NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT
MONITORING INSPECTION REPORT

Inspection No:	**IN021190**
Establishment ID No:	**11107**
Name of Establishment:	**Rose Martha Court**
Date of Inspection:	**16 February 2015**
Inspectors' Names:	**Paul Nixon** **Judith Taylor**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Rose Martha Court
Type of home:	Nursing Home
Address:	30 Westbourne Avenue Ballymena BT43 5LW
Telephone number:	(028) 2564 8165
E mail address:	manager.rosemartha@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Ms Sheila Harvey (Registration pending)
Person in charge of the home at the time of Inspection:	Ms Sheila Harvey
Categories of care:	NH - DE, I, PH, PH(E) and TI RC - DE and I
Number of registered places:	100
Number of patients accommodated on day of inspection:	85
Date and time of current medicines management inspection:	16 February 2015 10:30 – 16:10
Names of inspectors:	Paul Nixon and Judith Taylor
Date and type of previous medicines management inspection:	30 April 2014 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect 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

The previous medicines management inspection of this home, on 30 April 2014, had shown that the systems in place for the management of medicines were substantially compliant with legislative requirements and best practice guidelines. However, RQIA has recently been made aware of concerns in relation to aspects of care in the two nursing suites of the home, Maine and Slemish.

The purpose of this visit was to determine what progress had been made in addressing the four requirements and eight recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes (2008) and to determine if the safety of patients, with respect to the administration of medicines, could be assured. Only the two nursing suites of the home were inspected on this occasion.

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 Sheila Harvey (Manager, Registration Pending) and the registered nurses on duty in Maine and Slemish Suites
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 to the manager and director of operational services

HOW RQIA EVALUATES SERVICES

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

Rose Martha Court is a purpose built two storey detached nursing home.

The home was registered in 2010 and offers bright and spacious accommodation for 100 people.

The home is divided into four suites:

- Braid (Residential care dementia unit with 18 beds)
- Galgorm (Residential frail elderly unit with 20 beds)
- Maine (Nursing dementia unit with 29 beds)
- Slemish (Nursing frail elderly unit with 33 beds)

All bedrooms are single rooms with en suite facilities. Each has been furnished with a profiling bed, a range of furniture providing storage for patients'/residents' personal possessions and a television. There are eight assisted bathrooms in the home ensuring that bathing facilities are available to meet all patients' needs.

There are sitting rooms and dining rooms located throughout the home. A small kitchenette is located on each floor with facilities for making a cup of tea or a snack.

There is an activity room where patients/residents may undertake various activities and a relaxation room where patients/residents can unwind and relax in peace and quiet. An enclosed garden is situated at the side of the building and this can be accessed by patients/ residents.

Toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities throughout the home are accessible to all patients/ residents and visitors.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Rose Martha Court was undertaken by Paul Nixon and Judith Taylor, RQIA Pharmacist Inspectors, on 16 February 2015 between 10:30 and 16:10. The two nursing suites of the home, Maine and Slemish were inspected. This summary reports the position in the home at the time of the inspection

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety 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 Ms Sheila Harvey, Manager and the registered nurses on duty in Maine and Slemish Suites. Mr Emerson Kupfuwa, Director of Operational Services, was present at the end of the inspection for feedback. 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 Rose Martha Court are moving towards compliance with legislative requirements and best practice guidelines. Several areas of concern were found, including the management of opioid transdermal patches in Slemish Suite and the effectiveness of the medicines management audit system.

The four requirements and eight recommendations made at the previous medicines management inspection on 30 April 2014 were examined during the inspection; the inspectors' validation of compliance is detailed in Section 5.0 of this report.

In Slemish Suite, robust arrangements are not in place for the management of opioid transdermal patches. Three incidents regarding the delay in the application of opioid transdermal patches to patients in Slemish Suite have been reported to RQIA since October 2014. A requirement is partially restated.

The issues detailed in this report indicate that the medicines management auditing system needs to be more effective. The responsible individual must ensure there is an effective auditing system which identifies areas for improvement in the management of medicines and ensures that appropriate follow-up action has been taken. A requirement is stated. The benefit of including the completed quality improvement plan from the previous medicines management inspections in the audit process to ensure there are no restated requirements or recommendations was discussed.

The care plans for two patients who are administered medication covertly were examined and found to be satisfactory.

The audits on liquid formulation medicines in Maine Suite produced satisfactory outcomes.

Prescriptions are reviewed by the home before being sent to the community pharmacy for dispensing.

The care plans for one patient in Maine Suite who is prescribed rectal diazepam was examined and found to be satisfactory.

Appropriate arrangements were observed to be in place for performing glucometer quality control checks. Records are maintained of the checks.

From examination of the records and discussion with the manager and staff, it was concluded that controlled drugs in Schedule 4 (Part 1) are not routinely denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. In Slemish Suite, Schedule 4 (Part 1) controlled drugs entries in the disposal of medicines record were only signed by one staff member. A recommendation is restated. In Maine Suite there were generally two signatures for the disposal of medicines; however, in Slemish Suite, with the exception of controlled drugs, there was only one signature for the disposal of medicines. The responsible individual should ensure that two designated staff members witness medicines being placed in the medicines disposal bin and should sign the disposal record. A recommendation is restated. In both nursing suites, a significant amount of medication was awaiting disposal into the pharmaceutical clinical waste bins. Medicines should be disposed of in a timely manner. A recommendation is stated.

Areas of good practice include the standard of maintenance of the personal medication records and medication administration records and the supplementary recording sheets which are maintained for analgesics and antibiotics.

The records of five patients who are prescribed ‘when required’ anxiolytic medicines for the treatment of distressed reactions were examined. For four patients, the medicine was not recorded in their care plan. The reason for administration and outcome was not being consistently recorded. The responsible individual should ensure that the recording system in place for all patients who are prescribed ‘when required’ anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration. A recommendation is restated.

The responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed. A recommendation is stated.

The temperature range of the medicine refrigerator in Maine Suite had been appropriately managed. However, the temperature of the medicine refrigerator in Slemish Suite was consistently either close to the maximum or above the recommended range. Also, several medicines that should not be stored under cold conditions and several discontinued or out-of-date medicines were being stored in the refrigerator in Slemish Suite. The medicine refrigerator in Slemish Suite should be managed appropriately. A recommendation is stated.

The inspection attracted three requirements and seven recommendations which are detailed in the Quality Improvement Plan. Following a discussion with the RQIA senior pharmacy inspector, it was decided that a further monitoring inspection will be undertaken to ensure the necessary improvement has been made and sustained.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 30 April 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The responsible individual must ensure that, in Slemish Suite, robust arrangements are in place for the management of opioid transdermal patches. Patches must always be applied in accordance with the prescribed instructions. Systems must be in place to ensure patches remain in place and any removed/non-adhered patches are found and records of disposal maintained. **Stated once**	Three incidents regarding the delay in the application of opioid transdermal patches to patients in Slemish Suite have been reported to RQIA since October 2014. The most recent incident occurred on 12 February 2015, where there had been a two day delay in the changing of a Transtec patch. Systems are in place to ensure patches remain in place and any removed/non-adhered patches are found and records of disposal maintained. **This requirement is partially restated**	**Moving towards compliance**
2	13(4)	The responsible individual must ensure that a care plan is in place for any patient who is administered medication covertly. **Stated once**	The care plans for two patients who are administered medication covertly were examined and found to be satisfactory.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The responsible individual must ensure that, in Galgorm Suite, a record is kept of each medicine placed in the waste container for disposal. **Stated once**	This requirement was not examined and is carried forward to the next inspection.	**Not examined**
4	13(4)	The responsible individual must ensure that, in Maine and Slemish Suites, the temperature range of the medicine refrigerator is maintained within the recommended range of 2°C and 8°C. **Stated once**	The temperature range of the medicine refrigerator in Maine Suite had been appropriately managed. The temperature of the medicine refrigerator in Slemish Suite was consistently either close to the maximum or above the recommended range. **A recommendation is stated**	**Moving towards compliance**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The responsible individual should ensure that the administrations of liquid formulation medicines in Maine Suite are closely monitored to ensure the patients are receiving the prescribed doses. **Stated once**	The audits performed on liquid formulation medicines in Maine Suite produced satisfactory outcomes.	**Compliant**
2	37	The responsible individual should ensure that prescriptions are reviewed by the home before being sent to the community pharmacy for dispensing. **Stated once**	The unit manager in Braid Suite confirmed that prescriptions are reviewed by the staff in each suite before being sent to the community pharmacy for dispensing.	**Compliant**
3	37	The responsible individual should ensure that an epilepsy management plan is in place for any patient who is prescribed rectal diazepam or buccal midazolam for the treatment of status epilepticus. **Stated once**	An epilepsy management plan is in place for the one patient in the nursing units who is prescribed rectal diazepam for the treatment of status epilepticus.	**Compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	The responsible individual should ensure that appropriate arrangements are in place for performing glucometer quality control checks. **Stated once**	Appropriate arrangements were observed to be in place for performing glucometer quality control checks. Satisfactory records are maintained of the checks.	**Compliant**
5	37	The responsible individual should ensure that all controlled drugs in Schedule 4 (Part 1) are denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. **Stated once**	From examination of the records and discussion with the manager and staff, it was concluded that controlled drugs in Schedule 4 (Part 1) are not routinely denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. In Slemish Suite, Schedule 4 (Part 1) controlled drugs entries in the disposal of medicines record were only signed by one staff member. **This recommendation is restated**	**Not compliant**

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	37	The responsible individual should ensure that two designated staff members witness medicines being placed in the medicines disposal bin and should sign the disposal record. **Stated once**	In Maine Suite, there were generally two signatures for the disposal of medicines. However, in Slemish Suite, with the exception of controlled drugs, there was only one signature for the disposal of medicines. **This recommendation is restated**	**Moving towards compliance**
7	39	The responsible individual should ensure that, in Braid Suite, all laxative medicines are labelled appropriately. **Stated once**	This requirement was not examined and is carried forward to the next inspection.	**Not examined**
8	37	The responsible individual should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. **Stated once**	The records of five patients who are prescribed 'when required' anxiolytic medicines for the treatment of distressed reactions were examined. For four patients, the medicine was not recorded in their care plan. The reason for administration and outcome was not being consistently recorded. **This recommendation is restated**	**Moving towards compliance**

6.0 ADDITIONAL AREAS EXAMINED

6.1 AUDIT ACTIVITY

In addition to the issues detailed in Section 5.0, the following observations highlighted the need for the current medicines management audit activity to be reviewed to ensure it is effective and that appropriate follow-up action is taken:

- Some audits in Maine Suite produced unsatisfactory outcomes, with more medication remaining than the records of administration indicated there should have been
- In Slemish Suite, audits on Calogen, Daktacort cream, Epaderm cream and sodium chromoglycate eye drops, all prescribed for one patient and hydroxocobalamin injection, prescribed for one patient, indicated unsatisfactory correlations between the prescribed instructions and patterns of administration
- In Slemish Suite, for remaining medicines at the end of the four-week medicines cycle, there was no system to check why the medication was left.

The responsible individual must ensure there is an effective auditing system which identifies areas for improvement in the management of medicines and ensures that appropriate follow-up action is taken. A requirement is stated.

The manager agreed to investigate the pattern of administration of hydroxocobalamin injection, prescribed for one patient in Slemish Suite and the presence of a shingles vaccine, also prescribed for one patient in Slemish Suite and to inform RQIA of the outcomes by 17 February 2015. On 17 February 2015, the manager reported that the patient did not appear to have had the hydroxocobalamin injection administered since July 2014. The manager provided details of the follow-up action planned for both the hydroxocobalamin injection and the shingles vaccine

6.2 MANAGEMENT OF NUTRITIONAL SUPPLEMENTS

In the Slemish Suite hair salon, nutritional supplements were observed to be stored in an unlocked cupboard and also in large, open boxes. One patient had four Calogen bottles in current use. The management of nutritional supplements in Slemish Suite should be reviewed. A recommendation is stated.

6.3 STORAGE OF MEDICINES

In both nursing suites, a significant amount of medication was awaiting disposal into the pharmaceutical clinical waste bins. Medicines should be disposed of in a timely manner. A recommendation is stated.

As previously stated in Section 5.0, the temperature of the medicine refrigerator in Slemish Suite was consistently either close to the maximum or above the recommended range. Also, several medicines that should not be stored under cold conditions and several discontinued or out-of-date medicines were being stored in the refrigerator. The medicine refrigerator in Slemish Suite should be managed appropriately. A recommendation is stated. The manager stated that this she would be closely monitoring the fridge from the day of the inspection onwards.

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 Sheila Harvey (Manager, Registration Pending) and Mr Emerson Kupfuwa (Director of Operational Services),** 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:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

ROSE MARTHA COURT
16 FEBRUARY 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Sheila Harvey, Manager (Registration Pending) and Mr Emerson Kupfuwa, Director of Operational Services** 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 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 REQUIREMENT **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 ensure that, in Slemish Suite, robust arrangements are in place for the management of opioid transdermal patches. Patches must always be applied in accordance with the prescribed instructions. **Ref: Sections 4.0 and 5.0**	Two	**Transadermal patches diary has been put in place. This has been enhanced with reminder signs on top of the medicine trolleys; wall charts on the nurses' station and treatment room. Memo given to each individual nurse that they have to sign as understanding**	18 March 2015
2	13(4)	The responsible individual must ensure that, in Galgorm Suite, a record is kept of each medicine placed in the waste container for disposal. **Ref: Section 5.0 (carried forward)**	One	**A record is kept on Galgorm suite of each medicine placed in the waste container for disposal. Two record books are in place and being used; one book for destroyed medicines and the other for returns.**	Ongoing
3	13(4)	The responsible individual must ensure there is an effective auditing system which identifies areas for improvement in the management of medicines and ensures that appropriate follow-up action has been taken. **Ref: Sections 4.0, 5.0 and 6.1**	One	**Weekly audits are being carried out and staff have been instructed to be thorough and put a comprehensive action plan in place where there are identified shortfalls. This is enhanced by monthly full audits.**	18 March 2015

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 ensure that all controlled drugs in Schedule 4 (Part 1) are denatured and therefore rendered irretrievable, by two staff members, before being placed into waste containers. **Ref: Sections 4.0 and 5.0**	Two	There is a doom kit on each nursing unit and nurses have been instructed to ensure this checked and signed for by two nurses at all times; random checks being carried out to ensure compliance	18 March 2015
2	37	The responsible individual should ensure that two designated staff members witness medicines being placed in the medicines disposal bin and should sign the disposal record. **Ref: Sections 4.0 and 5.0**	Two	All staff have been instructed to ensure that two designated staff members witness and sign for medicines being placed in medicine disposal bins; random checks being carried out to ensure compliance.	18 March 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	37	The responsible individual should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. **Ref: Sections 4.0 and 5.0**	Two	PRN Protocol is being put in place for each resident prescribed "when require" anxiolytics and antipsychotic medicines. This details the medicine being given, reasopns why it should be given and also needs recording the outcome from the medication being given	18 March 2015
4	39	The responsible individual should ensure that, in Braid Suite, all laxative medicines are labelled appropriately. **Ref: Section 5.0 (carried forward)**	One	All laxative containers are fully labelled with the resident's name, and fully instructions of when and how it should be given	Ongoing
5	37	The responsible individual should ensure that the management of nutritional supplements in Slemish Suite is reviewed. **Ref: Sections 4.0 and 6.2**	One	Complete audit of nutritional supplements on Slemish and other units has been carried out. Home is now in the process of introducing a new monitoring system that would enable compliance to be monitored easily.	18 March 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
6	37	The responsible individual should ensure that medicines are disposed of in a timely manner. **Ref: Sections 4.0 and 6.3**	One	Where a resident passes away, the medicine is disposed of after 7 days Where a residents is discharged from the home, the medicine would be disposed of immediately once its established that it is no longer required. Where The GP has changed or discontinued any medication, this is being disposed of immediately.	18 March 2015
7	39	The responsible individual should ensure that the medicine refrigerator in Slemish Suite is managed appropriately. **Ref: Sections 4.0, 5.0 and 6.3**	One	Fridge temperature records are in place and forms part of the daily checks that the nurses have to undertake. Nurses have also been instructed to ensure that readings outside the recommended range are reported to the manager immediately	18 March 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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Emerson Kupfuwa
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan Logeswaran

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	01/04/15
B.	Further information requested from provider		X	Paul W. Nixon	01/04/15