Unannounced Medicines Management Inspection Report
27 March 2017

Fairview & Craigdene Residential Care Home

Type of service: Residential Care Home
Address: 24a Trench Road, Waterside, Londonderry, BT47 3UB
Tel No: 028 7134 2147
Inspector: Cathy Wilkinson

1.0 Summary

An unannounced inspection of Fairview and Craigdene took place on 27 March 2017 from 10.50 to 14.20.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

This is the first medicines management inspection of this home since the two registrations merged in April 2016.

Is care safe?

Improvement is required in the management of medicines to ensure safe processes are in place. Specifically these were in relation to the maintenance of personal medication records, medicine administration records and the cold storage of medicines. These issues had been raised at previous inspections and there was limited evidence of improvement since then. Staff require further training in the management of medicines. Four requirements have been made, two of these requirements have been stated for a third time and one requirement has been stated for a second time. One recommendation has been stated for a second time.

Is care effective?

Improvement is required to ensure that the management of medicines is effective. The administration of bisphosphonate medicines should be reviewed and one specified medicine should be closely monitored. Two recommendations were made. The management and records relating to distressed reactions should also be reviewed. The recommendation stated previously in relation to this has been stated for a second time.

Is care compassionate?

At the time of this inspection most of the residents were attending day centres and work placements. It was noted that personal details relating to appointments and medicines were displayed on a notice board in the dining room. This was discussed and addressed by the registered person following the inspection.

Is the service well led?

Despite matters being raised previously this inspection evidenced that the governance arrangements within the home were not robust. The auditing arrangements within the home were inadequate as they had failed to identify and correct the discrepancies in record keeping evidenced during this inspection.

Four requirements and four recommendations made at the previous inspections had not been robustly addressed and are restated in this report. Assurances had been provided by the registered person in the returned QIPs that these issues had been addressed.

The weaknesses seen in the domains of safe and effective care highlighted the deficits in the management of medicines. Work is required by the registered persons to secure compliance and drive sustained improvement. One requirement in relation to auditing arrangements has been stated for a third time and two recommendations have been made. One of these recommendations has been stated for a second time.

Following this inspection the findings were shared with senior management in RQIA and a decision was taken to hold a serious concerns meeting (see section 1.1).

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Graham Wilkinson, Registered Person by telephone following the inspection. The timescales for completion commence from the date of inspection.

As mentioned previously this home had been registered as two separate establishments. The previous QIPs from the previous registrations were verified. Where similar issues had not been fully addressed these have been amalgamated into the QIP attached to this report.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office on 7 April 2017. The registered person had provided a detailed action plan by email on 6 April 2017. At the meeting, governance, auditing arrangements, record keeping and the action plan were discussed. A full account of the actions that will be taken to ensure the improvements necessary to achieve compliance with the Regulation and issues identified was provided.

RQIA considered the matter decided to allow a period of time to demonstrate improvement.

RQIA will continue to monitor the quality of service provided in Fairview and Craigdene Residential Care Home and will carry out an inspection to assess compliance.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 June 2016.

2.0 Service details

Registered organisation/registered person: Charline Care Homes Ltd Mr Gordon Graham Wilkinson	**Registered manager:** Mr Michael Brothers
Person in charge of the home at the time of inspection: Ms Louise Wylie (Deputy Manager)	**Date manager registered:** 22 October 2015
Categories of care: RC-LD, RC-LD(E)	**Number of registered places:** 26

3.0 Methods/processes

Prior to inspection we analysed the following records:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medicine related incidents reported to RQIA since the last medicines management inspection

We met with two residents and three senior care assistants.

A poster indicating that the inspection was taking place was displayed in the lobby of the home and invited visitors/relatives to speak with the inspector. No one availed of this opportunity during the inspection.

Questionnaires regarding medicines management were issued to patients, their relatives/representatives and staff, with a request that these were returned within one week of the inspection.

A sample of the following records was examined:

- medicines requested and received
- personal medication records
- medicine administration records (MARs)
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 June 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the premises inspector. This QIP will be validated by the premises inspector at their next inspection.

4.2 Review of requirements and recommendations from the last medicines management inspections dated 11 June 2013 (Fairview House) and 13 May 2014 (Craigdene)

Fairview House

Last medicines management inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 13(4) **Stated:** Second time	A robust auditing system for the management of medicines must be developed and implemented.	**Not Met**
	Action taken as confirmed during the inspection: The inspection findings indicated that the auditing system is not robust. **This requirement has been stated for a third and final time.**	
Requirement 2 **Ref**: Regulation 13(4) **Stated:** Second time	Personal medication records must be fully and accurately maintained at all times.	**Not Met**
	Action taken as confirmed during the inspection: All of the required information had not been recorded on these records. Further detail is provided in the main body of this report. **This requirement has been stated for a third and final time.**	

Requirement 3 **Ref**: Regulation 13(4) **Stated:** Second time	Medication administration records must be fully and accurately maintained. **Action taken as confirmed during the inspection**: The medication administration records had not been fully and accurately maintained. There were some gaps in the record, some signatures had been amended, records of administration of once weekly medication had been recorded as administered more often and a food supplement had not been recorded. **This requirement has been stated for a third and final time.**	**Not Met**
Requirement 4 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must make the necessary arrangements to ensure that written confirmation of current medicine regimes for new residents is obtained at or prior to admission. **Action taken as confirmed during the inspection**: The senior care assistant advised that there had been no new admissions for several years but that this information would be obtained prior to admission. Given this assurance this requirement was assessed as met	**Met**
Requirement 5 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must put robust arrangements in place for the management of external preparations. **Action taken as confirmed during the inspection**: External preparations are administered by staff and recorded on the MARs sheets.	**Met**
Requirement 6 **Ref**: Regulation 13(4) **Stated:** First time	The registered manager must ensure that a record of all incoming medicines is fully and accurately maintained on every occasion. **Action taken as confirmed during the inspection**: A record of the receipt was observed for all medicines that were examined during the inspection.	**Met**

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** Second time	Staff should receive update training in the management of medicines.	**Not met**
	Action taken as confirmed during the inspection: Records of training could not be provided at the time of this inspection. Further training in the management of medicines was required. **This recommendation had been subsumed into Requirement 5 regarding training and competency**	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The registered manager should develop and implement written Standard Operating Procedures (SOPs) for the management of controlled drugs.	**Met**
	Action taken as confirmed during the inspection: The registered provider had reviewed the guidance on Standard Operating Procedures following the last medicines management inspection and had incorporated the applicable sections into the medicines policies and procedures. Following discussion with the registered person, assurance was given that should any further controlled drugs be prescribed for residents, the policies would be reviewed at that time. Given this assurance, this recommendation has been assessed as met.	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	The registered manager should share the Quality Improvement Plan with all relevant staff and incorporate this into the home's audit process.	**Not Met**
	Action taken as confirmed during the inspection: The findings of this inspection indicated that the Quality Improvement Plan has not been regularly reviewed to ensure ongoing compliance. **This recommendation has been stated for a second time.**	

Recommendation 4 **Ref**: Standard 31 **Stated:** First time	The registered manager should ensure that completed medicine records are securely archived and are readily retrievable as needed.	**Not met**
	Action taken as confirmed during the inspection: Records of the medicines administered the previous month for one resident could not be produced during the inspection. Several obsolete personal medication records were observed on file for several residents. These should be cancelled, removed from the file and archived. **This recommendation has been stated for a second time.**	
Recommendation 5 **Ref**: Standard 31 **Stated:** First time	The registered manager should confirm that care plans pertaining to 'when required' medicines are in place.	**Not met**
	Action taken as confirmed during the inspection: Care plans were not in place for these medicines. **The action necessary to address this recommendation is included under Recommendation 3 of the QIP which has been stated for a second time.**	
Recommendation 6 **Ref**: Standard 31 **Stated:** First time	Two staff should initial handwritten entries on medication administration records.	**Not met**
	Action taken as confirmed during the inspection: This was not observed during this inspection. **This recommendation has been subsumed into Requirement 3 in the QIP relating to the completion of MARs sheets.**	

Recommendation 7 **Ref**: Standard 32 **Stated:** First time	The registered manager should review the storage of refrigerated medicines.	**Not met**
	Action taken as confirmed during the inspection: Medicines are stored in a locked box in the main kitchen refrigerator. However, the maximum and minimum temperature of this refrigerator is not recorded. The current temperature had been recorded and was outside of the required range of 2^{o}C to 8^{o}C on the majority of days in the current month. **This recommendation has been subsumed into Requirement 4 in the QIP relating to refrigerator temperatures.**	

Craigdene

Last medicines management inspection statutory requirements		**Validation of compliance**
Requirement 1 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible person must make the necessary arrangements to ensure that the temperatures of the medicine refrigerator are stored within the accepted range of 2^{o}C to 8^{o}C for medicines which require cold storage.	**Partially Met**
	Action taken as confirmed during the inspection: The current refrigerator temperature was monitored and recorded daily and had been within the required range. The maximum and minimum temperature should be recorded. **This requirement has been stated for a second time.**	
Requirement 2 **Ref**: Regulation 13 (4) **Stated:** First time	The responsible person must put robust arrangements in place for the management of blood glucometers.	**Met**
	Action taken as confirmed during the inspection: The registered provider advised that one blood glucometer is in use in the home and that staff are experienced in using the meter. Assurance was given that the glucometer would be maintained in accordance with the manufacturers' recommendations.	

Last medicines management inspection recommendations		Validation of compliance
Recommendation 1 **Ref**: Standard 30 **Stated:** First time	The responsible person should ensure that a copy of the medicine order is kept in the home.	**Met**
	Action taken as confirmed during the inspection: Satisfactory arrangements were in place for ordering and checking prescribed medicines.	
Recommendation 2 **Ref**: Standard 30 **Stated:** First time	The responsible person should closely monitor the records of the prescribing and administration of laxative medicines and external preparations to ensure that these are accurately maintained.	**Not Met**
	Action taken as confirmed during the inspection: There was no evidence that these medicines were included in the routine audit. The date of opening had not been recorded for the majority of these medicines and therefore they could not be audited during the inspection. **This recommendation has not been restated but has been subsumed into Requirement 1 in the QIP regarding robust audit procedures.**	
Recommendation 3 **Ref**: Standard 30 **Stated:** First time	The responsible person should ensure that the stock balances of medicines which are not supplied in 28 day packs are recorded at the beginning of each new medicine cycle to facilitate the audit process.	**Not Met**
	Action taken as confirmed during the inspection: Stock balances had not been recorded. **This recommendation has not been restated but has been subsumed into Requirement 1 in the QIP regarding robust audit procedures.**	

Recommendation 4 **Ref**: Standard 31 **Stated:** First time	The responsible person should ensure that the writing and updating of personal medication records involves two staff and both staff record the date and their initials.	**Not Met**
	Action taken as confirmed during the inspection: This had not been done. Staff do not sign and date these records. **This recommendation has not been restated but has been subsumed into Requirement 2 of the QIP regarding personal medication records.**	
Recommendation 5 **Ref**: Standard 30 **Stated:** First time	The responsible person should review the management of distressed reactions to ensure that the relevant records are maintained.	**Not Met**
	Action taken as confirmed during the inspection: Care plans were not in place for the management of distressed reactions and specific dosages had not been recorded on the personal medication records. **This recommendation has been stated for a second time.**	

4.3 Is care safe?

Improvement is required to ensure that the management of medicines is safe. Shortfalls were evidenced in the management and maintenance of records, storage of medicines and staff training and competency.

The completion of personal medication records requires improvement:

- The records should state the date of writing/rewriting
- The records should be signed and verified by two staff members if they have not been verified by the prescriber
- The date of commencement of prescribed medicines should be recorded
- Two staff members should update and sign the record when additional medicines are prescribed
- The route of administration should be accurately recorded
- Minimum dosage intervals and maximum daily dosages must be recorded for medicines that are prescribed on a 'when required' basis. It is not appropriate to record 'as directed'
- The records must be removed from the file once they are cancelled and archived. It was noted that several obsolete records remained on file for some residents

These issues had been discussed with the registered persons at previous medicines management inspections and had still not been fully addressed. The requirement made twice previously has been stated for a third and final time.

The completion of the medicine administration records (MARs) sheets requires improvement. It was noted that these records had not been fully and accurately completed. Hand written entries should be verified and signed by two staff members; this had not been completed. Signatures for administration had been amended or deleted; the administration should only be signed when the medicine has been given. The requirement made twice previously has been stated for a third and final time. The previous MARs sheet for one resident could not be produced during the inspection. The recommendation made previously with regards to records being easily retrievable has been stated for a second time.

For one resident, a supply of tablets was available on the medicine trolley and was recorded as being currently prescribed on the resident's personal medication record. These tablets were not recorded on the current MARs sheet and were not being administered. The supply had been opened in November 2016. Staff did not know if they had been discontinued and were asked to clarify with the prescriber whether these medicines were currently prescribed and to inform RQIA of the outcome. This was investigated and the outcome was notified to RQIA by email on 30 March 2017.

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines.

Medicines were stored safely and securely and in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised. There were systems in place to alert staff of the expiry dates of medicines with a limited shelf life, once opened.

Medicine refrigerators were checked at regular intervals, however, only the current temperature was recorded. The maximum and minimum refrigerator temperatures should be recorded daily. The refrigerator temperature recorded in Fairview House was outside of the required range of $2^{o}C$ to $8^{o}C$ on the majority of days in March 2017. The requirement made previously has been stated for a second time.

There were no records in the home of training or competency assessments of staff in the management of medicines. The outcome of this inspection indicated that further training in the management of medicines should be provided for staff. The registered provider must ensure that further training in the management of medicines has been provided for staff and that competency has been assessed. A requirement was made.

Areas for improvement

The registered person must ensure that personal medication records are fully and accurately maintained at all times. The requirement made twice previously has been stated for a third and final time.

The registered person must ensure that medication administration records are fully and accurately maintained. The requirement made twice previously has been stated for a third and final time.

The registered person should ensure that completed medicine records are securely archived and are readily retrievable as needed. The recommendation made previously has been stated for a second time.

The registered person must make the necessary arrangements to ensure that the temperatures of the medicine refrigerator are stored within the accepted range of 2^{o}C to 8^{o}C for medicines which require cold storage. The requirement made previously has been stated for a second time.

The registered provider must ensure that further training in the management of medicines has been provided for staff and that competency has been assessed. A requirement was made.

Number of requirements	4	**Number of recommendations**	1

4.4 Is care effective?

The majority of medicines were supplied in 28 day blister packs and had been administered in accordance with the prescriber's instructions. The administration of bisphosphonates requires review to ensure that they are administered in accordance with the manufacturers' instructions. These medicines should be administered at least 30 minutes prior to food or other medicines. They were recorded as being administered at the same time at the other morning medicines. A recommendation was made.

Additional recording systems had been put in place for one prescribed medicine. This safe practice was acknowledged. However, discrepancies were noted between the records and these had not been identified by staff or management; the record of administration was incomplete and that the running balance was incorrect. This raises concerns about the ability of staff to recognise and report anomalies which may be significant for the health and wellbeing of residents. The registered provider should review the arrangements for the administration and recording of this medicine to ensure that it is administered as prescribed. A recommendation was made.

When a resident was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. The reason for and the outcome of administration were recorded on the back of the MARs sheets. However, specific dosage instructions were not recorded on the personal medication records and a care plan was not maintained. The recommendation made previously has been stated for a second time.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the resident's health were reported to the prescriber.

Following discussion with the staff, it was evident that other healthcare professionals are contacted when required to meet the needs of residents.

Areas for improvement

The registered provider should review the administration of bisphosphonates to ensure that they are administered in accordance with the manufacturers' instructions. A recommendation was made.

The registered provider should review the arrangements for the administration and recording of the specified medicine to ensure that it is administered as prescribed. A recommendation was made.

The registered provider should review the management of distressed reactions to ensure that the relevant records are maintained. The recommendation made previously has been stated for a second time.

Number of requirements	0	Number of recommendations	3

4.5 Is care compassionate?

Appropriate arrangements were in place to facilitate residents responsible for the self-administration of medicines.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two questionnaires were completed and returned to RQIA by residents' relatives. Both stated that they were either "satisfied" or "very satisfied" with how medicines were managed in the home and no concerns were raised.

It was noted that a hospital appointment letter and a completed MARs sheet relating to individual residents were pinned to the notice board in the dining room. These contain information that is private and confidential and should not be displayed where the information can be viewed by other residents, relatives or visitors to the home. This was discussed and addressed with the registered provider following the inspection.

Areas for improvement

There were no areas of improvement identified.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Audits are completed monthly by staff in the home. Due to the outcome of this inspection it can be concluded that the audit process is not robust. The audit process must be reviewed and revised to ensure that all aspects of the management of medicines are examined. The registered manager should share the Quality Improvement Plan with all relevant staff and incorporate this into the home's audit process. The registered provider should review these audits and the QIP as part of the monthly monitoring visits to the home. The requirement stated twice previously in relation to audit has been stated for the third and final time. The

recommendation stated previously with regard to reviewing the QIP has been stated for a second time.

An investigation report of a medicine incident was observed on file. The resident had not received a prescribed medicine for several days. The general practitioner had been called for advice. There was evidence of the action taken and learning implemented following the incident however, notification of this incident had not been sent to RQIA. The registered provider should review the management of medication related incidents to ensure that RQIA are notified when appropriate. A recommendation was made.

Following discussion with the staff, it was evident that they were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas for improvement

The registered provider must ensure that a robust auditing system for the management of medicines is developed and implemented. The requirement stated previously has been stated for a third and final time.

The registered provider should share the Quality Improvement Plan with all relevant staff and incorporate this into the home's audit process. The recommendation stated previously has been stated for a second time.

The registered provider should review the management of medication related incidents to ensure that RQIA are notified when appropriate. A recommendation was made.

Number of requirements	1	**Number of recommendations**	2

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Graham Wilkinson, Registered Person, by telephone after the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP 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 the residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1 **Ref**: Regulation 13(4) **Stated:** Third and final time **To be completed by:** 27 April 2017	A robust auditing system for the management of medicines must be developed and implemented. **Response by registered provider detailing the actions taken:** 1. Detailed checklists have been drafted for each stage of the process of managing medicines within the home. These are being used at each stage of the 28 day cycle that is currently underway to retrain those staff with particular responsibilities. 2. Henceforth the relevant checklists will be completed and retained for each stage of the cycle. 3. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the correct following of procedures, including those set out in the checklists, for example: • Ordering. • Completion and alteration of Kardexes. • Completion of Mar. • Archiving. • Fridge temperatures. • Records re distressed reactions.
Requirement 2 **Ref:** Regulation 13(4) **Stated:** Third and final time **To be completed by:** 27 April 2017	Personal medication records must be fully and accurately maintained at all times. **Response by registered provider detailing the actions taken:** 1. Our Kardex has been redrafted, making it easier to see what information is required and what that information is. 2. Guidance notes and a checklist for the correct completion of the Kardex have been drafted. 3. All staff with responsibility for completing Kardex's are receiving training in the use of the new Kardex, the guidance notes and the checklists. 4. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the full and accurate maintenance of the Kardex. 5. Our P & P have been redrafted to reflect the above.

Requirement 3 **Ref:** Regulation 13(4) **Stated:** Third and final time **To be completed by:** 27 April 2017	Medication administration records must be fully and accurately maintained.
	Response by registered provider detailing the actions taken: 1. Since the 7 April 2017 a shift by shift review has been carried out of the MAR, with prompt feedback being given to the responsible staff re any errors that have been found or areas of possible improvement. The shift by shift review is expected to continue till the end of May. 2. Guidance notes for the correct completion of the MAR have been drafted. 3. All staff are receiving in house training in what is required for the full and accurate maintenance of MAR, based on the guidance notes. 4. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the full and accurate maintenance of the MAR. 5. Our P & P have been redrafted to reflect the above.
Requirement 4 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 27 April 2017	The responsible person must make the necessary arrangements to ensure that the temperatures of the medicine refrigerators maintained within the accepted range of 2^{o}C to 8^{o}C for medicines which require cold storage.
	Response by registered provider detailing the actions taken: 1. New thermometers which show max / min have been put into use. 2. The fridge temperature logs have been redrafted to record max / min. 3. All medicine requiring refrigeration is now stored in the fridge at Craigdene where temperature fluctuations have been noted to be lower. 4. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re fridge temperatures.
Requirement 5 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 27 April 2017	The registered provider must ensure that further training in the management of medicines is provided for relevant staff and that competency regarding the management of medicines is assessed.
	Response by registered provider detailing the actions taken: 1. Please see responses to Requirements 2, 3 and 4 so far as training is concerned. 2. The shift by shift reviews referred to above contain an element of assessment in themselves, as does the training referred to above. At the end of May a further formal assessment of competence in respect of each member of staff will be carried out.

Recommendations	
Recommendation 1 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 27 April 2017	The registered manager should share the Quality Improvement Plan with all relevant staff and incorporate this into the home's audit process.
	Response by registered provider detailing the actions taken: 1. All staff have been made aware of the steps set out in the Quality Improvement Plan, by a combination of face to face meetings, memos and the training / review process referred to above. 2. The Monthly Audit and the Management Audit have been redrafted to require feedback to be provided to all staff.
Recommendation 2 **Ref**: Standard 31 **Stated:** Second time **To be completed by:** 27 April 2017	The registered manager should ensure that completed medicine records are securely archived and are readily retrievable as needed.
	Response by registered provider detailing the actions taken: 1. The existing arrangements for archiving completed medicine records have been reviewed. 2. All staff are receiving refresher training in our existing archiving procedures. 3. Provision has been made for medicine records to be archived separately from other documents. 4. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the correct archiving of medicine records.
Recommendation 3 **Ref**: Standard 31 **Stated:** Second time **To be completed by:** 27 April 2017	The responsible person should review the management of distressed reactions to ensure that the relevant records are maintained.
	Response by registered provider detailing the actions taken: 1. A new separate P & P re distressed reactions has been drafted based on RQIA Advice on the Management of When Required Medicines to Service Users Displaying Distressed Reactions (December 2015). 2. All staff are to receive training in the P & P by the end of May. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the management of distressed reactions.
Recommendation 4 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 27 April 2017	The registered provider should review the administration of bisphosphonates to ensure that they are administered in accordance with the manufacturers' instructions.
	Response by registered provider detailing the actions taken: 1. This has been reviewed. 2. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the administration of bisphosphates.

Recommendation 5 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 27 April 2017	The registered provider should review the arrangements for the administration and recording the specified medicine to ensure that it is administered as prescribed.
	Response by registered provider detailing the actions taken: 1. A guidance note has been prepared for all staff concerning this medicine, emphasising the importance of correct administration and accurately carrying out the daily stock check. The Monthly Audit and the Management Audit have been redrafted to require scrutiny re the administration in respect of the above.
Recommendation 6 **Ref**: Standard 30 **Stated:** First time **To be completed by:** 27 April 2017	The registered provider should review the management of medication related incidents to ensure that RQIA are notified when appropriate.
	Response by registered provider detailing the actions taken: 1. This has been reviewed. 2. The Monthly Audit has been redrafted to require scrutiny re the management of errors and incidents.

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