NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN021299**
Establishment ID No:	**1264**
Name of Establishment:	**Lisadian House**
Date of Inspection:	**12 March 2015**
Inspector's Name:	**Judith Taylor**

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

Name of home:	Lisadian House
Type of home:	Nursing Home
Address:	87 Moira Road Hillsborough BT26 6DY
Telephone number:	(028) 9268 9898
E mail address:	lisadianhouse@btconnect.com
Registered Organisation/ Registered Provider:	Elim Trust Corporation Pastor Edwin Michael
Registered Manager:	Mrs Christina McLoughlin
Person in charge of the home at the time of Inspection:	Mrs Christina McLoughlin
Categories of care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of registered places:	45
Number of patients accommodated on day of inspection:	44
Date and time of current medicines management inspection:	12 March 2015 10:55 – 16:10
Names of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	19 November 2014 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The inspection of 19 November 2014 had shown that robust arrangements were not in place for the management of medicines and improvement was required. The purpose of this visit was to determine what progress had been made in addressing the requirements and recommendations made during the previous medicines management inspection, to re assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

Discussion with Mrs Christina McLoughlin (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

Lisadian House is a purpose built facility situated in a rural setting overlooking the Lagan Valley, some two miles from Hillsborough and adjacent to Hillsborough Elim Pentecostal Church. The nursing home is owned and operated by the Elim Trust Corporation.

Mrs Christina McLoughlin commenced her post as manager in early January 2015 and registration was completed in March 2015.

The home has 45 single bedrooms, 18 on the ground floor and 27 on the first floor. There are communal sitting rooms throughout the ground floor as well as a dining room. A quiet room is available of the first floor. There is a large conservatory overlooking the garden and countryside. A hairdressing room is also available for patients. Access to the first floor is via a passenger lift and stairs. The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 45 persons under the following categories:

Nursing Care

NH - I	Old age not falling into any other category
NH - PH	Physical disability other than sensory impairment - under 65 years
NH - PH (E)	Physical disability other than sensory impairment – over 65 years
NH - TI	Terminal illness

The home does not provide day care facilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Lisadian House was undertaken by Judith Taylor, Pharmacist Inspector on 12 March 2015 between 10:55 and 16:10. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for the medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspector met with the new registered manager of the home, Mrs Christina McLoughlin and with the registered nurses 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 while some arrangements for the management of medicines in Lisadian House are moving towards compliance with legislative requirements and best practice guidelines, a significant improvement is required in the management of medicines, as areas of concerns were noted. These included the lack of governance arrangements, record keeping, staff knowledge and storage.

The five requirements and seven recommendations made at the previous medicines management inspection on 19 November 2014 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. It is disappointing that of the five requirements, there has been little or no progress made and they have been assessed as not compliant. One recommendation has been assessed as compliant; two have been assessed as substantially compliant, one as moving towards compliance and three as not compliant. This has resulted in five requirements and three recommendations being restated and one recommendation has been subsumed into a requirement, in the Quality Improvement Plan (QIP). The benefit of using the QIP from previous inspections as part of the audit process to ensure sustained improvement was discussed.

Since the previous inspection RQIA has monitored the management of medicines in the home through discussion with other inspectors and any intelligence that may have been received from trusts and other sources. There had been no reported medicine related incidents since the previous inspection.

A robust system for the management of medicines was not evidenced at this inspection and several of the issues raised have been discussed at previous medicines management inspections (see Section 5.0). Management must address the concerns raised during the inspection in order to ensure that satisfactory standards for the management of medicines are in place. The improvements made must be sustained to ensure the safety and well-being of patients.

The registered manager provided details of the supervision and training that had been completed in January 2015 and gave assurances that staff appraisals would be completed in due course. It was discussed that management should evaluate the impact of this training thorough the appraisal process.

There was little evidence of any audit activity in relation to the management of medicines. The issues which were raised at this inspection and repeated issues from previous medicine management inspections indicate that there is no effective system which identifies areas for improvement or ensures adherence to the organisation's policies and procedures. Suitable governance arrangements for medicines must be developed and implemented. The audit trails on several medicines could not be concluded due to the incomplete maintenance of medicine records. Also, several audit trails which were attempted on inhaled medicines and nutritional supplements could not be concluded as there was no effective procedure in place to facilitate audit. Following a serious concerns meeting and discussion between the responsible individual and RQIA, the requirement in relation to the management of inhaled medicines has been restated for the third and final time; the requirement regarding a robust audit system has

also been restated. As other concerns regarding the storage and administration of nutritional supplements were found, a requirement regarding nutritional supplements has been made.

The management of bisphosphonate medicines continues to require improvement. Staff must be aware of the specific administration instructions for these medicines as stated by the manufacturer and the actual time of administration should demonstrate that the medicine has been administered as prescribed. The issue had been raised before and the requirement has been restated.

Improvement is required in the standard of record keeping for medicines and in particular, personal medication records (PMRs) and medication administration records (MARs). There is no effective system in the home to ensure that personal medication records are kept up to date at all times. The requirement made at the previous medicine management inspection has been restated. Details regarding the current prescription details for five medicines could not be clarified by the registered nurses at the inspection, with the result that an urgent actions letter was written and issued at the inspection; a satisfactory response was received on 13 March 2015. As part of the urgent actions letter, the registered manager was requested to provide assurances that each patient's personal medication record was accurate. Confirmation was received by email on 13 and 16 March 2015. It was emphasised that other health care professionals may refer to these records and the information must be accurate to ensure the safe administration of medicines. It was recommended that a system is developed to ensure that PMRs and MARs are checked for accuracy at the beginning of each medicine cycle. A recommendation has been made.

With regard to MARs, several unexplained omissions were observed; there were discrepancies between the entries on these records and the PMRs, and it could not be confirmed if some of the medicines had been administered as prescribed. Following a serious concerns meeting and discussion between the responsible individual and RQIA, the requirement made in relation to this, at the previous medicines management inspections has been restated for the third and final time.

During the inspection, it was noted that two medicines (which included an eye preparation) were not being administered as prescribed, and two other medicines which had been discontinued on 3 March 2015, continued to be administered. The registered manager was requested to report these findings to the prescriber as part of the urgent actions letter. The need to ensure that all medicines are administered in accordance with the prescribers' instructions was reiterated.

The care planning and administration of medicines prescribed for use 'when required' in the management of distressed reactions must be reviewed. The rationale for the administration of 'when required' anxiolytic medicines should be detailed in a care plan. All trained staff should know under what circumstances they should be administered and a record of the outcome should be maintained on every occasion. The recommendation previously made is restated.

The management of thickened fluids should be reviewed. A care plan should be maintained for each patient prescribed thickened fluids. A recommendation has been made. Staff were reminded that the prescribed consistency of thickened fluid should be clearly recorded on the patient's personal medication record and administration records.

The storage arrangements for medicines indicated that the temperature of the ground floor treatment room is frequently above the upper limit of 25^{o}C. The recommendation, previously made, has been restated. It was also noted that several medicines had passed the expiry date and included a number of eye preparations and one nasal spray which continued to be administered after the expiry date had been reached. These were removed from use. Some medicines with a limited shelf life once opened, did not state the date of opening i.e. nutritional supplements, one insulin pen and eye preparations. The recommendation previously made in relation to the date of opening has been restated. Due to the lack of robust arrangements in place for the management of eye drops, a requirement has been made. A number of opened multi-dose containers of nutritional supplements were being stored at the incorrect temperature and was highlighted during the inspection.

The inspection attracted a total of 10 requirements and five recommendations. The requirements and recommendations are detailed in the QIP.

The inspector would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

Following the inspection, the inspector met with Elaine Connolly, Head of Nursing, Independent Health Care and Pharmacy, and Frances Gault, Senior Pharmacy Inspector, to discuss the outcomes of the inspection. It was decided that a serious concerns meeting would be held with the responsible individual for the company.

At the serious concerns meeting, the responsible individual gave assurances that the concerns raised by RQIA would be addressed and an action plan was provided detailing the actions that they were taking. RQIA agreed to give the responsible individual a short period of time to address the issues raised at the inspection and advised that two requirements would be repeated for a third and final time. A monitoring inspection will be undertaken to ensure compliance with legislative requirements and professional standards. The responsible individual was advised that if the necessary standards were not in place at the next inspection, further enforcement action would be considered.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 19 November 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The administrations of inhaled medicines must be closely monitored. Any further discrepancies must be investigated and reported to RQIA Belfast office. **Stated twice**	There was little evidence of any auditing process. At the inspection, several inhaled medicines did not state the date of opening and the audit trails could not be concluded. It could not be confirmed if these medicines were being administered as prescribed. There were omissions in the administration of one nasal spray and this preparation was being used beyond the expiry date. **Following the serious concerns meeting this requirement has been restated for the third and final time**	**Not compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded • the reason for any non-administration is recorded • records of the administration of thickening agents are fully maintained • the completion of administration records for external preparations are clear and unambiguous. **Stated twice**	Discrepancies were evidenced between personal medication records and the entries on the medication administration records with the result that prescription details for a number of medicines could not be confirmed and therefore it could not be determined if the medicine had been administered as prescribed. There was evidence that two discontinued medicines continued to be administered for nine days and the audit trail on one eye preparation indicated that the medicine had not been administered for over two months. There were unexplained omissions on the MARs and the separate records in use for the administration of external preparations and thickening agents were incomplete. **Following the serious concerns meeting this requirement has been restated for the third and final time; an urgent action was identified and issued in a letter**	**Not compliant**
3	13(4)	The responsible individual must develop and implement a robust audit process which covers all aspects of medicines management. **Stated once**	There is no evidence that a robust audit process for the management of medicines is in place. **This requirement has been restated for the second time**	**Not compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The responsible individual must make the necessary arrangements to ensure personal medication records are up to date and accurate at all times. **Stated once**	The sample of personal medication records indicated that several of these records were not up to date. There was no evidence of any system to ensure accuracy. **This requirement has been restated for the second time; an urgent action was identified at the inspection and issued in a letter**	**Not compliant**
5	13(4)	The responsible individual must ensure that bisphosphonate medicines are administered in strict accordance with the manufacturers' instructions and records of administration clearly indicate the actual time of administration. **Stated once**	Four patient's records were examined. Only one patient's records indicated these medicines were being administered in accordance with the manufacturers' instructions. **This requirement has been restated for the second time**	**Not compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Nutritional supplements should be included in the audit process. **Stated twice**	There was no evidence of any audit trails on nutritional supplements. The date of opening was not recorded on all multi-dose containers of nutritional supplements and those that were opened were being stored at the incorrect temperature. **This recommendation has been subsumed into a requirement**	**Not compliant**
2	37	The responsible individual should develop and implement a running stock balance for anticoagulant injections. **Stated once**	There was evidence of a running stock balance for these medicines on some but not all occasions in the current medicine cycle. The outcome of the audit trail on one supply of anticoagulant injections was satisfactory.	**Substantially compliant**
3	37	The responsible individual should review the management of distressed reactions to ensure the relevant records are maintained. **Stated once**	Examination of the management of distressed reactions indicated that care plans are not maintained. The reason for the administration and effect of the administration is recorded occasionally. **This recommendation is restated for the second time**	**Moving towards compliance**
4	37	The responsible individual should ensure that written standard operating procedures for the management of controlled drugs in Lisadian House are developed. **Stated once**	A copy of the organisation's standard operating procedures for controlled drugs was made available on the day of the inspection.	**Compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	37	The responsible individual should ensure that there are systems in place for the supervision and appraisal of staff with regard to medicines and records of this activity are maintained. **Stated once**	The registered manager provided details of the supervision sessions which had been completed. She also advised of the training and the future plans to complete staff appraisal.	**Substantially compliant**
6	39	The responsible individual should monitor and record the temperature in the ground floor treatment room to ensure temperatures do not exceed 25^{o}C. **Stated once**	The temperature of the ground floor treatment room is being monitored and recorded on a daily basis. However, records indicated that several of the temperatures were above 25^{o}C, many at 27^{o}C and on occasion 30^{o}C. There was no evidence of any action to address the issue. Medicines must not be stored at temperatures above 25 ^{o}C. **This recommendation is restated for the second time**	**Not compliant**
7	39	The responsible individual should review the management of medicines to ensure the date of opening is recorded on all medicines to facilitate removal and replacement at expiry and to facilitate the audit process. **Stated once**	The date of opening was not recorded on several medicines and the audit trails could not be completed. It was also noted that a small number of in use medicines with a limited shelf life once opened, had passed the expiry date e.g. eye preparations, one nasal spray. **This recommendation has been restated for the second time; a requirement regarding the management of eye preparations has been stated**	**Not compliant**

6.0 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 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 **Mrs Christina McLoughlin (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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

LISADIAN HOUSE
12 MARCH 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 **Mrs Christina McLoughlin, Registered Manager**, during and after 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 confirm the prescription details for the following medicines as highlighted per patient: • candestartan for Patient A • prednisolone for Patient B • Praxilene for Patient A • Nutilis for Patient C • memantine for Patient D **Ref: Urgent actions letter and Section 4.0**	One	The issues with Patients A-D identified have been resolved. The Kardex and MARS have been checked with the GP and any errors rectified. An individual Registered Nurse has been deignated to undertake this role on a continual basis. She has been given proteted time to complete this task.	13 March 2015
2	13(4)	The registered manager must contact the prescriber regarding the observations made in Patient A's aspirin, simvastatin and latanaprost. **Ref: Urgent actions letter and Section 4.0**	One	The Registered Manager contacted the Prescriber and he has discontinued the Aspirin and Simvastatin. These drugs are no longer being administered. The Latanoprost is precribed and administered and signed for by Registered Nurses.	13 March 2015
3	13(4)	The registered manager must confirm that all of the personal medication records are accurate for all patients accommodated within this home. **Ref: Urgent actions letter and Section 4.0**	One	The Kardex's have been rewritten following discussion with the Prescriber. This is being reviewed continually and audited monthly.	16 March 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	3(4)	The administrations of inhaled medicines must be closely monitored. Any further discrepancies must be investigated and reported to RQIA Belfast office. **Ref: Sections 4.0 & 5.0**	**Following the serious concerns meeting this requirement has been restated for the third and final time**	The preparations are being dated and signed on opening. These are being signed on the MARS when given.	12 April 2015
5	13(4)	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded • the reason for any non-administration is recorded • records of the administration of thickening agents are fully maintained • the completion of administration records for external preparations are clear and unambiguous. **Ref: Sections 4.0 & 5.0**	**Following the serious concerns meeting this requirement has been restated for the third and final time**	Training has been provided for all Registered Nurses. A plan is in place to audit Resident's reords on a weekly basis by the Nurse Manager. This included documenting the reason for any non-administration. A thickening agent record sheet has been implemented. Training in the use of thickeners has been provided for both R.N's and C.A's. Following clarification of the instructions for external preparations, the creams charts were corrected by the care staff.	12 April 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
6	13(4)	The responsible individual must develop and implement a robust audit process which covers all aspects of medicines management. **Ref: Sections 4.0 & 5.0**	Two	Daily audits are scheduled and commenced.	12 April 2015
7	13(4)	The responsible individual must make the necessary arrangements to ensure personal medication records are up to date and accurate at all times. **Ref: Sections 4.0 & 5.0**	Two	Monthly audits are scheduled and commenced.	12 April 2015
8	13(4)	The responsible individual must ensure that bisphosphonate medicines are administered in strict accordance with the manufacturers' instructions and records of administration clearly indicate the actual time of administration. **Ref: Sections 4.0 & 5.0**	Two	These drugs are now being administered by Night Staff at approximately 07.00 hours.	12 April 2015
9	13(4)	The registered manager must put robust systems in place for the management of eye preparations. **Ref: Sections 4.0 & 5.0**	One	The preparations are being dated and signed on opening. These are being signed on the MARS when given.	12 April 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
10	13(4)	The registered manager must put robust arrangements in place for the management of nutritional supplements. **Ref: Sections 4.0 & 5.0**	One	We have requested that the pharmacy provide patient labels for the individual supplements.	12 April 2015

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The responsible individual should review the management of distressed reactions to ensure the relevant records are maintained. **Ref: Sections 4.0 & 5.0**	Two	Staff have been instructed to document in the patients' records when they administer the drug and record the effects of same. Relevant Care Plans written.	12 April 2015
2	39	The responsible individual should monitor and record the temperature in the ground floor treatment room to ensure temperatures do not exceed 25^{o}C. **Ref: Sections 4.0 & 5.0**	Two	The temperature of the room is recorded on a nightly basis.	12 April 2015
3	39	The responsible individual should review the management of medicines to ensure the date of opening is recorded on all medicines to facilitate removal and replacement at expiry and to facilitate the audit process. **Ref: Sections 4.0 & 5.0**	Two	This recommendation has been implemented.	12 April 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The registered manager should ensure that where a patient is prescribed thickened fluids, a detailed care plan which reflects the speech and language assessment report is maintained. **Ref: Section 4.0**	One	The named nurses have been instructed to write a Care Plan for the residents who have been prescribed thickening agents.	12 April 2015
5	37, 38	The registered manager should develop an effective system which ensures correlation between the patient's personal medication record and corresponding medication administration records at the beginning of each medicine cycle. **Ref: Section 4.0**	One	A designated nurse has been allocated protected time to undertake this recommendation/task.	12 April 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	Robert Ginn
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Elaine Hill

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	19 May 2015
B.	Further information requested from provider				