NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020824**
Establishment ID No:	**1180**
Name of Establishment:	**Greenhaw Lodge Care Centre**
Date of Inspection:	**11 February 2015**
Inspector's Name:	**Judith Taylor**

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:	Greenhaw Lodge Care Centre
Type of home:	Nursing Home
Address:	42 Racecourse Road Londonderry BT48 8DA
Telephone number:	028 7135 4725
E mail address:	ronagh.mccaul@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Miss Ronagh McCaul
Person in charge of the home at the time of Inspection:	Miss Ronagh McCaul
Categories of care:	NH-A, NH-DE
Number of registered places:	43
Number of patients accommodated on day of inspection:	43
Date and time of current medicines management inspection:	11 February 2015 10:40 – 16:10
Names of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	9 December 2013 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 on 9 December 2013 had shown that areas for the management of medicines required improvement. A number of medicine incidents were reported in 2014, which included one incident which was reported by the Western Health and Social Care Trust. Following discussion with the Senior Pharmacy Inspector it was agreed that a monitoring inspection would take place.

The purpose of this visit was to determine what progress had been made in addressing the requirements and recommendation 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 and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Miss Ronagh McCaul, Registered Manager, and registered nurses 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

HOW RQIA EVALUATES SERVICES

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

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

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

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

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

An outcome level was identified to describe the service's performance against each standard that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Greenhaw Lodge Care Centre is a single storey, purpose built nursing home situated in a residential area in the greater Shantallow area of Londonderry. Miss Ronagh McCaul has been the registered manager since March 2012.

The home is registered to provide nursing care for a maximum of 43 patients with a diagnosis of dementia with five places registered for persons with past or present alcohol dependence.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Greenhaw Lodge Care Centre was undertaken by Judith Taylor, Pharmacist Inspector on 11 February 2015 between 10:40 and 16:10. This summary reports the position in the home at the time of the inspection.

The previous medicines management inspection on 9 December 2013 had shown that areas for the management of medicines required improvement. A number of medicine incidents were reported in 2014, which included one incident which was reported by the Western Health and Social Care Trust. Following discussion with the Senior Pharmacy Inspector it was agreed that a monitoring inspection would take place.

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 inspector examined the arrangements for medicines management within Side A of 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 inspector met with the registered manager of the home, Miss Ronagh McCaul and with the registered nurses on duty. The inspector observed practices for medicines management, 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 Greenhaw Lodge Care Centre are moving towards compliance with legislative requirements and best practice guidelines. A robust system for the management of medicines was not evidenced at this inspection and areas of concern were discussed with the registered manager and included the standard of record keeping, governance and storage. The registered manager provided assurances that each of the issues would be addressed with immediate effect.

The five requirements and seven recommendations made at the previous medicines management inspection on 9 December 2013 were examined during the inspection. The inspector's validation of compliance can be observed in the tables following this summary. Only one requirement has been assessed as compliant, one has been assessed at moving towards compliance and three as not compliant. Five recommendations have been assessed as compliant, and two as not compliant. Four requirements and one recommendation have been restated in the Quality Improvement Plan (QIP). One recommendation has been subsumed into a requirement and is stated in the QIP. The outcome of the inspection is disappointing considering that the information recorded on the completed QIP from the previous medicines management inspection gave assurances that all of the requirements and recommendations had been addressed. The benefit of using the QIP from previous inspections as part of the audit process, to ensure there is ongoing compliance with requirements and recommendations was discussed.

Following the provision of training, a new medicine system had been implemented in November 2014. On the day of the inspection, the fourth medicine cycle was in operation. The outcomes of the inspection indicate that where medicines are supplied in the monitored dosage system, these are recorded and administered as prescribed. However, this was not evidenced for inhaled medicines, some liquid medicines, eye drops, nutritional supplements and external preparations. Several of these medicine formulations had been highlighted at the previous medicines management inspection for close monitoring, which has resulted in the restating of the requirements pertaining to inhaled and liquid medicines, personal medication records, external preparations and limited shelf life medicines.

There is no effective audit process for medicines management, which may have contributed to the issues raised at this inspection. The need for a robust audit system which covers all aspects of medicines management and readily identifies areas for improvement must be implemented and a requirement has been made. An urgent action form was written at the inspection in relation to one inhaled medicine (Spiriva) for Patient A. A response was requested by 13 February 2015. As no response had been received, the registered manager was contacted by telephone on 17 February 2015 to follow up on the urgent action. She confirmed that the Spiriva capsules had been discontinued but the investigation was not completed. It was agreed that the investigation report would be forwarded as soon as possible and this was received on 23 February 2015.

Improvements were noted in the disposal of discontinued Schedule 4 (Part 1) controlled drugs, the management of warfarin and thickening agents.

Written policies and procedures pertaining to medicine management have been developed.

Significant improvement is required in the maintenance of personal medication records (PMR). These records must be kept up to date at all times. There is evidence that PMRs are checked for accuracy at the time of writing; however, there was no evidence that these records are rechecked for accuracy after this date or are cross referenced with the corresponding medication administration record (MAR); and as a result several mismatches were observed and highlighted to the registered manager at the inspection. The requirement and recommendation which were made at the previous medicines management inspection have been restated.

Where the administration of external preparations is delegated to care staff, robust arrangements must be put in place to ensure that a record of each administration is recorded, the records clearly state when the administration is for 'when required' use and a system is developed to ensure that the completion of records is reviewed to ensure they are accurate. The requirement made at the previous medicines management inspection has been restated.

In relation to the storage of medicines, where medicines have a limited shelf-life once opened, the date of opening must be recorded and the stock removed once the expiry date has been reached. These issues had been raised at the previous medicines management inspection and the requirement has been restated.

In addition to the areas raised in the Quality Improvement Plan from the previous inspection, other areas of medicine management require improvement as detailed in Section 6.0. These areas are in relation to the management of pain, the administration of bisphosphonate medicines, nutritional supplements, record keeping and storage of refrigerated medicines.

The inspection attracted a total of nine requirements and three recommendations. The requirements and recommendations 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 9 December 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of inhaled medicines and liquid medicines; any further discrepancies must be investigated and reported to RQIA. **Stated once**	There was no evidence of any auditing of inhaled or liquid medicines since the start of the new medicine system in November 2014. Examination of the management of inhaled medicines for two patients indicated that improvements are still required. In relation to one patient (Patient A) it could not be established if Spiriva inhalation capsules were prescribed or had been discontinued. This medicine remained in stock; however, although administered in the previous medicine cycle, this was not being currently administered. Also for Patient A, two opened Seretide Evohalers were in use at the same time and the audit trail produced an unsatisfactory outcome. For the other patient, two inhalers were prescribed on the PMR and held on the medicine trolley; however, only one inhaler was currently being offered for administration. Following discussion with staff it was concluded that only one inhaler was to be administered. Four liquid medicines could not be audited as the date of opening had not been recorded. The audit trails on two liquid medicines produced discrepancies. **This requirement has been restated and an urgent action form regarding Spiriva has been written**	**Not compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	The registered manager must ensure that Schedule 4 (Part 1) controlled drugs are denatured prior to disposal. **Stated once**	There was evidence that Schedule 4 (Part 1) controlled drugs had been denatured prior to disposal and this involved two members of staff.	**Compliant**
3	13(4)	The registered manager must ensure that personal medication records are fully and accurately maintained at all times. **Stated once**	Improvement in the maintenance of PMRs was not evidenced at the inspection. Of the sample of PMRs selected, these indicated that several entries were not accurate. This included dosage directions and the management of discontinued medicines and was brought to the attention of the registered nurses and the registered manager. PMRs may be used by other health care professionals and any incorrect information on these records may create a potential risk to the patient. Staff advised that the patient's personal medication record is copied when the patient is transferred out of the home. **This requirement has been restated**	**Not compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that where care staff are responsible for the administration of external preparations and thickening agents, a record of each administration is maintained. **Stated once**	There was evidence of the improvements made in the completion of records by care staff regarding thickening agents. However, although a separate recording sheet for the external preparation has been developed and implemented, these were not being completed on each occasion and there was no evidence that these are overseen by the registered nurse who has delegated the task. The registered manager advised that this was an area that had been identified for improvement and further advised of the new system which was to be implemented. **One element of this requirement has been restated**	**Moving towards compliance**
5	13(4)	The registered manager must review the management of limited shelf medicines, to ensure the date of opening is recorded and the medicine is removed from use once the expiry date is reached. **Stated once**	Robust arrangements for the management of limited shelf life medicines, once opened, were not observed at this inspection. Two eye preparations did not state the date of opening and one eye preparation had passed the expiry date. These medicines were also being stored at the incorrect temperature. There was no date of opening on two bottles of Pro Cal Shot liquid. **This requirement has been restated**	**Not compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should ensure that prescriptions are received into the home and checked before being forwarded to the pharmacy for dispensing. **Stated once**	The registered manager confirmed that this practice now occurs for all medicines ordered on a monthly basis and where possible for acute medicines.	**Compliant**
2	37	The registered manager should ensure that written confirmation of warfarin regimes is obtained on every occasion and a daily stock balance is recorded. **Stated once**	There was evidence that written confirmation of warfarin regimes is received and a daily stock balance check for warfarin is maintained.	**Compliant**
3	37	The registered manager should update the medicine management policies and procedures as detailed in the report. **Stated once**	A copy of Larchwood Care Homes (NI) Ltd medicine management policies and procedures was in place. A sample of policies was observed at the inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	The registered manager should further develop the auditing process to include the areas detailed in the report. **Stated once**	There was little evidence of any audit process. A new medicine system had been implemented in November 2014, however, with the exception of controlled drugs, there had been no ongoing audits on medicines management. **Due to the outcome of the inspection, this recommendation has been subsumed into a requirement**	**Not compliant**
5	39	The registered manager should develop an effective system which ensures correlation between the patients' personal medication record and corresponding medication administration records. **Stated once**	Although the registered manager stated that this is the expected practice, there was no evidence that this practice occurs. Several mismatches were noted between the personal medication record and corresponding medication administration records. **This recommendation has been restated**	**Not compliant**
6	39	The registered manager should review the storage of eye preparations to ensure these are segregated from other external preparations on the medicine trolley. **Stated once**	For those patients prescribed eye preparations, these were stored separately from other external preparations.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	39	The registered manager should review the storage of external preparations in the stock cupboard in the treatment room in Side A. **Stated once**	The storage of external preparations in Side A had been reviewed and revised. These are now stored with the patients' other medicines and the registered manager confirmed that this had been risk assessed.	**Compliant**

6.0 ADDITIONAL AREAS EXAMINED

6.1 Management of pain

Examination of the records of administration of medicines which are prescribed to control pain for one patient indicated that one prescribed patch had been administered late on two occasions in the last two months and for another patient, paracetamol which was prescribed regularly as four times daily was being administered twice daily. The registered manager confirmed that a pain assessment tool was in place. This was further discussed with reference to administering medicines as prescribed and the importance of pain control in patients with a diagnosis of dementia. The administration of medicines to control pain must be reviewed to ensure these are administered as prescribed. A requirement has been made.

6.2 Administration of bisphosphonate medicines

A number of patients are prescribed bisphosphonate medicines. There was no evidence that these medicines are being administered separately from food or other medicines as instructed by the manufacturer. It was found that bisphosphonate medicines may be refused and there is no system to reoffer the medicine in a timely manner. The management of bisphosphonate medicines requires review and a requirement has been made.

6.3 Management of nutritional supplements

The records of prescribing and administration of nutritional supplements for three patients were examined. For one patient the dose recorded on the personal medication record and medication administration record differed for two nutritional supplements. There were significant gaps in the administration records for nutritional supplements and it could not be concluded if the nutritional supplements had or had not been administered in accordance with the prescribers' instructions. For one patient there was no in use bottle of Pro Cal Shot liquid, however, this had been signed as administered on two occasions, on the day of the inspection. Medicines must only be administered from each patient's own supply and this was discussed. Robust arrangements for the management of nutritional supplements must be developed and implemented and a requirement has been made.

6.4 Management of medicines prescribed for distressed reactions

The use of medicines which are prescribed on a 'when required' basis for the treatment of distressed reactions was examined for two patients. A care plan was not in place, the personal medication record stated the name of the medicine, however, the minimum frequency interval and maximum daily dose were not detailed and a reason for the administration and the outcomes of the administration were not recorded on the administration records/daily notes. This was discussed with the registered manager and a recommendation has been made. It was noted that these medicines are administered regularly and the registered manager confirmed that the patients' prescribers were aware.

6.5 Medicine records

The procedures for the receipt of incoming medicines should be reviewed to ensure that a record of all incoming medicines is maintained on every occasion. It was noted that acute medicines were not always receipted e.g. antibiotics. A recommendation has been made.

Staff are reminded that when a variable dose of a medicine is prescribed, the actual quantity administered must be recorded on every occasion.

6.6 Storage

It was noted that two containers of chloramphenicol eye drops were stored at room temperature; staff were reminded that this medicine requires refrigeration.

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 **Miss Ronagh McCaul**, **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:

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

JALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

GREENHAW LODGE CARE CENTRE
11 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Miss Ronagh McCaul, Registered Manager**, 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 REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must investigate the observations made in Spiriva capsules prescribed for Patient A; a written report of the findings and action taken must be forwarded to RQIA. **Ref: Section 4.0 and Urgent Action Form**	One	The investigation concluded that that spiriva was discontinued; the prescription was re-issued at the request of agency staff. The GP has placed an alert on IT system for Spiriva medication not to be re-commenced.	13 February 2015
2	13(4)	The registered manager must closely monitor the administration of inhaled medicines and liquid medicines; any further discrepancies must be investigated and reported to RQIA. **Ref: Sections 4.0 & 5.0**	Two	The nursing staff team has been advised to closley monitor the administration of inhaled and liquid medicines; any discrepancies will be investigated and reported to the RQIA.	13 March 2015
3	13(4)	The registered manager must ensure that personal medication records are fully and accurately maintained at all times. **Ref: Sections 4.0 & 5.0**	Two	Personal Medication records are accurately maintained. All prescription kardex have been re-written.	13 March 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must ensure that where care staff are responsible for the administration of external preparations, a record of each administration is maintained. **Ref: Sections 4.0 & 5.0**	Two	Records of the administration of external prescriptions are maintained. Care staff receive training in the administration of external prescriptions, a clinical supervision has also been carried out. Documentation to support the safe administration of external preparations has been commenced in the home.	13 March 2015
5	13(4)	The registered manager must review the management of limited shelf medicines, to ensure the date of opening is recorded and the medicine is removed from use once the expiry date is reached. **Ref: Sections 4.0 & 5.0**	Two	Daily and monthly medication audits have been implemented to enhance the management of limited shelf life medications. The staff nursing team are aware that the date of opening of non-biodose medications must be recorded.	13 March 2015
6	13(4)	The registered manager must ensure that a robust auditing process is put in place which covers all aspects of medicines management. **Ref: Sections 4.0 & 5.0**	One	Daily audits of non biodose medications have been implemented and a full internal and an external will be carried out on a monthly basis.	13 March 2015
7	13(4)	The registered manager must review the administration of medicines for pain management, to ensure the medicines are administered as prescribed. **Ref: Section 6.1**	One	A review has been carried out on the administration of medicines for pain management; and medicines are being administered as prescribed. Residents GP's have been contacted to ask that where a medication is administered regularly it be prescribed for regular	13 March 2015

				administration.	
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
8	13(4)	The registered manager must put robust arrangements in place for the administration of bisphosphonate medicines. **Ref: Section 6.2**	One	Robust systems are in pace to manage the administration of bisphosphonate medicines with GP involvement.	13 March 2015
9	13(4)	The registered manager must put robust arrangements in place for the management of nutritional supplements. **Ref: Sections 4.0 & 6.3**	One	Arrangements are in place to mange nutritional supplements with the involvement / support of the dietetic team.	13 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	38	The registered manager should develop an effective system which ensures correlation between the patients' personal medication record and corresponding medication administration records. **Ref: Sections 4.0 & 5.0**	Two	Kardex have been re-written with the support of prescibing GP to ensure correlation between the residents personal medication record and corresponding medication administration records.	13 March 2015
2	37, 38	The registered manager should review the management of medicines which are prescribed on a 'when required' basis for the treatment of distressed reactions, to ensure the relevant records are maintained as detailed in the report. **Ref: Section 6.4**	One	Medicines which are prescribed on a "when required" basis for the treatment of distressed reactions are indicated in a care plan and are maintained in residents personal care files.	13 March 2015
3	38	The registered manager should closely monitor the management of incoming medicines to ensure that a record of receipt is maintained on every occasion. **Ref: Section 6.5**	One	A receipt of incoming medicines are maintained on every occasion. In the event of GP out of hours two registered nurses sign medications and receipt follows.	13 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	Ronagh Mc Caul
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	14/4/15
B.	Further information requested from provider		x		