NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018462**
Establishment ID No:	**1299**
Name of Establishment:	**47 Somerton Road**
Date of Inspection:	**24 July 2014**
Inspector's Name:	**Helen Daly**

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

1.0 GENERAL INFORMATION

Name of home:	47 Somerton Road
Type of home:	Nursing
Address:	47 Somerton Road Belfast BT15 3LH
Telephone number:	(028) 9077 2483
E mail address:	grainne.somerton@googlemail.com
Registered Organisation/ Registered Provider:	Somerton Homes Ltd Mr William Trevor Gage (registration pending)
Registered Manager:	Ms Olivia Doak
Person in charge of the home at the time of Inspection:	Ms Olivia Doak
Categories of care:	NH-LD
Number of registered places:	38
Number of patients accommodated on day of inspection:	37
Date and time of current medicines management inspection:	24 July 2014 10:30 – 15:00
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	18 August 2011 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 inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Olivia Doak, Registered Manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

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

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

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

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

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

47 Somerton Road is situated in a residential suburban area of North Belfast. The home is located in a one and a half acre site with privacy provided by mature trees and hedges. There is car parking space at the front and to the side of the home. Public transport facilities are nearby. The home is convenient to shops and local community services.

The home is a 38 bedded purpose-built unit offering single storey accommodation, which enables easy access for patients to all areas of the building. There are dayrooms and lounges, bath/shower rooms and toilets throughout the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of 47 Somerton Road was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 24 July 2014 between 10:30 and 15:00. This summary reports the position in the home at the time of the inspection.

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

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

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

This inspection indicated that the arrangements for the management of medicines in 47 Somerton Road are substantially compliant with legislative requirements and best practice guidelines.

The six requirements and the recommendation which were made at the previous medicines management inspection on 18 August 2011 were examined. Two of the requirements were assessed as compliant and two as substantially compliant. One requirement is no longer applicable. The remaining requirement could not be examined at this inspection and is therefore carried forward to the next inspection. The recommendation was assessed as compliant.

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

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

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

The registered manager should ensure that the home's policies, including SOPs for controlled drugs, are comprehensive and cover each of the activities concerned with the management of medicines. Controlled drugs in Schedule 2, 3 and 4 (part 1), must be denatured and therefore rendered irretrievable prior to disposal.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. The registered manager should develop and implement an audit tool to monitor all areas of the management of medicines.

Medicines records had been maintained in a mostly satisfactory manner. However, the registered manager must ensure that records for the administration of thickening agents and external medicines by care staff are fully and accurately maintained. In addition, the recording system for the receipt of medicines for periods of respite care must be reviewed to ensure that they are accurately maintained in order to facilitate a clear audit trail.

A new treatment room has recently been brought into use. Storage was observed to be tidy and organised. The temperature of the refrigerator must be maintained between 2°C and 8°C and the thermometer must be reset each day after the readings have been taken.

The management of medicines for distressed reactions should be reviewed to ensure that the reason for, and outcome of each administration is accurately recorded.

The inspection attracted five requirements and three recommendations which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 18 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of Mucodyne capsules, lactulose solution and Movicol sachets. **Stated once**	Mucodyne capsules are not currently prescribed for any patients. Running stock balances are maintained for Movicol and lactulose.	**Compliant**
2	13(4)	The dosage directions for all medicines must be recorded in a clear and unambiguous manner. **Stated once**	The majority of dosage directions had been recorded in a clear manner. Two errors were highlighted and corrected by the registered nurses during the inspection.	**Substantially compliant**
3	13(4)	The time recorded for the administration of bisphosphonate medicines must be accurate. **Stated once**	Bisphosphonate medication is not currently prescribed for any patients. **This requirement is carried forward to the next inspection.**	**Not examined**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	Equipment checks must be performed in accordance with the home's written policies and procedures. **Stated once**	Records of the weekly equipment checks were available for inspection.	**Compliant**
5	13(4)	The registered manager must ensure that medicines do not remain in use after their expiry date is reached. **Stated once**	The registered manager advised that date checks are carried out at four weekly intervals. Out of date medicines were not observed at this inspection.	**Substantially compliant**
6	13(4)	The registered manager must review the management of non-prescribed medicines. **Stated once**	Non-prescribed medicines are no longer used.	**No longer applicable**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The date of opening should be recorded on all medicine containers including lactulose solution, Movicol sachets and glucose control solutions. **Stated once**	The date and time of opening had been recorded on the majority of medicine containers.	**Compliant**

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The outcomes of the majority of the audits which were performed on a range of randomly selected medicines indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for one patient who was recently admitted for a period of respite care. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the pharmacy for dispensing. The management of insulin was reviewed for one patient and found to be satisfactory. Warfarin is not currently prescribed for any patients in the home. The management of thickening agents was reviewed for one patient. A speech and language assessment and care plan were in place. Records of prescribing and administration were maintained by registered nurses on the personal medication record (PMR) and medication administration record (MAR), however the required consistency level had not been recorded. Care staff do not record the administration of thickening agents. The registered manager must ensure that complete records for the administration of thickening agents by care staff are	**Substantially compliant**

maintained. A requirement has been made. The registered manager is currently updating epilepsy management plans. One completed plan was provided for examination; it had been updated in a satisfactory manner.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that policies and procedures for the management of medicines are currently being updated. A review of the current policies and procedures indicated that they do not cover all activities concerned with the management of medicines. The registered manager was referred to RQIA's website for guidance on the disposal of medicines and Standard Operating Procedures (SOPs) for the management of controlled drugs. The need for a policy on the management of distressed reactions was also discussed. The registered manager should ensure that the home's policies, including SOPs for controlled drugs, are comprehensive and cover each of the activities concerned with the management of medicines. A recommendation has been made.	**Moving towards compliance**

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Update training on the management of medicines was provided by the community pharmacist in November 2013. Competency assessments were also completed at this time. Plans are in place for competency assessments to be completed annually. The registered manager has developed a revised induction pack. A sample of records of staff training was provided for inspection. Epilepsy awareness training was provided by the epilepsy specialist nurse in June 2014. One nurse is due to attend a three day training course on diabetes awareness. This training will then be disseminated to all nurses. The registered manager confirmed that care staff had been trained to administer external preparations and thickening agents. Competencies are currently being assessed. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines. A similar list is available for care staff who have been trained to administer thickening agents and external preparations.	**Substantially compliant**
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that there is annual staff appraisal and six monthly supervisions for all nursing staff. Records were made available for inspection.	**Compliant**

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**Compliant**
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to the community pharmacy. The registered manger confirmed via a telephone call that the pharmacy holds an appropriate waste management licence. She advised that written confirmation of this would also be requested. Controlled drugs are not denatured in the home prior to their disposal. All controlled drugs in Schedule 2, 3 and 4 (part 1), which includes temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem must be denatured and therefore rendered irretrievable prior to disposal. A requirement has been made.	**Moving towards compliance**

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that management of medicines audits and audit trails had been completed monthly by the community pharmacist and deputy manager until recently. The community pharmacist now completes quarterly audits. Running stock balances are maintained for the majority of medicines which are not contained within the blister pack system. The outcomes of this inspection indicate that the registered manager should develop an audit tool to cover all aspects of the management of medicines, including the recording systems for distressed reactions, thickening agents and external preparations, the maintenance of the personal medication records and the management of refrigerator temperatures. The audit should be completed regularly and action plans should be developed if necessary. A recommendation has been made. Dates and times of opening had been recorded on the majority of containers examined at this inspection.	**Substantially compliant**

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
The majority of medicine records had been constructed and completed in a satisfactory manner. However, some improvements are required as detailed in Criterion 38.2 and Section 7.0.	**Substantially Compliant**
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
The personal medication records (PMRs) had been maintained in a mostly satisfactory manner. Two registered nurses routinely verify and sign these records at the time of writing and at each update. However, on a number of records the allergy status had not been recorded and some photographs were missing. The registered manager advised that these findings would be rectified immediately after the inspection. The majority of the medication administration records (MARs) had been maintained in a satisfactory manner. Two registered nurses verify and sign hand-written updates on the MARs; this practice is commended. A small number of missed signatures for administration were observed and highlighted to the registered manager and deputy manager for investigation and corrective action. The records for medicines received into the home from the community pharmacy and hospital which were	**Substantially compliant**

STANDARD 38 – MEDICINE RECORDS

examined at this inspection were found to be satisfactory. However, records for medicines which are received for patients admitted for respite care had not been maintained in a satisfactory manner as each individual medicine is not recorded. Records for the receipt of medicines must be accurately maintained in order to facilitate a clear audit trail. A requirement has been made. Records for the administration of thickening agents and external medicines by care staff are not currently maintained. The registered manager must ensure that records for the administration of external preparations and thickening agents by care staff are fully and accurately maintained. A requirement has been made.	
Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	**Compliant**

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
A new treatment room has been brought into use recently. Storage was observed to be tidy and organised. Unsatisfactory recordings were observed for the minimum and current refrigerator temperatures. The registered manager must ensure that the temperature of the refrigerator is maintained between 2°C and 8°C and that the thermometer is reset each day after the readings have been taken. A requirement has been made. The registered manager advised that all registered nurses would be briefed on the management of the refrigerator thermometer at the next team meeting. The temperature of the treatment room is monitored and recorded daily; satisfactory readings were observed. Oxygen cylinders were not securely chained to a wall and appropriate signage was not displayed. The registered manager advised that this had been in place in the previous treatment room and would be addressed without delay. The registered manager advised that control checks are performed on blood glucose meters regularly. The date of opening had been recorded on the control solution to facilitate disposal at expiry.	**Substantially compliant**

STANDARD 39 – MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolley, were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys by the nurse in charge.	**Compliant**
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs are not currently prescribed for any patients. Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.	**Compliant**

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

A number of patients are prescribed anxiolytic medicines for the management of distressed reactions. The records for three patients were examined. Care plans were in place for each patient and the parameters for administration were recorded on the PMRs. Records of these administrations had been maintained on the MARs. The reason for the administration and the subsequent outcome had not been recorded in the patients' daily notes. It is recommended that the reason for, and outcome of each administration of medicines to manage distressed reactions are recorded on all occasions.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Olivia Doak (Registered Manager)**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

47 SOMERTON ROAD
24 JULY 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Olivia Doak, 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.

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 time recorded for the administration of bisphosphonate medicines must be accurate. **Ref: Carried forward from Section 5.0**	One	Times changed on the medication administration record	Ongoing
2	13(4)	The registered manager must ensure that records for the administration of thickening agents and external medicines by care staff are fully and accurately maintained. **Ref: Criteria 37.1 and 38.2**	One	Staff administering thickening agents and external medicines have been signed off as competent and are now recording in the medicine adminstration record	25 August 2014
3	13(4)	The registered manager must ensure that all controlled drugs in Schedule 2, 3 and 4 (part 1), are denatured and therefore rendered irretrievable prior to disposal. **Ref: Criterion 37.6**	One	Denaturing kit now available and all registered nurses are aware that controlled drugs in Schedule 2,3 and 4 (part1)to be denatured prior to disposal and countersigned by 2 nurses	25 August 2014

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 records for the receipt of medicines for respite care are accurately maintained in order to facilitate a clear audit trail. **Ref: Criterion 38.2**	One	New record chart developed and now in place also received medication for respite will be recorded in the medication administration record and audited.	25 August 2014
5	13(4)	The registered manager must ensure that the temperature of the refrigerator is maintained between 2 ^{o}C and 8 ^{o}C and that the thermometer is reset each day after the readings have been taken. **Ref: Criterion 39.1**	One	A new fridge has been purchased and all nurses have been made aware of reseting thermometer and informing manager if temperatures are outside of limits	25 August 2014

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that the home's policies, including SOPs for controlled drugs, are comprehensive and cover each of the activities concerned with the management of medicines. **Ref: Criterion 37.2**	One	The Home's medication policy is in the process of redeveloped to include SOP's for controlled drugs	25 October 2014
2	37	The registered manager should develop and implement an audit tool which covers all aspects of the management of medicines. **Ref: Criterion 37.7**	One	Current audit tool has now been redeveloped to include other aspects of management of medicines	25 August 2014
3	37	The reason for, and outcome of each administration of medicines to manage distressed reactions should be recorded on all occasions. **Ref: Section 7.0**	One	During incidents of managing distressed reactions will be recorded in more detail in updating care plans and the daily progress reports.	25 August 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Olivia Doak
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Trevor Gage

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	8 SEptember 2014
B.	Further information requested from provider				