01/2017. However, the recommendation has been noted for future reference.

Recommendation 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 28 December 2016	The registered provider should review the administration of medicines which are crushed and/or disguised prior to administration.
	Response by registered provider detailing the actions taken: GPs have been consulted with regard to medication crushed for administration via enteral feeding system for one resident. The medication concerned was discontinued by the GP. However, the recommendation has been noted for future reference.
Recommendation 5 **Ref**: Standard 18 **Stated:** First time **To be completed by:** 28 December 2016	The registered provider should review the management of distressed reactions regarding medicines which are prescribed on a when required basis, as detailed in the report.
	Response by registered provider detailing the actions taken: This has been reviewed and discussed at a nurses' meeting. The nursing team now record these reactions in the individual care plans.
Recommendation 6 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 28 December 2016	The registered provider should include the QIP in the audit process.
	Response by registered provider detailing the actions taken: Review of QIP will be included in monthly audit conducted by Community Pharmacists. Additional audits to be undertaken by Senior Nurses. QIP will also be reviewed when Registered Provider is conducting Monthly Regulation 29 visits.

Please ensure this document is completed in full and returned to RQIA web portal

The Regulation and Quality Improvement Authority

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