THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020768**
Establishment ID No:	**11088**
Name of Establishment:	**Rosemount Care Centre**
Date of Inspection:	**14 January 2015**
Inspectors' Names:	**Helen Daly** **Paul Nixon**

1.0 GENERAL INFORMATION

Name of home:	Rosemount Care Centre
Type of home:	Nursing
Address:	2 Moy Road Portadown BT62 1QL
Telephone number:	028 3833 1311
E mail address:	rosemountmanager@zestcarehomes.co.uk
Registered Organisation/ Registered Provider:	Zest Care Homes Limited Mr Philip Scott
Registered Manager:	Ms (Jillian) Claire McKenna
Person in charge of the home at the time of Inspection:	Ms Claire McKenna
Categories of care:	NH-I, NH-DE, RC-DE
Number of registered places:	71
Number of patients accommodated on day of inspection:	66
Date and time of current medicines management inspection:	14 January 2015 10:00–15:05
Name of inspectors:	Helen Daly Paul Nixon
Date and type of previous medicines management inspection:	12 October 2011 Unannounced Monitoring

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

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

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

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Ms Claire McKenna, Registered Manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

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

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

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

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

An outcome level was identified to describe the service's performance against each criterion that the inspectors 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

Rosemount Care Home is located on Moy Road in Portadown. The facility is a purpose built nursing home which provides accommodation and services on two floors.

The home offers spacious accommodation for a maximum of 71 persons requiring nursing and residential care.

The ground floor is divided into two units, Cherry Blossom and Willow Suites, which provide residential care for a maximum of 32 residents who require care under the category of RC-DE, dementia care. Facilities include fully furnished single en suite bedrooms, lounges, dining rooms and bathrooms / toilets. Security systems are in place at the main entrance door and the internal entrance to the Cherry Blossom Suite.

The first floor is divided into two units, Jasmine and Sunflower Suites. The Jasmine Suite provides nursing care for 19 patients within the category of NH-I, old age not falling within any other category. The Sunflower Suite provides nursing care for 20 patients within the category of NH-DE, dementia care.

A passenger lift is available and ensures that facilities on the first floor are accessible to all patients, residents and visitors.

Externally the grounds provide secure areas for patients and residents of both units with paved patio areas and raised shrub/flower beds. Visitor car parking spaces are available at the front of the home. An enclosed designated patio area and lawned garden are available to the rear of the building with wheelchair access to all indoor and outdoor areas. Car parking is available in the designated car park with an area designated for wheelchair users and emergency vehicles at the front of the home.

Zest Care Homes is the registered provider. Ms (Jillian) Claire McKenna is the registered manager of the home. She has been in her current position since March 2011.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rosemount Care Centre was undertaken by Helen Daly and Paul Nixon, RQIA Pharmacist Inspectors, on 14 January 2015 between 10:00 and 15:05. 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 inspectors 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 inspectors met with the registered manager, Ms Claire McKenna, and with the registered nurses and senior care staff on duty. 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.

This inspection indicated that the arrangements for the management of medicines in Rosemount Care Centre are substantially compliant with legislative requirements and best practice guidelines.

The five requirements which were made at the previous medicines management inspection on 12 October 2011 were examined during the inspection. All of the requirements were assessed as compliant. The inspectors' validation of compliance is detailed in Section 5.0.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The registered manager and staff are commended for their continuing efforts.

The registered manager confirmed that policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place. These were not reviewed at the inspection.

There is a programme of training for medicines management.

Several audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, a significant audit discrepancy in the administration of one medicine (Vagifem pessaries) was observed. The registered manager was requested to investigate this discrepancy and refer to the prescriber for guidance. The outcome of the investigation including the action to be taken to prevent a recurrence must be forwarded to RQIA.

Medicines records had been maintained in a mostly satisfactory manner. The registered manager must ensure that complete records for the administration of thickening agents are maintained. The records which are maintained for the administration of emollient preparations should be included in the audit process.

Storage was observed to be tidy and organised.

Some improvements in the management of thickening agents are necessary in the residential suites. These are detailed in the report.

The management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions should be reviewed and revised as detailed in the report. The reason for each administration and the subsequent outcome should be recorded on all occasions.

The inspection attracted one requirement and one recommendation which are detailed in the Quality Improvement Plan.

The inspectors would like to thank the registered manager and staff 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 12 October 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The home manager must investigate the apparent discrepancy in the administration of mirtazapine tablets for Patient A. The prescriber must be contacted for guidance if necessary. A copy of the investigation must be forwarded to RQIA with the Quality Improvement Plan. **Stated once**	A copy of the investigation, including the action taken to prevent a recurrence was forwarded to RQIA.	**Compliant**
2	13(4)	The necessary improvements must be made in the standard of maintenance of the personal medication records. **Stated twice**	The personal medication records which were reviewed at this inspection had been maintained in a satisfactory manner.	**Compliant**
3	13(4)	The necessary improvements must be made in the standard of maintenance of the medication administration records. **Stated twice**	The medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The home manager must ensure that accurate records for the administration of warfarin are maintained on every occasion. **Stated once**	Records for two patients and two residents were reviewed and were found to be satisfactory.	**Compliant**
5	13(4)	The records in place for the receipt, balances carried forward and administration of nutrition supplements must be reviewed and revised. The records must provide a clear audit trail. **Stated once**	Supplies of nutritional supplements are replenished each night. This ensures that any discrepancies are apparent each evening. Satisfactory records and audit outcomes were observed at this inspection.	**Compliant**

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:	
Satisfactory arrangements were observed to be in place for most areas of the management of medicines. Areas of good practice were highlighted during the inspection. These include: the additional recording systems for warfarin, the medicines audit which senior carers and registered nurses complete at the end of their shift, the transdermal patch recording sheets, the accurate running balances which are maintained for medicines which are not contained within the blister pack system and the auditing system for nutritional supplements. The registered manager and staff are commended for their continuing efforts. Several audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Some small discrepancies were discussed with the registered manager. A significant audit discrepancy in the administration of one medicine (Vagifem pessaries) was observed. The registered manager must investigate this discrepancy. The outcome of the investigation including the action to be taken to prevent a recurrence must be forwarded to RQIA. A requirement has been made. Staff advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home; this was evidenced for one resident during the inspection. The process for obtaining prescriptions was reviewed. Prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the pharmacy for dispensing. The registered manager advised that she is currently addressing some stock control issues with the surgeries. All medicines	Substantially compliant

were available for administration as prescribed on the day of the inspection. Three medicines had been out of stock in the residential suite; staff had taken appropriate action in order to obtain the medicines. The management of warfarin, insulin and medicines prescribed for Parkinson's disease was reviewed and found to be satisfactory. Staff were reminded that obsolete warfarin dosage directions should be cancelled and archived; only the current dosage directions should remain on the medicines file. Staff record the reason for the administration of 'when required' analgesia on the reverse of the medication administration records. It was agreed that the outcome of the administration would also be recorded.	

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place. These were not reviewed at this inspection.	Compliant

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff attend update training and on-line training which is provided by the community pharmacy. In addition further in-house on-line training on medicines management is provided. Records of this training are maintained and the recording system in use enables the management team to see when training needs to be updated. A sample of records of the training and competency assessments completed by registered nurses and care staff was provided for inspection.	Compliant

Competency assessments on the management of medicines are completed with the nursing staff and senior carers after their induction and thereafter if a need is identified through the auditing system or medication errors. The registered manager confirmed that care staff have received training and been deemed competent to manage thickening agents. The management of thickening agents is included in the induction training for care staff. Records were available for inspection. The deputy manager has completed supervisions with care staff on the use of emollient preparations. The list of the names, signatures and initials of nursing staff and care staff who are trained and competent to administer medicines is currently being updated.	

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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that there is annual staff appraisal and that supervisions take place at least twice each year.	Compliant

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff confirmed that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. There had been one medication incident reported since April 2014. It had been managed in a satisfactory manner.	Compliant

Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff confirmed that discontinued or expired medicines are returned to a waste management company and that controlled drugs are denatured in the home prior to their disposal. Two members of staff are involved in the disposal of medicines.	Compliant

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.	**COMPLIANCE LEVEL**
Inspection Findings:	
Daily stock balances are maintained for the majority of medicines which are not contained within the blister pack system. These had been accurately maintained in the residential suites. In Jasmine Suite a number of discrepancies in these running balances were observed. The registered manager advised that this would be discussed with staff to ensure that when discrepancies are noted in the running balances an investigation is completed. Registered nurses and senior carers complete an audit on the management of medicines at the end of their shift. Daily audits are completed on nutritional supplements. The management of medicines is also audited regularly by the management team. Dates and times of opening had been recorded on the majority of medicines which were selected for audit at this inspection. A small number of omissions were observed in Sunflower Suite and this was discussed.	Substantially compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS **Medicine records comply with legislative requirements and current best practice.**	
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:	
Medicine records had been constructed and completed in a mostly satisfactory manner.	Compliant

Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
The personal medication records and medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner. Care staff are responsible for the administration of emollient preparations in the nursing suites. A review of these records indicated that there were some omissions. The registered manager advised that the standard of maintenance of these records would be included in the audit process. Records for the administration of thickening agents by care assistants in the residential suites are not maintained and this should be addressed (See Section 7.0). Records for the receipt and disposal of medicines had also been maintained in a satisfactory manner.	Substantially compliant

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 Schedule 2 controlled drugs were observed to be recorded in a controlled drug record book. Records for the receipt, administration and disposal of Schedule 3 controlled drugs and Schedule 4 (Part 1) controlled drugs are also recorded in the controlled drug record book.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE **Medicines are safely and securely stored.**	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Storage was observed to be tidy and organised. Satisfactory arrangements for monitoring the temperatures of the medicine refrigerators were observed. The room temperature of the treatment rooms is monitored and recorded each day; satisfactory recordings were observed indicating that the temperature is maintained below 25^{o}C in all treatment rooms. Staff in the residential suite were reminded that ramipril 2.5mg/5ml liquid must be discarded 28 days after opening. Oxygen cylinders were available in the home on the day of the inspection. They were stored in the treatment rooms and signage was in place. Although chains are available, not all cylinders were securely chained to a wall. The registered manager confirmed that this would be discussed with staff for corrective action. Nutritional supplements and thickening agents are stored in the treatment rooms and are managed under the direct supervision of the senior carers and nursing staff. One supply of Versatis patches had not been sealed in the Jasmine Suite. This was brought to the attention of staff for corrective action. A number of blood glucose meters are in use. Control checks are performed at regular intervals and records are maintained. The date of opening and date for disposal had been recorded on the control solutions; this is good practice.	Substantially compliant

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The keys to the controlled drugs cupboards, all other medicine cupboards and the medicine trolleys were observed to be in the possession of the senior carer and nurse-in-charge of each suite. The controlled drugs keys are held separately from all other keys.	Compliant

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 twice daily at each handover of responsibility.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 ADDITIONAL AREAS EXAMINED

Thickening agents

Several patients are prescribed thickening agents. The records for three patients and one resident were examined.

Care plans and speech and language therapist (SALT) assessments were in place.

Prescription details for thickening agents had been recorded on the personal medication records and medication administration records. The required consistency level had not been recorded on these records. However, in the nursing suites 'fluid consistency and diet type' sheets are in place for staff reference. The registered manager advised that this system would be introduced into the residential suites without delay.

Thickening agents are administered by both nurses and care staff in the nursing suites. Records for administration by nurses are recorded on the medication administration records. Care staff record the administration of thickening agents in the daily nutrition charts.

In the residential suites, records for administration by senior carers are recorded on the medication administration records. Care staff do not record the administration of thickening agents. The registered manager advised that the daily nutrition charts would be brought into use in the residential suite.

The registered manager advised that training on the management of thickening agents is provided as part of the induction programme for staff. Records were provided for inspection.

Management of distressed reactions

The records for four patients who are prescribed anxiolytic medicines for the management of distressed reactions were reviewed. The findings were discussed in detail with the registered nurses and registered manager.

Care plans were in place and the parameters for administration were recorded on the personal medication records. Records of administration had been maintained on the medication administration records.

For one patient in the Jasmine Suite the reason and outcome of the administration had not been recorded. For a second patient in the Jasmine Suite a 'when required' medicine was being administered regularly. The registered manager confirmed that this is being reviewed.

For one patient in the Sunflower Suite the reason and outcome of the administration had been recorded. For a second patient, a regularly prescribed anxiolytic medicine was being administered only 'when required' as staff felt that it was causing too much sedation. Staff had not recorded the reason and outcome of each administration.

It is recommended that the reason for and outcome of each administration of 'when required' medicines is recorded. A recommendation has been made.

8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

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

Helen Daly
Pharmacist Inspector
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

ROSEMOUNT CARE CENTRE

14 JANUARY 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Claire McKenna, Registered Manager,** during the inspection. The timescales for completion commence from the date of inspection.

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

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

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

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

STATUTORY REQUIREMENTS This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The 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 investigate the discrepancy in the administration of Vagifem pessaries for one patient. The outcome of the investigation including the action to be taken to prevent a recurrence must be forwarded to RQIA. **Ref: Criterion 37.1**	One	A full investigation has now been completed. A copy of the investigation report including preventative actions and learning outcomes has been submitted.	13 February 2015

RECOMMENDATION **This recommendation is based on the Nursing Minimum Standards (2008), research or recognised sources. It 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 the reason for each administration and the subsequent outcome are recorded for medicines which are prescribed to be administered 'when required' for the management of distressed reactions. **Ref: Section 7.0**	One	All staff have been reminded that in addition to signing for administration of 'when required' medications an explanatory annotation must be made overleaf on the Medicine Administration Record. Staff have also been advised that it is good practice to record in the daily progress notes or relevant care plan evaluation that a 'when required' medication has been administered. This is to include the reason it was needed and any outcome effect noted.	13 February 2015

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	CLAIRE McKENNA
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	PHILIP SCOTT

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	3 March 2015
B.	Further information requested from provider				