RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18085**
Establishment ID No:	**1321**
Name of Establishment:	**Redford**
Date of Inspection:	**1 April 2014**
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:	Redford
Type of home:	Residential Care Home
Address:	15 Redford Road Cullybackey BT43 5PR
Telephone number:	028 2588 0671
E mail address:	redfordcare@gmail.com
Registered Organisation/ Registered Provider:	Mr William James Wallace
Registered Manager:	Mr Trevor Gillen
Person in charge of the home at the time of Inspection:	Ms Perdita Kerr Deputy Manager for part of the inspection and Ms Jenny Gilchrist (Senior Care Assistant) for part of the inspection
Categories of care:	RC-I ,RC-PH (E), RC-DE
Number of registered places:	18
Number of residents accommodated on day of inspection:	17
Date and time of current medicines management inspection:	1 April 2014 10:25 – 14:15
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	4 April 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

Discussion with Ms Perdita Kerr (Deputy Manager) and Ms Jenny Gilchrist (Senior Care Assistant) during the inspection and discussion with Mr Trevor Gillen, Registered Manager, by telephone on 2 April 2014
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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Redford is a residential care home which provides accommodation in a single storey dwelling for 18 residents. The home is situated just beyond the village of Cullybackey in a rural setting and is surrounded by gardens and fields.

Accommodation is provided in single bedrooms and other facilities in the home include two sitting rooms (one of which is the designated smoking lounge for residents), a dining room, bath and toilet facilities, a staff room and an office.

There are car parking facilities available at the front of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Redford was undertaken by Judith Taylor RQIA Pharmacist Inspector, on 1 April 2014 between 10:25 and 14:15. 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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the deputy manager of the home, Ms Perdita Kerr and with 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 Redford are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The 10 requirements and two recommendations made at the previous medicines management inspection on 4 April 2011 were examined during the inspection. Four requirements had been fully complied with, one requirement has been assessed as substantially compliant and two requirements have been assessed as moving towards compliance. Three requirements are no longer applicable. The two recommendations have been assessed as substantially compliant.

The management of medicines was controlled in a largely satisfactory manner and improvement was noted since the previous medicines management inspection. The registered manager and staff are commended for their efforts.

Written policies and procedures for medicines management are in place. Standard operating procedures for the management of controlled drugs should be developed and implemented.

There is a programme of medicines management training in this home. Records of training and competency are maintained.

Written confirmation of medicine regimes must be obtained for new residents admitted to the home.

During the inspection it was found that a small number of medicines had been out of stock. This must be reviewed to ensure that each resident's medicines are available for administration.

Systems are in place to audit the practices for the management of medicines. The outcomes of the audits trails performed at this inspection indicated that the majority of medicines had been administered as prescribed.

Satisfactory arrangements are in place for the management of controlled drugs and bisphosphonate medicines.

The majority of medicine records were well maintained and facilitated the audit process. Some further attention is necessary in the maintenance of personal medication records.

Medicines were stored safely and securely. A review of the management of the cold storage of medicines is necessary.

The inspection attracted a total of five requirements and two recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan (QIP).

The inspector would like to thank the deputy 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 4 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The management of 'crushing' medicines must be reviewed to ensure that: • written authorisation to crush medicines is obtained from the prescriber • the pharmacist is contacted regarding the suitability of the medicine to be crushed • this is recorded on the resident's care plan and personal medication record. **Stated once**	The completed QIP received on 9 May 2011 stated that medicines are no longer crushed in the home. This was also confirmed by staff on the day of the inspection.	**No longer applicable**
2	13(4)	Written policies and procedures for the following areas of medicines management must be developed to include the following: • self-administration • crushing medicines • the covert administration of medicines • refrigerator monitoring. **Stated once**	There are no residents who self-administer medicines or who require the administration of medicines in disguised form in the home. Medicines are not crushed. These policies have not been developed. There was no evidence of any policy or procedures regarding the management of the medicine refrigerator. As the management of the refrigerator thermometer was raised at this inspection, a requirement regarding the management of cold storage has been stated.	**Moving towards compliance**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	Close monitoring of the administration of Viscotears eye drops is required. Any further discrepancies must be investigated and reported to RQIA. **Stated once**	On the day of the inspection, eye drops were not prescribed for any residents in the home. However, there was evidence that when prescribed, Viscotears and other eye drops are included in the audit process.	**Compliant**
4	30(1)	The registered manager must forward details of the recent medicine related incident to RQIA. **Stated once**	These details were forwarded following the previous medicines management inspection.	**Compliant**
5	13(4)	The registered manager must review the management of personal medication records to ensure that: • robust systems are in place to manage any changes in medicine dosages. Entries on personal medication records must not be amended • Obsolete/discontinued personal medication records are removed, discontinued appropriately and securely archived • the resident's drug allergy status is recorded. **Stated once**	The sample of personal medication records indicated that some of the entries were not up to date and accurate. Obsolete records are not routinely removed and archived. The drug allergy status was recorded on most of the personal medication records. **Two elements of this requirement are restated**	**Moving towards compliance**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
6	13(4)	The administration of medicines process must be reviewed. The registered manager must ensure that: • medicines are only be dispensed at the time of administration • medicines are signed only after administration occurs • medicines are administered by the person who dispensed the medicine. **Stated once**	There was no evidence of any pre-dispensing of medicines at the inspection. Medicines are signed at the time of administration. At medicine rounds, only one staff member is involved in the dispensing, administration and recording of the medicine.	**Compliant**
7	13(4)	The registered manager must ensure that maximum and minimum refrigerator temperatures are accurately recorded. Staff must be familiar with the use of the refrigerator thermometer. **Stated twice**	Current maximum and minimum temperatures are recorded each day and there is evidence that the thermometer is reset each day. It was noted that whilst the recorded temperatures indicated deviation from the accepted range of 2^{o}C to 8^{o}C, the stock held was cold. It was advised that the suitability of the thermometer should be checked and staff should ensure that any deviation in temperatures is recognised and reported for correction. The registered manager provided details of an action plan to address this issue after the inspection.	**Substantially compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
8	13(4)	The management of self-administered medicines must be reviewed to ensure that risk assessments and relevant records are in place. **Stated twice**	Staff advised that residents have not been responsible for the self-administration of any medicines, since the previous medicines management inspection.	**No longer applicable**
9	13(4)	The registered manager must review the management of the covert administration of medicines and ensure the appropriate persons have been consulted and written details are in place. **Stated once**	Staff advised that medicines have not been administered in disguised form, since the previous medicines management inspection.	**No longer applicable**
10	13(4)	Blood glucometers must be maintained in accordance with the manufacturer's instructions. **Stated once**	Weekly quality control checks are performed and the outcomes are recorded. The control solutions are replaced every three months.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Written confirmation of warfarin dosage regimes should be obtained. **Stated twice**	One resident was prescribed warfarin at the time of the inspection. There was written confirmation of the previous warfarin regime, however, this was not in place for the most recent regime.	**Substantially compliant**
2	30	The QIP should be used as part of the auditing process for medicines. **Stated once**	The outcomes of the inspection, indicate that a variety of medicines are audited at daily, weekly and quarterly intervals and the audits include most of the areas detailed on the previous medicines management QIP.	**Substantially compliant**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Most areas of the management of medicines are maintained in accordance with legislative requirements, professional standards and DHSSPS guidance. Improvement in the record keeping and storage of medicines is necessary. Written confirmation of current medicine regimes is obtained from a health or social care professional for new residents being admitted to the home, following discharge from hospital or another registered care facility. However, this does not always occur when residents are admitted from their own home. A requirement has been made. One new resident is prescribed a medicine for 'distressed reactions'. A care plan and full dosage directions regarding the administration of the medicine were not in place. This was discussed and it was agreed that this would be followed up with the prescriber after the inspection and the care plan would be developed. The process for obtaining prescriptions was reviewed. Repeat prescriptions are not received and checked before being forwarded to the pharmacy for dispensing. However, it was acknowledged that a copy of each prescription is reviewed with the order. In accordance with the Health and Social Care Board recommendations, prescriptions should be obtained and reviewed by the staff, prior to dispensing. The management of warfarin was examined. Warfarin dosage regimes are received by telephone and there was evidence of confirmation by facsimile. However, there was no written confirmation for the most recent regime. Staff confirmed that this would be obtained after the inspection. Two members of staff are not involved in the recording of new regimes onto warfarin administration records. This is safe practice and is recommended. A daily stock balance record for warfarin is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. These satisfactory outcomes were acknowledged. During the audit process it was noted that one medicine had been out of stock for seven days – ascorbic acid 200mg; the staff member advised that this had been followed up with the GP surgery on the morning of the inspection and she was waiting for further information. There was no evidence that staff had followed up the original request for a new supply of the medicine prior to the day of the inspection. There were other examples of out of stock situations. The registered manager must review the stock control of medicines to ensure that all medicines are available for administration as prescribed and any shortfalls in medicines supplies are readily identified and obtained in a timely manner. A requirement has been made. The medicines reference source was dated 2011. It was agreed that an up to date edition would be obtained.	

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicines management policy and procedures covered most areas relating to the use and control of medicines. The development of procedures regarding the cold storage of medicines is necessary. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs and include the following area: • Ordering, transport and receipt • Safe storage • Administration • Disposal • Record keeping • Management of errors and incidents. Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on RQIA website. A recommendation has been made.	Substantially compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
A record is kept of all medicines management training including induction. Refresher training had been completed within the last year. Staff confirmed that competencies are assessed annually. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.4 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:	
Staff confirmed that there are arrangements in place for staff appraisal and supervision in medicines management. Team meetings are also used to discuss medicine related issues.	Compliant
Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff are not responsible for the administration of any medicines which require training in specific techniques. District nurses are responsible for the administration of insulin and other injections.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 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 management of medicines is audited regularly. Audits are performed at daily, monthly and quarterly intervals and records of the outcomes are maintained. Any areas for improvement are identified and shared with all trained staff. The good practice of recording daily stock balances for medicines which are not supplied in 28 day blister packs was acknowledged. As improvement is required in the management of the cold storage of medicines, the audit arrangements for storage should be further developed. (See Criterion 32.1)	Substantially compliant

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
With the exception of some personal medication records, medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail.	Substantially compliant
Criterion Assessed: 31.2 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:	
A sample of each of the above records was examined. Most of these had been maintained in the required manner. However, improvement is necessary in the maintenance of personal medication records. Of the sample selected, it was found that the entries were not always up to date. When medicines are discontinued the entry must be struck out and dated. All prescribed medicines must be clearly documented on this record. Staff were reminded that these records may be used by other health care professionals and must be fully and accurately maintained at all times. Obsolete personal medication records remained with the current personal medication record(s). These should be cancelled, dated and archived. Two elements of the requirement made at the previous medicines management inspection regarding personal medication records have been restated. There was evidence that two staff are involved in the writing and updating of personal medication records and medication administration records, on some but not all occasions. This is best practice and has been recommended	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Staff were reminded that the start date must be recorded on the handwritten medication administration records.	
Criterion Assessed: 31.3 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 drugs record book indicated records were being maintained in a satisfactory manner. Quantities of controlled drugs matched balances recorded in the controlled drug record book. Balances are brought to zero when the complete supply of a controlled drug is transferred out of the home.	Compliant

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
The majority of medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet. Medicines which require cold storage are stored in a locked box in the domestic refrigerator. Current, maximum and minimum temperatures are monitored and recorded each day. Staff confirmed that the thermometer is reset each day and this was evidenced by the recorded temperatures. However, although recent records indicated that there were raised temperatures above the upper limit of 8^{o}C, the medicines were cool. This was discussed with the staff at the inspection and also with the registered manager by telephone on 2 April 2014. Written details of the action taken to address this issue were received by RQIA on 4 April 2014. The registered manager must ensure there are robust arrangements in place for the cold storage of medicines. The registered manager was requested to forward a copy of the medicines refrigerator temperature records for the months of April and May 2014. Two requirements have been made. Dates and times of opening were routinely recorded on limited shelf-life medicines.	Substantially compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug cupboard is accessible via key pad. The combination number is known to trained staff only. The registered manager is responsible for the spare medicine keys.	Compliant
Criterion Assessed: 32.3 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 and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of the stock balance checks were inspected and found to be satisfactory.	Compliant

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 residents 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 residents 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 Perdita Kerr (Deputy Manager)** and **Ms Jenny Gilchrist, (Senior Care Assistant)**, and **Mr Trevor Gillen, (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

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

REDFORD

1 APRIL 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Perdita Kerr (Deputy Manager), Ms Jenny Gilchrist (Person in Charge)** during the inspection and **Mr Trevor Gillen (Registered Manager)**, 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 Residential Care 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 review the management of personal medication records to ensure that: • robust systems are in place to manage any changes in medicine dosages. Entries on personal medication records must not be amended • obsolete/discontinued personal medication records are removed, discontinued appropriately and securely archived. **Ref: Section 5.0 & Criterion 31.2**	Twice	Two members of staff to witness any advice from GP's or medical professionals of any changes to medication dosages and new dosage re-entered onto Kardex with two signatures Obsolate/discontinued personal medication records have been removed from files and are ketp locked awayin a separate filing cabinet for future inspections if needed. Only up to date records in place from 1/5/14	2 May 2014
2	13(4)	The registered manager must ensure that written confirmation of medicine regimes is obtained for all new residents. **Ref: Criterion 30.1**	One	Medicine regimes have been requested for all current residents from their GP's and will be an ongoimg proceedure for all new admissions. This will be audited on a monthly basis.	2 May 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13(4)	The registered manager must review the stock control of medicines to ensure that all medicines are available for administration as prescribed and any shortfalls in medicines supplies are readily identified and obtained in a timely manner. **Ref: Criterion 30.1**	One	SCA has been advised of the importance of this. Medication will be audited every two weeks to ensure sufficient stock is in place. Proceedure in place to ensure medication ordered is delivered within 48 hours.	2 May 2014
4	13(4)	The registered manager must ensure there are robust arrangements in place for the cold storage of medicines; these arrangements must be detailed in home's policies and procedures. **Ref: Criteria 30.2 & 32.1**	One	New fridge and temp gauge purchased for the sole use of medication. Some issues initially regarding temp control on fridge to be within range. This has now been resolved with temp being maintained between 2 and 8 degrees. Staff have been advised to report to SCA on duty should temps fall outside this range.	16 May 2014
5	13(4)	The registered manager must forward copies of the records of the medicine refrigerator temperatures for the months of April and May 2014. **Ref: Criterion 32.1**	One	Temps being forwarded on weekly basis	5 May 2014 and 5 June 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	30	The registered manager should develop and implement written standard operating procedures for controlled drugs. **Ref: Criterion 30.2**	One	Policy now in place	2 May 2014
2	31	The registered manager should ensure that two trained staff are involved in the transcribing of medicines information on personal medication records, medication administration records and warfarin administration records; both staff should initial the record. **Ref: Criteria 30.1 & 31.2**	One	All trained staff have been advised of the importance of this. Since the date of inspection we have been compliant with this recommendation.	2 May 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	Trevor Gillen
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	William Wallace

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 2014
B.	Further information requested from provider				