NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018470**
Establishment ID No:	**11245**
Name of Establishment:	**St James' Lodge Care Home**
Date of Inspection:	**10 December 2014**
Inspector's Name:	**Helen Daly**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	St James' Lodge Care Home
Type of home:	Nursing
Address:	15 - 17 Coleraine Road Ballymoney BT53 6BP
Telephone number:	028 2766 8212
E mail address:	frank.mckenna@stjameslodge.co.uk
Registered Organisation/ Registered Provider:	St James' Lodge Limited Mr Francis Donal McKenna
Registered Manager:	Miss Bronagh Barker
Person in charge of the home at the time of Inspection:	Miss Bronagh Barker
Categories of care:	RC-I, NH-DE, NH-I
Number of registered places:	44
Number of patients accommodated on day of inspection:	43
Date and time of current medicines management inspection:	10 December 2014 11:20 – 16:20
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	7 March 2014 Announced Post-registration

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 Miss Bronagh Barker, 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 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

St James' Lodge Care Home is a new 44 bedded nursing home situated in its own pleasant grounds, within easy reach of local bus routes and Ballymoney town centre.

Patient accommodation is provided on two floors, with the ground floor supporting the needs of 20 patients and the first floor supporting the needs of 24 patients.

All bedrooms are single and provide en-suite facilities. Bedrooms have been furnished to a very high standard with profiling beds and a range of furniture providing storage for patients' personal processions.

Communal living areas, activity lounges and dining rooms are available on both floors to meet the needs of the patients. A hairdressing room is provided on each floor.

The registered manager has been in post since the home was registered in October 2013.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of St James' Lodge Care Home was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 10 December 2014 between 11:20 and 16:20. This summary reports the position in the home at the time of the inspection.

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

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

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

This inspection indicated that the arrangements for the management of medicines in St James' Lodge Care Home are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern, however, areas for improvement were noted.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of medicine incidents and discussion with other inspectors.

The five requirements and the three recommendations which were made at the previous medicines management inspection on 7 March 2014 were examined. Compliance was noted for all of the requirements and the recommendations. The registered manager and staff are commended for their efforts.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with the care inspector.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines.

Policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

A range of audits was 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, discrepancies in the administration of two Seretide Evohalers were observed. The registered manager must ensure that the administration of Seretide Evohalers is included in the home's audit process.

In addition, the registered manager was requested to investigate an apparent discrepancy in the administration of memantine 10mg/ml liquid and refer to the prescriber for guidance. The outcome of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA.

Medicines records had been maintained in a satisfactory manner.

Storage was observed to be tidy and organised. The registered manager must ensure that medicines are removed from use at their expiry date.

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

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

The inspector 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 inspection on 7 March 2014:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that where care staff are responsible for the administration of external preparations, records of training and competency are maintained. **Stated once**	Training and supervision on the administration of external preparations had been provided for care staff in October 2014. Records were available for inspection. The registered manager advised that training on the administration of external medicines is now provided for care staff as part of their induction.	**Compliant**
2	13(4)	The registered manager must ensure that bisphosphonate medicines are administered in strict accordance with the manufacturer's instructions. **Stated once**	Bisphosphonate medicines are now administered by night staff at 07:00, at least 30 minutes before the first food or medicines of the day. Records of prescribing and administration reflect this practice.	**Compliant**
3	13(4)	The registered manager must ensure that all medicine records are fully and accurately maintained on every occasion as detailed in the report. **Stated once**	The areas identified for improvement had been addressed in a satisfactory manner.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	The responsible person must make the necessary arrangements to ensure that all medicines are stored at the correct temperatures. **Stated once**	An air conditioning unit has been obtained. The temperature of the treatment room is monitored and recorded each day; recordings below 25^0C were observed.	**Compliant**
5	13(4)	The registered manager must review the processes regarding the stock control of medicines to ensure medicines are available for administration as prescribed and any out of stock medicines are obtained in a timely manner. **Stated once**	The registered manager and senior nurse advised that robust stock control systems are now in place. The registered nurses make management aware of potential supply problems. All medicines were available for administration as prescribed on the day of the inspection.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should maintain a list of the names, initials and signatures of designated care staff who are responsible for medicine related tasks. **Stated once**	The registered manager advised that this had been addressed following the previous inspection. However, it is no longer necessary as care staff now record the administration of external preparations and thickening agents on a computerised system.	**Compliant**
2	37	The registered manager should further develop the audit process to ensure it covers all aspects of medicines management. **Stated once**	In addition to the daily audits which are completed on non-blistered medicines, the senior nurse now completes a quarterly audit on several aspects of medicines management. A copy of the audit and resultant action plan which were completed in October 2014 was provided for inspection.	**Compliant**
3	37	The registered manager should ensure that all medicines are readily identifiable. **Stated once**	The registered manager advised that all medicines received into the home are now provided either in their original dispensed containers or in the monitored dosage system provided by the community pharmacy. All medicines available in the home on the day of the inspection were readily identifiable.	**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 The outcomes of the majority of the audits which were performed on a range of randomly selected medicines indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, audit discrepancies were observed for two supplies of Seretide Evohaler. The registered manager must ensure that the administration of Seretide Evohalers is included in the home's audit process. Any future discrepancies must be investigated, referred to the prescriber for guidance and reported to RQIA. A requirement has been made. An apparent audit discrepancy was observed for one supply of memantine 10mg/ml liquid. The registered manager must investigate this discrepancy and refer to the prescriber for guidance. The outcome of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA. A requirement has been made. The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for one patient at the inspection. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the pharmacy for dispensing.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

The management of warfarin was reviewed for two patients and found to be satisfactory. Dosage directions are received in writing and daily stock counts are carried out after each administration. The audits trails which were completed produced satisfactory outcomes. The registered manager was advised that obsolete dosage directions should be cancelled and archived; only the current dosage directions should be held in the medicines file. It was agreed that this would be actioned at the earliest opportunity. The management of insulin was examined for one patient; satisfactory systems are in place.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.	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:	
Update training on the management of medicines was provided by the community pharmacist in November 2014. Competency assessments have been completed with all registered nurses by either the registered manager or the senior nurse. Further training is planned for February 2015. Records were available for inspection. Training for care staff on the management of external preparations and thickening agents has been provided within the last year. The registered manager advised that training on specific techniques e g enteral feeding would be provided prior to any admissions. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines. Care staff now record the administration of external preparations and thickening agents on a computerised system using their individual secure password to log on.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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 six monthly supervisions for all registered nurses.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. One medication related incident has been reported to RQIA since April 2014; it had been managed appropriately.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to a waste management company. The registered manager confirmed that all controlled drugs in Schedule 2 and 3 are denatured and therefore rendered irretrievable prior to disposal. The registered manager was advised that controlled drugs in Schedule 4 (Part 1) which includes diazepam, nitrazepam, zopiclone and zolpidem must also be denatured prior to disposal; to date there has been no need to dispose of these medicines.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
Running stock balances are maintained for the majority of medicines which are not contained within the blister pack system. A review of these balances indicated that they are accurately maintained. In addition to the daily audits the senior nurse now completes a quarterly audit on several aspects of medicines management. A copy of the audit and resultant action plan which were completed in October 2014 was provided for inspection. It is acknowledged that dates and times of opening had been recorded on the majority of medicine containers; however, the date and time of opening had not been recorded on some medicines, including galantamine 4mg/ml oral solution and three supplies of Pro-Cal Shot. The registered manager advised that this is the expected practice in the home and that this finding would be discussed with staff for immediate corrective action.	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:	
The majority of medicine records had been constructed and completed in a 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 examined at this inspection had been maintained in a satisfactory manner. Records of medicines received into the home and disposed of had been maintained in a satisfactory manner. Two registered nurses are involved in the disposal of medicines.	Compliant

STANDARD 38 - MEDICINE RECORDS

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:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** 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. The maximum, minimum and current refrigerator temperatures are monitored and recorded each day. Temperatures within the accepted range (2 ^{o}C and 8 ^{o}C) were observed. The temperature of the treatment room is monitored and recorded daily; satisfactory readings were observed. Several oxygen cylinders were available in the treatment room. Signage was in place and the masks were covered. However, a number of the cylinders had not been chained securely to a wall; this was discussed for corrective action. Cefalexin oral suspension is prescribed for three patients. This medicine has a limited shelf-life once reconstituted. Three out of date supplies were observed to be in use. The registered manager must ensure that cefalexin oral suspension is discarded at expiry. A requirement has been made	Substantially compliant

STANDARD 39 – MEDICINES STORAGE

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 treatment room and medicines trolleys were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys by the senior nurse. The safe custody of spare keys is the responsibility of the registered manager.	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:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily on each occasion when responsibility for safe custody is transferred.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL** Substantially compliant

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

The records for one patient who is prescribed an anxiolytic medicine for the management of distressed reactions was reviewed.

A care plan was in place and the parameters for administration were recorded on the personal medication record.

Records of administration had been maintained on the medication administration records. However staff were not routinely recording the reason for each administration and the subsequent outcome.

The registered manager should ensure that the reason for each administration and the subsequent outcome are recorded. A recommendation has been made.

Thickening agents

Several patients are prescribed thickening agents. The records for two patients were examined.

Care plans and speech and language therapist (SALT) or pre-admission assessments were in place. One care plan needed to be updated.

Prescription details for thickening agents had been recorded on the personal medication records and medication administration records (MARs).

Thickening agents are administered by both registered nurses and care staff. The registered manager advised that training on the management of thickening agents had been provided for all care staff.

Records for administration by registered nurses are recorded on the MARs. Care staff now record the administration of thickening agents on a computerised system.

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 **Miss Bronagh Barker (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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ST JAMES' LODGE CARE CENTRE

10 DECEMBER 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 specific actions set out in the Quality Improvement Plan were discussed with **Miss Bronagh Barker, 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 ensure that the administration of Seretide Evohalers is included in the home's audit process. Any future discrepancies must be investigated, referred to the prescriber for guidance and reported to RQIA. **Ref: Criterion 37.1**	One	Memo circulated to all qualified staff to remind them of the need to complete audits for administration of inhalers. If not required GP to be asked to change prescription to when required. At start of new 28day cycle a new inhaler will be opened, number of doses recorded + prompt for audit highlighted on MAR sheet	9 January 2015
2	13 (4)	The registered manager must investigate the apparent discrepancy in the administration of memantine 10mg/ml liquid and refer to the prescriber for guidance. The outcome of the investigation, including the action taken to prevent a recurrence must be forwarded to RQIA. **Ref: Criterion 37.1**	One	Full investigation has been completed. The outcome of this including action taken to prevent reoccurance has been submitted to RQIA via Regulation 30 and follow up form	9 January 2015
3	13 (4)	The registered manager must ensure that cefalexin oral suspension is discarded at expiry. **Ref: Criterion 39.1**	One	GPs have been made aware of the need to prescribe a larger quantity for 28day cycle. There is a highlighted area on the MAR of when a new bottle is required to be opened.	9 January 2014

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 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 qualified staff have been reminded of the need to record reason for administration of when required medications. Random checks will be completed going forward to ensure this is completed.	9 January 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Bronagh Barker BBarker.
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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

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	**5 Jan 2015**
B.	Further information requested from provider				