RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018427**
Establishment ID No:	**1370**
Name of Establishment:	**Joymount House**
Date of Inspection:	**22 October 2014**
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:	Joymount House
Type of home:	Residential Care Home
Address:	Joymount Court Carrickfergus BT38 7DN
Telephone number:	(028) 9336 3904
E mail address:	gillianmcbride@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern Health and Social Care Trust Mr Tony Stevens (registration pending)
Registered Manager:	Ms Gillian McBride
Person in charge of the home at the time of Inspection:	Ms Gillian McBride
Categories of care:	RC-DE, RC-I
Number of registered places:	40
Number of residents accommodated on day of inspection:	34
Date and time of current medicines management inspection:	22 October 2014 10:45 – 15:00
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	21 September 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 Gillian McBride, 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 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

Joymount House residential care home was established over 30 years ago. It is situated in the centre of Carrickfergus; the building is shared with a Social Services Training Unit and with the town's library.

The Northern Health and Social Care Trust is the registered organisation in control.
Ms Gillian McBride has been the registered manager since March 2014.

The home provides accommodation for 40 residents in single bedrooms over three floors. There are three communal lounges, one on each floor. There is a large room on the ground floor available for residents and their visitors. There is also a designated smoking room on the second floor for residents.

Dining facilities are situated on the ground floor. There is a variety of bathing/showering facilities with a range of aids to suit individual needs. Access to the upper floors can be gained either by the use of a passenger lift or by stairs.

Joymount House is registered to provide day care for up to four persons. Day care clients are integrated into the resident group and are invited to participate in all of the home's activities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Joymount House was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 22 October 2014 between 10:45 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 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 registered manager of the home, Ms Gillian McBride 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 Joymount House are substantially compliant with legislative requirements and best practice guidelines. The outcome of this inspection found no significant areas of concern; however, areas for improvement were noted.

The two requirements and one recommendation which were made at the previous medicines management inspection on 21 September 2011 were examined during the inspection. The outcomes of compliance can be observed in Section 5.0 of the report. One requirement has

been complied with. One requirement and one recommendation have been assessed as moving towards compliance and are partly restated in the Quality Improvement Plan (QIP).

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors and any intelligence that may be received from trusts and other sources.

Areas of good practice were noted throughout the inspection as detailed in the report.

Written policies and procedures for medicines management are in place, however, they should be further developed to include the management of medicines regarding day care and intermediate care, and standard operating procedures for controlled drugs.

Medicines management training is provided for senior care staff and records are maintained. However, where care staff are responsible for the administration of external preparations and thickening agents, records of training and competency had not been maintained.

Practices for the management of medicines are audited regularly. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that most medicines had been administered in accordance with the prescribers' instructions. Further information regarding two medicines, bendroflumethiazide and Pulmicort must be forwarded to RQIA.

The majority of medicine records which were selected for examination had been maintained in the required manner. Close monitoring of personal medication records should be included in the audit process. Records of the administration of external preparations must be maintained. The management of thickening agents and medicines which are prescribed on a 'when required' basis for distressed reactions, should be reviewed to ensure that the relevant records are being maintained.

Medicines are stored safely and securely. Key control was appropriate.

The inspection attracted a total of four requirements and five 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 21 September 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The maintenance of medication administration records must be improved to ensure that:- • the date of administration is recorded every day • the time of administration of bisphosphonate medicines is accurately recorded • each administration of an external preparation by care staff, is recorded. **Stated once**	The sample of medication administration records examined indicated that the date of administration of each medicine was recorded and the actual time of administration of bisphosphonate medicines was recorded. However, where care staff are responsible for the administration of external preparations, records are not maintained. **One element of the requirement is restated**	**Moving towards compliance**
2	13(4)	Both the minimum and maximum medicine refrigerator temperatures must be recorded. **Stated once**	The records indicated that current, maximum and minimum medicine refrigerator temperatures are recorded each day; these had been maintained within the accepted range of 2^{o}C to 8 ^{o}C.	**Compliant**

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The audit process should be expanded to monitor the following: • a variety of medicines such as nutritional supplements and inhaled medicines • administration records which are completed by care staff . **Stated once**	The sample of audit records examined at the inspection indicated that nutritional supplements and inhaled medicines are included in the audit process. Where care staff are responsible for the administration of thickening agents and external preparations, records are not maintained. This area of medicines management is not included in the audit process. **One element of this recommendation is restated**	**Moving towards compliance**

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:	
The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The outcomes of the majority 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. The audit trails could not be concluded for external preparations and thickening agents as records of administration had not been maintained. This must be reviewed. It was noted that two medicines (bendroflumethiazide and Pulmicort) were recorded on personal medication records for regular use; however, there was no record of administration of these medicines. It could not be determined at the inspection if the medicines had been discontinued or remained prescribed. A supply of Pulmicort Inhaler was held in stock. The registered manager must investigate these observations and forward a written report detailing the findings and action taken to RQIA. A requirement is made. There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. Several of the residents had been accommodated for a period of intermediate care. The process for the ordering and receipt of medicines was examined. Prescriptions are not received into the home and checked, before being forwarded to the pharmacy for dispensing. However, a copy of each prescription is kept in the home and this is referenced with a copy of the order, to ensure that all ordered medicines have been received. The registered manager confirmed that this system works well. There was no	Substantially compliant

evidence of any out of stock medicines at the inspection. Satisfactory arrangements are in place for the management of warfarin. The management of thickening agents must be reviewed to ensure a care plan is maintained, the thickening agent and required consistency is recorded on the personal medication record and there are clear records of each administration. A requirement is made.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that written policies and procedures for the management of medicines are in place. These were not examined in detail. However, through discussion it was established that these require further development to ensure they are reflective of current practices in Joymount House. It was recommended that the policies and procedures should include the management of medicines prescribed for those persons receiving day care and intermediate care, and also standard operating procedures for controlled drugs.	Moving towards compliance
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:	
Senior care staff are provided with annual medicines management training and the most recent training had taken place in April 2014. The registered manager advised that staff competencies in the management of medicines are assessed annually. A list of the names, signatures and initials of senior care staff authorised to administer medicines is maintained. Care staff are often responsible for the administration of external preparations and thickening agents. Records of training and competency are not maintained and a requirement is made. It was advised that a list of the names, signatures and initials of care staff authorised to administer these medicines should also be developed.	Moving towards compliance

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:	
The registered manager advised the management of medicines is reviewed through annual staff appraisal and quarterly supervision sessions with staff.	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 medicines which require training in specific techniques.	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. These are reported in accordance with the organisation's policies and procedures.	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. Any remaining medicines following a period of respite care, day care or intermediate care are transferred with the resident at the time of discharge.	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:	
Practices for the management of medicines are audited on a regular basis by the registered manager and senior care staff. A staff rota denoting who is responsible for the audits each month has been developed. The audits focus on medicines which are not supplied in 28 day blister packs. A representative from the community pharmacy also visits the home to audit medicines management. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers. Due to the inspection findings, the audit process should be reviewed to ensure that it includes personal medication records and administration records (see Criterion 31.2).	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	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:	
Medicine records were generally legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged. This included - • the writing and updating of personal medication records involves two members of trained staff • paracetamol warnings, where more than one medicine containing paracetamol is prescribed for the same resident • a daily medicine check to ensure all administration records have been completed • a record of the removal of lidocaine plasters • completed records were readily available for inspection. Further attention is necessary in the maintenance of some medicine records as detailed below in Criterion 31.2.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

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:	
Each of the above records is maintained in the home. A sample was selected for examination and these were found to be mostly satisfactory. Some areas for improvement were noted and discussed. Whilst most of the personal medication records are well maintained, a small number of discrepancies were observed and discussed at the inspection. Staff should ensure that all medicines which are no longer prescribed are struck out and dated. For several external preparations, it was unclear if these were prescribed for regular administration, or on a 'when required 'basis. It was advised that obsolete personal medication records should be removed from the folder and securely archived. The registered manager should closely monitor the completion of personal medication records within the audit process. A recommendation is made. In the instances were handwritten entries are recorded on the medication administration records, two members of staff should be involved in this process, to ensure the accuracy of the transcribing. A recommendation is made. The management of external preparations must be reviewed. Currently there is no system in place to record the administration of external preparations which have been administered by care staff. This issue had been raised at the previous medicines management inspection and the requirement is restated. The records pertaining to the receipt, disposal and transfer of medicines had been well maintained and staff are commended for their efforts.	Substantially compliant

STANDARD 31- MEDICINE 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:	
There were no Schedule 2 controlled drugs prescribed for any resident or held in stock at the time of the inspection. However, these had been prescribed during the year. Observation of the controlled drugs record book indicated this had been maintained in a satisfactory manner. Staff are reminded that when the complete supply of a controlled drug is transferred out of the home, the stock balance should be balanced to zero.	Compliant

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

STANDARD 32 - MEDICINE 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. Some medicines which must not be stored in the medicine refrigerator were removed during the inspection. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Appropriate arrangements are in place for the stock control of medicines. Daily temperature monitoring is undertaken for the medicine refrigerator. Records indicated medicines which require cold storage had been stored at the correct temperature.	Substantially compliant
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:	
Appropriate arrangements are in place for the management of medicine keys.	Compliant

STANDARD 32 - MEDICINES STORAGE

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 when prescribed, and Schedule 3 controlled drugs which are subject to safe custody requirements are reconciled at each handover of responsibility; this occurs up to three times per day. The good practice of maximising the safe custody of two controlled drugs (tramadol and zopiclone) which do not require storage in the controlled drug cabinet and performing daily stock reconciliation checks on these controlled drugs was acknowledged.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines in distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two residents. A care plan was not in place. The parameters for administration were clearly recorded on the personal medication record. The reason for the administration and the effect of the administration is not always recorded.

The management of medicines for distressed reactions should be reviewed to ensure that a care plan is developed and the reason for the administration and the effect of the administration is recorded on every occasion. A recommendation is made.

Parkinson's disease

A small number of residents are prescribed medicines for Parkinson's disease. The actual time of administration was discussed with regard to the 15 minute time frame per administration. The registered manager confirmed this would be shared with all senior care staff and the actual time of administration at medicine rounds would be reviewed and recorded.

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 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 Gillian McBride, 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

JOYMOUNT HOUSE
22 OCTOBER 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 Gillian McBride**, **Registered Manager**, during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The 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 maintenance of medication administration records must be improved to ensure that:- • each administration of an external preparation by care staff, is recorded. **Ref: Section 5.0 & Criterion 31.2**	Two	An administration sheet has been placed in each resident's bedroom if the require an external preparation applied. Th ecare staff have been reminded that vthey must record every application.	23 November 2014
2	13(4)	The registered manager must investigate the observations made in bendroflumethiazide and Pulmicort; a written report of the findings and action taken must be forwarded to RQIA. **Ref: Criterion 30.1**	One	See attached report.	23 November 2014
3	13(4)	The registered manager must put robust arrangements in place for the management of thickening agents to ensure a care plan is in place and records of the prescribing and administration are maintained. **Ref: Criterion 30.1**	One	The requirement for thickening agents is in each resident's care plan along with the dietician's report. A recording sheet has been devised for staff to use each time the thickening agent is used.	23 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	19(2)	The registered manager must ensure that where care staff are responsible for the administration of thickening agents and external preparations, records of training and competency are maintained. **Ref: Criterion 30.3**	One	Training in external preparation and Thickening agents is planned for 5th and 9th of December 2014.	10 December 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	31	The audit process should be expanded to monitor the following: • administration records which are completed by care staff. **Ref: Section 5.0 & Criterion 31.2**	Two	This has been added to the audit process.	23 November 2014
2	30	The registered manager should further develop the medicine management policies and procedures to ensure these reflect the current practices in Joymount House and include standard operating procedures for controlled drugs. **Ref: Criterion 30.2**	One	The registered manager is up-dating the medication policies at the moment.	22 January 2015
3	31	The registered manager should closely monitor the completion of personal medication records to ensure these are up to date at all times. **Ref: Criteria 30.8 & 31.2**	One	Kardex's have been checked and new enteries double signed.	23 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	31	The registered manager should ensure that all handwritten entries on medication administration records involve two members of trained staff and both staff should initial the entry. **Ref: Criterion 31.2**	One	Staff have been reminded that two staff shoud sign for evey new entry.	23 November 2014
5	30,31	The management of medicines for distressed reactions should be reviewed to ensure that a care plan is developed and the reason for the administration and the effect of the administration is recorded on every occasion. **Ref: Section 7.0**	One	Resident's who have been prescribed medication for distressed reactions have an outline in their care plan discribing the distressed reaction and when this medication can be administered.	23 November 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	Gillian McBride
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Tony Stevens Una Cunning

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	10/12/14
B.	Further information requested from provider				