NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**18221**
Establishment ID No:	**11078**
Name of Establishment:	**Three Rivers Care Centre**
Date of Inspection:	**6 May 2014**
Inspectors' Names:	**Helen Mulligan** **Cathy Wilkinson**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	Three Rivers Care Centre
Type of home:	Nursing Home
Address:	11 Millbank Lane Lisnamallard Omagh BT79 7YD
Telephone number:	(028) 8225 8227
E mail address:	threeriversadmin@zestcarehomes.co.uk
Registered Organisation/ Registered Provider:	Mr Philip Scott Zest Care Homes Ltd
Registered Manager:	Mrs Janet Dodds (Registration pending)
Person in charge of the home at the time of Inspection:	Mrs Janet Dodds Also present during the inspection: Mr Philip Scott (Registered Provider, Zest Care Homes Ltd) and Mrs Claire Jones (Deputy Manager)
Categories of care:	NH-I, NH-PH, NH-MP, NH-DE, RC-DE, RC-I
Number of registered places:	81
Number of patients accommodated on day of inspection:	59
Date and time of current medicines management inspection:	6 May 2014 10:40 to 16:30
Names of inspectors:	Helen Mulligan Cathy Wilkinson
Date and type of previous medicines management inspection:	Monitoring Inspection 31 March 2014

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 monitoring 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

A medicines management inspection of this home on 27 January 2014 had shown that robust systems for the management of medicines were not in place; immediate and sustained improvements were needed in the standards for the management of medicines. Following this medicines management inspection, RQIA held a meeting with the registered persons on 4 February 2014 and, after discussion, advised that a Failure to Comply Notice (FTC Ref No: FTC/NH/11078/2013-14/01) would be issued due to their failure to comply with the following regulation:

Regulation 13 (4) (b) and (c), The Nursing Homes Regulations (Northern Ireland) 2005

> Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –
> (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and
> (c) a written record is kept of the administration of any medicine to a patient.

An inspection to assess compliance with the Failure to Comply Notice was undertaken on 31 March 2014. At this inspection it was noted that full compliance had not been achieved with the Failure to Comply Notice, and following discussion with senior management within RQIA, the Failure to Comply Notice was extended to 5 May 2014.

The purpose of this inspection (on 6 May 2014) was to determine if the issues indicated in the Failure to Comply Notice had been fully addressed.

METHODS/PROCESS

Discussion with Mrs Janet Dodds (registered manager, registration pending), Ms Claire Jones (deputy manager), staff on duty and Mr Philip Scott (Registered Provider, Zest Care Homes Ltd).
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 steps being taken to improve the standards in place for the management of medicines since the previous medicines management inspection.

HOW RQIA EVALUATES SERVICES

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

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

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

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

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard 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

Three Rivers Care Centre is an 81- bedded Nursing and Residential Care Home, situated in a residential area of Omagh, a short distance away from the town centre and public amenities.

The home offers spacious accommodation for a maximum of 81 persons requiring nursing and residential care. Externally the grounds provide secure areas for the patients and residents with paved patio areas and raised shrub / flower beds. Visitor car parking spaces are available at the front of the home. All areas of the home are wheel-chair accessible.

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

Nursing Care

NH - I	Old age not falling into any other category
NH - DE	Dementia
NH - PH	Physical Disability
NH - MP	Mental disorder excluding learning disability or dementia.

Residential Care

RC - DE	Dementia
RC - I	Old age not following into any other category (one identified resident)

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Three Rivers Care Centre was undertaken by Helen Mulligan and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 6 May 2014 between 10:40 and 16:30 hours. This summary reports the position in the home at the time of the inspection. Arrangements for the management of medicines in all four units of the home were inspected.

The focus of this medicines management inspection was to determine if the issues indicated in the Failure to Comply Notice (FTC Ref No: FTC/NH/11078/2013-14/01) had been addressed, and to determine if the safety and well-being of patients, with respect to the administration of medicines, could be assured.

The inspectors examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspectors met with the acting manager of the home, Mrs Janet Dodds (registration pending), Ms Claire Jones (deputy manager), registered nurses and care staff on duty and Mr Philip Scott (Registered Provider, Zest Care Homes Ltd). The inspectors 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.

The issues raised in the Failure to Comply Notice were examined. It was determined that insufficient progress had been made to comply with Regulation 13(4) (b) and (c) and to address the issues listed in the Notice.

The six requirements and two recommendations made at the previous medicines management monitoring inspection on 31 March 2014 were examined during the inspection. Compliance with three of the requirements was noted. The home was moving towards achieving compliance with two of the requirements and one was assessed as not compliant; these three requirements are re-stated in this report. Compliance with the two recommendations was noted. The inspectors' validation of compliance is included in Section 5.0 below.

It is concerning that three of the requirements made at the previous inspection have been re-stated as a result of this inspection; RQIA had received confirmation of compliance from the registered persons when they submitted the completed Quality Improvement Plan in relation to the inspection.

The outcomes of this inspection are disappointing, considering this is the fourth medicines management inspection of this home since November 2013. Most of the issues which continue to be of concern have been discussed at each of the inspections, at the serious concerns meeting held on 28 November 2013 as a result of the inspection in November 2013, and the failure to comply intention meeting on 4 February 2014 which resulted in the issue of the failure to comply notice.

Following the inspection on 31 March 2014, the acting manager has continued to forward records of medicine audits to RQIA on a weekly basis. The majority of these were noted to be satisfactory.

Appropriate arrangements were noted to be in place for the cold storage of medicines. This improvement was highlighted and acknowledged during the inspection.

Improvements were noted in the management of medicines for disposal and records of the disposal of medicines are now being appropriately maintained. These improvements were highlighted and acknowledged during the inspection.

The acting manager has reported a further incident involving the late application of a controlled drugs transdermal patch which occurred in April 2014. It is concerning that any learning from the previous incidents and the findings of recent RQIA medicines management inspections have still not been applied and embedded into practice. Robust procedures for the management of controlled drugs are not in place and improvements are necessary to ensure that the safety and wellbeing of patients can be assured. The registered person must ensure that registered nurses are competent in the management of controlled drugs and that controlled drugs patches are administered as prescribed. Robust systems must be in place for the administration and recording of controlled drugs.

Improvements in the management of some medicine records are necessary, including records of medicines administered, controlled drug records and personal medication records.

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

At the conclusion of this inspection, the safety of some patients, with respect to the administration of medicines could not be assured and all of the issues identified on the Failure to Comply Notice had not been fully addressed. Following discussion with senior managers within the regulation directorate at RQIA, it was determined that the registered person had failed to adequately address all of the matters contained in the Failure to Comply Notice. As a result, the registered provider, Mr. Philip Scott (Zest Care Homes Ltd), was invited to attend a meeting on 14 May 2014 regarding RQIA's intention to issue a Notice of Proposal to impose conditions on the registration of Three Rivers Care Centre. Following the meeting a notice of proposal to impose conditions on the registration of the home was issued on 16 May 2014.

The inspectors would like to thank the acting and deputy manager and staff and the registered provider of the home for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management monitoring inspection on 31 March 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The responsible individual must implement a robust audit system for medicines in all four units of the home and forward a copy of these audits to RQIA Omagh office on a weekly basis, until further notice. **Stated three times**	Copies of completed audits have been forwarded to RQIA on a weekly basis. The results of these audits are generally satisfactory. The requirement as stated is compliant; however a further requirement regarding the need for robust auditing arrangements within the home has been made.	**Compliant**
2	13(4)	The responsible individual must review and revise the maintenance of personal medication records to address the issues highlighted in Section 6.2. **Stated three times**	Some improvements were noted during the inspection. However, some further improvements in the management of these records are necessary to achieve compliance. **This requirement is re-stated**	**Moving towards compliance**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The responsible individual must ensure that records of medicines disposed of are adequately maintained. **Stated three times**	Controlled drugs for disposal are denatured on a weekly basis by two members of management staff. Records of medicines disposed of reflect this practice. Improvements were noted in the layout and completion of records of medicines disposed of.	**Compliant**
4	13(4)	The responsible individual must ensure that the maximum and minimum temperatures of the medicines refrigerators are monitored and recorded on a daily basis. **Stated three times**	During the inspection, it was noted that two of the medicine refrigerators have been removed from the home. The responsible individual advised that replacement refrigerators have been ordered for these units. In the absence of medicine refrigerators in these two units, staff on duty advised that suitable alternative arrangements are in place for any medicines that require refrigeration. Refrigerator temperature records for the refrigerators in the other two units were reviewed; it was noted that all recorded temperatures were within the recommended limits of 2 - 8°C for cold storage of medicines.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The responsible individual must ensure that all medicines are administered in accordance with the prescriber's instructions. **Stated twice**	Some improvements in the maintenance of records of administration were noted and the results of the medicine audits undertaken during the inspection would indicate that the majority of medicines are being administered as prescribed. However, records of the administration of topical medicines are incomplete and indicate that they are not being administered in accordance with the prescriber's instructions. In addition, one controlled drugs patch was not administered on the correct day. **This requirement is re-stated.**	**Moving towards compliance**
6	13(4)	The responsible individual must ensure that robust arrangements are in place for the management of controlled drugs. **Stated twice**	Since the last inspection, the home has reported another incident regarding the late application of a controlled drug patch. The patch was due for administration on 21 April 2014; it was administered on 22 April 2014. There were a considerable number of amendments/deletions in the controlled drugs record books. Records would indicate that controlled drug reconciliation checks are not robust. Despite some improvements in the management of controlled drugs patches and the evidence of additional monitoring arrangements, robust and sustained improvements in the management of controlled drugs were not evidenced during the inspection. **This requirement is re-stated**	**Not compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The responsible individual should ensure that the care plan for Patient A for the management of medicines prescribed on an "as required" basis includes comprehensive guidance on the management and administration of these medicines. **Carried forward from previous inspection**	The responsible person confirmed that Patient A has recently been moved to one of the nursing units of the home and that the care plan for this patient has been reviewed and revised.	**Compliant**
2	39	The responsible individual should review and revise the management of self-administered medicines for Patient B. **Carried forward from previous inspection**	The responsible person confirmed that the management of Patient B's medicines has been reviewed and revised. This patient is no longer self-administering any medicines.	**Compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

The home has forwarded copies of completed audits to RQIA on a weekly basis since the last inspection; the majority of these were satisfactory. However, the issues identified during this inspection would indicate that the auditing system is not yet robust. This must be addressed. A requirement is made.

Samples of medicines in each of the four units of the home were audited during the inspection. The majority of these audits produced satisfactory results. This improvement is acknowledged. The home's weekly audit records and the results of audits undertaken during the inspection would indicate that the home's auditing policies and procedures are becoming more effective, although some further improvements in the management of some medicine records (as detailed in Section 6.2 below) are necessary. During the inspection, management were advised that they should continue to monitor all aspects of the management of medicines in the home and any discrepancies identified must be investigated and reported to RQIA. During the audit, discrepancies were noted in supplies of nutritional supplements. The management of these medicines should be reviewed and revised and supplies should be included in the home's auditing procedures. A recommendation is made.

The management of anticoagulant medicines (warfarin) was reviewed. Records of administration and stock balances would suggest that these medicines are being administered as prescribed. Daily stock balance records of supplies of warfarin tablets are maintained. However, a review of these records indicated that the reconciliation checks are not robust; one error in the record of a stock balance was carried forward for a number of days before the error was noted. This would suggest that the stock reconciliation process is not robust. This should be reviewed. A recommendation is made.

The management of anxiolytic medicines for distressed reactions was reviewed for one resident in the Fairywater unit. Two different anxiolytic medicines are prescribed for this patient. Staff on duty were unsure how these should be managed and there was insufficient detail regarding the management of distressed reactions in the resident's care plan. The management of these medicines must be reviewed in consultation with the prescriber. The care plan must reflect the care needs of the resident and provide detail regarding the management of this medication. All staff must be trained and competent to manage these medicines. A requirement is made.

COMPLIANCE LEVEL: Moving towards compliance

6.2 Medicine Records

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

Despite the increased level of management scrutiny within the home, discrepancies and incomplete records were still found in some of the medicine records sampled during the inspection.

Improvements were noted in the records of medicines received into the home. To facilitate the audit process, a record of any supplies of medicines remaining at the end of each cycle should be carried forward and recorded on the medication administration record for the new medicine cycle. A recommendation is made.

Improvements were noted in the layout and maintenance of records of medicines disposed of. Records of the denaturing of controlled drugs prior to disposal are now maintained. However, records of the disposal of some medicines were noted where the audit of the medicine would indicate that the full supply of the medicine had been administered. The responsible person should continue to monitor the disposal of medicines in the home, including the maintenance of disposal records. A recommendation is made.

A sample of personal medication records (PMRs) was reviewed in each unit. Improvements were noted in the maintenance of these records. However, the frequency of administration of medicines prescribed on an "as required" basis in the Fairywater unit was not recorded and the route and site of application of topical medicines was not recorded. These issues must be addressed to ensure personal medication records are adequately maintained in accordance with DHSSPS guidance. A requirement is re-stated.

The majority of records of the administration of medicines were adequately maintained. Records of the administration of medicines prescribed for external use (topical medicines) were incomplete. The administration of these medicines has been delegated to care staff in the home. The management of topical medicines must be reviewed and revised to ensure that records of administration are complete and accurate and topical medicines are administered in accordance with the prescriber's instructions. A requirement is made.

The date that an injectable medicine was due for injection had not been recorded. Staff are reminded that there should be arrangements in place for the management of medicines which are not administered on a daily basis (e.g. monthly and three monthly injections) to prevent such doses being omitted in error.

Records of the receipt, administration and disposal of controlled drugs were reviewed during the inspection. Records show that controlled drugs are denatured prior to disposal by two designated members of staff. This improvement in practice was acknowledged during the inspection. A sample of records in each of the controlled drug record books was reviewed during the inspection. There were a considerable number of deleted and amended entries in the record books. Robust arrangements should be in place for the management of errors and amendments. Some of the amendments noted in these records gave no assurance that handover stock reconciliation checks are robust. The home has implemented monitoring arrangements for controlled drug patches where staff record when a patch is administered and when it is removed. There were inconsistencies in the way these records are being managed between the four units in the home and this should be reviewed and revised. The responsible individual must ensure that robust arrangements are in place for the management of controlled drugs. A requirement is re-stated.

COMPLIANCE LEVEL: Moving towards compliance

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Medicine refrigerator temperature records were reviewed during the inspection. Two of the medicine refrigerators have been removed and replacements refrigerators have been ordered. The recorded temperatures of the other two refrigerators were noted to be within the recommended range of 2 - 8°C. This improvement was acknowledged during the inspection.

For infection control purposes, masks and spacer devices for administering doses of inhaled medicines should be kept covered when not in use and devices should be cleaned on a regular basis in accordance with the manufacturer's instructions. This should be addressed. A recommendation is made

COMPLIANCE LEVEL: Moving towards compliance

6.4 Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

On 23 April 2014, the acting manager reported a further incident to RQIA involving the late administration of a controlled drugs patch. It is of concern to note the failure of registered nurses to learn from previous, similar incidents despite management's assurances to RQIA that the learning had been communicated to staff and that additional monitoring arrangements have been put in place. These incidents have the potential to affect the health and well-being of the patients concerned. All prescribed medicines must be administered as prescribed. A requirement is re-stated.

COMPLIANCE LEVEL: Moving towards compliance

7.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with Ms Claire Jones (deputy manager) and Mr Philip Scott, (Registered Provider, Zest Care Homes Ltd) 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:

Helen Mulligan
Pharmacist Inspector
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION

THREE RIVERS CARE CENTRE
6 MAY 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Claire Jones (deputy manager) and Mr Philip Scott (Registered Provider, Zest Care Homes Ltd)**, either during or after the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The responsible individual must review and revise the maintenance of personal medication records to address the issues highlighted in Section 6.2. **Ref: Section 5.0 and 6.2**	Four	On all kardex it is written the frequency of medicines prescribed on an as required basis. The route and site of application of all topical medications is recorded on kardex, mars and carers file with body map and FTU directive.	**Immediate**
2	13(4)	The responsible individual must ensure that all medicines are administered in accordance with the prescriber's instructions. **Ref: Section 5.0 and 6.4**	Three	More detailed instrunctions have been requested from the general practioner and are highlighted on both MAR sheets. Body maps are also in place to identify where the creams should be applied. All nursing staff and senior care staff have recieved further training in the administration and recording of medications.	**Immediate**
3	13(4)	The responsible individual must ensure that robust arrangements are in place for the management of controlled drugs. **Ref: Section 5.0, 6.2 and 6.4**	Three	Daily patch checks are in place either by management or by nurse in charge. Controlled drug books now record the reciept, administaration and disposal of drugs. Balance checks are undertaken in a seperate file at the cahnge of each shift.	**Immediate**
4	13(4)	The responsible individual must review and revise the arrangements in place for the management of anxiolytic medicines to address the issues highlighted in Section 6.1. **Ref: Section 6.1**	One	More detailed care plans now in place regarding the admininistration of anxiolytic medicines including management of distressed reactions. The perscriber has confirmed and agreed the current use of anxiolytic medications and have included information regarding the same.	**30 days**

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	13(4)	The responsible individual must ensure that a robust system for auditing medicines is in place. **Ref: Section 5.0 and 6.1**	One	Daily drug audits are now in place to highlight any cahnges in medication. Detailed audits are carried out by manager/sister following the flow of medication from arrival in the home. All staff have recieved additional training on medicine management, accountability, responsability, delegation and supervision.	**30 days**
6	13(4)	The responsible individual must review and revise the management of topical medicines to ensure they are administered as prescribed and appropriate records are maintained. **Ref: Section 6.2**	One	New topical cream charts have been put in place which includes body maps identifying where the cream should be applied. Care staff continue to apply barrier creams and moisturisers. Senior care staff and Staff Nurses now apply all other creams.	**30 days**

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The responsible individual should review and revise the management of nutritional supplements and ensure supplies are included in the home's auditing procedures for medicines. **Ref: Section 6.1**	One	All nutritional supplements are now audited as part of the weekly audit and any carrying amount is carried forward to he next cycle.	30 days
2	37	The responsible individual should ensure that there is a robust procedure in place for reconciling stocks of anticoagulant medicines. **Ref: Section 6.1**	One	All anticoagulant medicines are checked as part of the weekly audit and included in daily audits.	30 days
3	38	The responsible individual should ensure that any remaining stock balances of medicines at the end of each monthly medicine cycle are recorded on the medication administration record for each new cycle to facilitate the audit process. **Ref: Section 6.2**	One	stock balances now include medicines which remain at the end of each month and are carried forward.	30 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The responsible individual should continue to monitor the disposal of medicines in the home, including the maintenance of medicine disposal records. **Ref: Section 6.2**	One	Returns and disposal of medicines are audited as part of the weekly management audit. The management continue to be responsible for the denaturing of controlled drugs.	30 days
5	39	The responsible individual should ensure masks and spacer devices for delivering doses of inhaled medicines are kept covered when not in use and cleaned on a regular basis in accordance with the manufacturer's instructions. **Ref: Section 6.3**	One	Each spacer device and /or mask is now stored in a paper bag with the residents name on it. This bag is changed weekly following the correct cleaning of the spacer device/mask.	30 days

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	Janet Dodds
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Philip Scott.

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		[illegible]	16/6/14.
B.	Further information requested from provider		✓		