



NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

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| Inspection No: | IN020727 |
| Establishment ID No: | 1051 |
| Name of Establishment: | Ballymacconnell |
| Date of Inspection: | 14 October 2014 |
| Inspector's Name: | Rachel Lloyd |

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: | Ballymaconnell |
| Type of home: | Nursing Home |
| Address: | 48 Ballymaconnell Road Bangor BT20 5PS |
| Telephone number: | (028) 9127 1819 |
| E mail address: | Desmond.Wilson@wilsongroupni.co.uk |
| Registered Organisation/ Registered Provider: | Chester Homes Limited Desmond Wilson |
| Registered Manager: | Elizabeth Doak |
| Person in charge of the home at the time of inspection: | Elizabeth Doak |
| Categories of care: | NH-I, NH-PH, NH-PH(E), NH-TI |
| Number of registered places: | 26 |
| Number of patients accommodated on day of inspection: | 18 |
| Date and time of current medicines management inspection: | 14 October 2014 10:20 – 14:15 |
| Name of inspector: | Rachel Lloyd |
| Date and type of previous medicines management inspection: | 2 November 2011 Unannounced inspection |

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

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

METHODS/PROCESS

Discussion Elizabeth Doak, Registered Manager and the registered nurse 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).

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

Ballymaconnell is a purpose built nursing home situated on the Ballymaconnell Road in the suburbs of Bangor. The nursing home is one of a group of homes owned and operated by Chester Homes Limited.

The current registered manager, Elizabeth Doak has been in post since August 2013.

The home was registered in January 1992. The original home has been renovated and extended to provide accommodation for up to 26 patients on three levels.

The home is pleasantly decorated and surroundings are generally homely. The presence of a lift ensures that all facilities are accessible to all patients.

The home provides an open plan lounge area which opens onto the dining area. An additional lounge area can also be accessed from the central open lounge / dining room. Lounge areas are well presented with a selection of occasional seating to suit the needs of the patients.

The home is registered to provide care for a maximum of 26 persons under the following categories of care:

Nursing care

- I old age not falling into any other category
- PH physical disability other than sensory impairment under 65
- PH(E) physical disability other than sensory impairment over 65 years
- TI terminally ill

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ballymaconnell was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 14 October 2014 between 10:20 and 14:15. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Elizabeth Doak and with the registered nurse on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Ballymaconnell are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The three requirements and one recommendation made at the previous medicines management inspection on 2 November 2011 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5.0 of this report. Two of the three requirements and the recommendation were assessed as compliant. One requirement was not applicable at the time of the inspection and will be examined at the next inspection.

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.

The management of medicines is controlled in a largely satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection as detailed in the report.

Policies and procedures for the management of medicines are in place and Standard Operating Procedures for controlled drugs have been developed and implemented.

There is a programme of medicines management training in the home. There is a system of supervision and appraisal and there are regular medicines management competency assessments for registered nurses.

Controlled drugs were generally being appropriately managed, however Schedule 3 and Schedule 4 (Part 1) controlled drugs must be denatured appropriately before disposal.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection generally showed good correlation between prescribed directions and stock balances of medicines indicating that medicines had been administered in accordance with the prescribers' instructions. Stock balance records should be maintained for all anticoagulants including heparin injections.

Medicine records were generally well maintained; however personal medication records and printed medication administration records must correlate and accurately reflect the prescriber's most recent instructions. Records of medicines e.g. thickening agents and external preparations, administered by designated care assistants, must be fully and accurately maintained.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. Storage areas were clean, tidy and organised.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 2 November 2011:

| NO. | REGULATION REF. | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------|--|--|--------------------------------------|
| 1 | 13(4) | <p>The registered manager must closely monitor the administration of Ebixa pump.</p> <p>Stated once</p> | <p>The Quality Improvement Plan (QIP) received on 7 December 2011 stated that a new recording practice had been implemented to reflect the date of opening, the dose administered, the time of administration, the quantity remaining and the signature of the registered nurse. This was discussed and confirmed with the registered manager. No patient is currently prescribed this medicine.</p> | Not applicable |
| 2 | 13(4) | <p>There must be a process in place to ensure that the refrigerator temperatures are maintained within the recommended limits for the cold storage of medicines.</p> <p>Stated once</p> | <p>Procedures for medicines refrigerator temperature management and the refrigerator temperature records were examined and found to satisfactory.</p> | Compliant |
| 3 | 13(4) | <p>There must be a process in place to ensure that all medicines with a limited shelf life are marked with the date of opening to facilitate disposal at expiry.</p> <p>Stated once</p> | <p>The majority of medicines were marked with the date of opening, including all medicines with a limited shelf-life after opening.</p> | Compliant |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|--|---|--------------------------------------|
| 1 | 38 | <p>The management of lidocaine patches should be reviewed and revised.</p> <p>Stated once</p> | <p>The QIP received on 7 December 2011 confirmed that the management of lidocaine patches had been reviewed and revised. A recording system has been introduced to reflect the date of opening, the date of administration, the date of removal and the storage of lidocaine patches at time of administration. The registered manager confirmed and demonstrated the procedure followed and this was observed on previous medication administration records, however no patient is currently prescribed this medicine.</p> | <p>Compliant</p> |

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:

37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

COMPLIANCE LEVEL

Inspection Findings:

The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.

The outcomes of audit trails, performed on a range of randomly selected medicines, showed that the majority of these medicines had been administered in accordance with the prescribers' instructions. These results correlate with the results of medicine audits undertaken on a regular basis within the home.

The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.

The process for the ordering and receipt of medicines was examined. Orders for medicines are made in writing to the prescriber and a copy of the order is forwarded to the community pharmacy. Prescriptions are collected by the community pharmacy for dispensing and the medicines received are checked against the written order. A copy the current prescription for each patient is kept in the home. The registered manager agreed to keep this process under review.

The management of anticoagulant medicines was examined and good practice was largely observed. Changes to warfarin doses are confirmed in writing by the prescriber. Transcribing of warfarin doses involves two members of staff. A daily stock balance is recorded for warfarin tablets and these were checked and found to be correct. Due to a discrepancy of one being observed in a heparin injection, it was recommended that stock balance records should additionally be maintained for all anticoagulants including heparin injections.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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| <p>The management of 'when required' anxiolytic medicines prescribed for distressed reactions was examined. The parameters for administration are recorded on the personal medication record; a care plan is in place and records of distressed reactions are maintained. The registered manager confirmed that should administration be necessary, the reason for administration and the outcome would be recorded.</p> | |
| <p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings:</p> | |
| <p>Policies and procedures for the management of medicines and Standard operating procedures (SOPs) regarding the management of controlled drugs are in place. There was evidence that these are reviewed and revised as necessary on a regular basis. These were not examined in detail on this occasion.</p> | Compliant |
| <p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p> | COMPLIANCE LEVEL |
| <p>Inspection Findings:</p> | |
| <p>Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis.</p> <p>The registered manager confirmed that medicines management training is provided for registered nurses on an annual basis by the supplying pharmacist. Training on dysphagia and thickening fluids is provided for all relevant staff by the Speech and Language Therapist. Training on the administration of external preparations is provided for designated care assistants by the registered manager and registered nurses. Records and training plans are maintained and were available for examination.</p> <p>A list of the names, sample signatures and initials of registered nurses authorised to administer medicines is in place. The registered manager should maintain a similar list for care assistants authorised to undertake delegated tasks. A recommendation is stated.</p> | Substantially compliant |

STANDARD 37 - MANAGEMENT OF MEDICINES

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| <p>Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>A system of supervision and annual appraisal, including competency assessment is in place. Records are maintained and were available for examination.</p> | <p>Compliant</p> |
| <p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>Medication errors and incidents are reported to RQIA, in accordance with procedures.</p> | <p>Compliant</p> |
| <p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> | |
| <p>Discontinued or expired medicines are stored in a secure waste container and records are maintained. This waste is periodically uplifted by a licensed waste contractor. The record of disposal is signed by two registered nurses. Waste transfer notes are kept on file by the registered manager.</p> <p>Schedule 2 controlled drugs are denatured by two registered nurses prior to disposal. However, there was no evidence that Schedule 3 or Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal, in line with DHSSPS guidance and legislative requirements. This must be addressed. A requirement is stated.</p> | <p>Moving towards compliance</p> |

STANDARD 37 - MANAGEMENT OF MEDICINES

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| <p>Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Inspection Findings:</p> <p>Medicine audits are completed on a regular basis by both the registered manager and by a representative from the community pharmacy. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved.</p> <p>The audit process is readily facilitated by the good practice of recording the date of opening on most medicine containers and carrying forward the balances of medicines not supplied in the monitored dosage system on a monthly basis.</p> | <p>Compliant</p> |
| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially compliant</p> |

STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

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| Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were generally noted to be maintained in a manner that facilitates audit activity (see 38.2). Obsolete records are securely archived. | Substantially compliant |
| Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| <p>Each of the above records is maintained in the home. A sample was selected for examination and these were generally found to be satisfactory.</p> <p>However, some discrepancies were observed between personal medication records and printed medication administration records regarding prescribed thickening agents and external preparations. A robust system must be place to ensure that these records correlate and accurately reflect the prescriber's most recent instructions. A requirement is stated.</p> <p>Records of medicines e.g. thickening agents and external preparations, administered by designated care assistants undertaking these delegated tasks were not fully and accurately maintained. A requirement is stated. Although an appropriate care plan and fluid balance chart is maintained for each patient, the registered manager</p> | Substantially compliant |

STANDARD 38 – MEDICINE RECORDS

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| was reminded that the consistency of thickened fluids administered to relevant patients should be recorded on each occasion on the documentation already in use. | |
| Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| The receipt, administration and disposal of all Schedule 2 controlled drugs were appropriately recorded in the controlled drug register. | Compliant |
| INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

STANDARD 39 - MEDICINE STORAGE
Medicines are safely and securely stored.

| Criterion Assessed: | COMPLIANCE LEVEL |
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| 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements. | |
| Inspection Findings: | |
| <p>Medicines were largely found to be stored securely under conditions that conform to statutory and manufacturers' requirements. There was sufficient storage space on the medicine trolleys and in medicine cupboards. Storage areas were clean, tidy and organised.</p> <p>Oxygen was stored appropriately and appropriate signage was in place. The registered manager was advised to ensure that any mask attached to emergency supply of oxygen is kept covered for hygiene.</p> <p>Arrangements for monitoring the medicines refrigerator temperature were examined; temperatures are monitored and recorded twice daily. Records were examined and found to be satisfactory.</p> <p>The temperature of the treatment room is monitored and recorded daily. Records were examined and found to be satisfactory.</p> | Compliant |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 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. | |
| Inspection Findings: | |
| The controlled drug cabinet key and other medicine cupboard keys are held separately by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard keys. | Compliant |

STANDARD 39 - MEDICINES STORAGE

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| Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred. | COMPLIANCE LEVEL |
| Inspection Findings: | |
| Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of 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 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 **Elizabeth Doak, 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:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

BALLYMACONNELL

14 OCTOBER 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 **Elizabeth Doak, Registered Manager** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that the 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 action which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|-----|----------------------|---|------------------------|---|------------------|
| 1 | 13(4) | The registered manager must ensure that Schedule 3 and Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal. Ref: Criterion 37.6 | One | On investigation it was found that Schedule 3 and Schedule 4 (Part 1) controlled drugs were denatured appropriately, however not stated within disposal book that they had. All nursing staff have been made fully aware of the legal requirements and documentation necessary in the disposal of these controlled drugs. | 12 November 2014 |
| 2 | 13(4) | The registered manager must ensure that personal medication records and printed medication administration records correlate and accurately reflect the prescriber's most recent instructions. Ref: Criterion 38.2 | One | All clients medicine kardex' and MARS sheets have been reviewed and, where needed, have been updated to reflect the most recent prescriber instructions. | 12 November 2014 |
| 3 | 13(4) | The registered manager must ensure that records of medicines e.g. thickening agents and external preparations, administered by designated care assistants, are fully and accurately maintained. Ref: Criterion 38.2 | One | Thickening Agents and external preparations which are administered by designated care assistants are accurately recorded and maintained within clients personal care records. | 12 November 2014 |

RECOMMENDATIONS

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

| NO. | MINIMUM STANDARD REFERENCE | RECOMMENDATION | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|-----|----------------------------|---|------------------------|--|------------------|
| 1 | 37 | The registered manager should ensure that stock balance records are maintained for all anticoagulants including heparin injections. Ref: Criterion 37.1 | One | Stock balance records are maintained for anticoagulants but have now been updated to include heparin injections. | 12 November 2014 |
| 2 | 37 | The registered manager should maintain a list of the names, sample signatures and initials of care assistants authorised to undertake delegated medicines management tasks. Ref: Criterion 37.3 | One | A list of designated Care Assistants names, sample signatures and initials has been implemented within each care file. | 12 November 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:

| | |
|---|----------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Elizabeth Doak |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Desmond Wilson |

| QIP Position Based on Comments from Registered Persons | | | | Inspector | Date |
|--|---|-----|----|-----------|----------|
| | | Yes | No | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | yes | | R Lloyd | 13/11/14 |
| B. | Further information requested from provider | | no | R Lloyd | 13/11/14 |