

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	18693
Establishment ID No:	1390
Name of Establishment:	Castlevew
Date of Inspection:	12 June 2014
Inspector's Name:	Judith Taylor

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Castleview
Type of home:	Nursing Home
Address:	40-42 Scotch Quarter Carrickfergus BT38 7DP
Telephone number:	(028) 9336 6763
E mail address:	castleview@myrainbowmail.com
Registered Organisation/ Registered Provider:	Castleview Private Nursing Home Ltd Mrs Lynda McCourt
Registered Manager:	Miss Rhonda Murray
Person in charge of the home at the time of inspection:	Miss Rhonda Murray
Categories of care:	NH-LD, NH-LD(E)
Number of registered places:	36
Number of patients accommodated on day of inspection:	35
Date and time of current medicines management inspection:	12 June 2014 10:35 – 14:15
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	1 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 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 Miss Rhonda Murray (Registered Manager) and registered nurses on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

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

Castlevue is a nursing home which is located in the town of Carrickfergus. The home is close to shops and amenities with panoramic views of Belfast Lough and Carrickfergus Castle nearby. The close proximity of amenities provides stimulation and interest for the patients of the home, who are able to take advantage and benefit from what is available.

Bedroom accommodation is provided in double and single rooms, some with en suite, situated on all three floors of the home. There is a range of communal bathrooms, shower and toilet facilities, lounges, a large dining area and a games recreational area.

Catering and laundry services are provided by the home. Car parking facilities are available outside the home on the street and in a public car park opposite the home.

The home is registered to provide care for 36 persons under the following categories of nursing care:

LD – Learning disability

LD (E) – Learning disability over the age of 65

The certificate of registration issued by RQIA was appropriately displayed in the main reception area of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Castlevue was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 12 June 2014 between 10:35 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 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, Miss Rhonda Murray and with the registered nurses / 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 Castlevue are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The four requirements and four recommendations made at the previous medicines management inspection on 1 April 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. All of the requirements and recommendations have been complied with. The registered manager and staff are commended for their efforts.

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. The registered manager also completed a medicines information return, as requested by RQIA, on 8 October 2011.

The management of medicines is well controlled and includes comprehensive policies, procedures and separate standard operating procedures for controlled drugs. These had been updated in May 2014.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that the relevant records are being maintained.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on regular basis. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that the medicines had been administered in strict accordance with the prescribers' instructions. These satisfactory outcomes are acknowledged.

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

The medicine records which were selected for examination had been maintained in the required manner. The disposal of medicines should be reviewed.

The storage arrangements for medicines and key control are satisfactory.

The inspection attracted a total of two recommendations. The recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 1 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The outcome of the audit trail performed on atorvastatin 40mg must be reported to the prescriber. Stated once	The completed quality improvement plan from the previous medicines management inspection stated this had been addressed.	Compliant
2	13(4)	Close monitoring of these medicines (bisacodyl, diazepam, Stilnoct 5mg and atorvastatin) is necessary. Any further discrepancies must be investigated and reported to RQIA. Stated once	Separate administration records which include stock balances are maintained for diazepam and zopicolone (Stilnoct). No discrepancies were observed in bisacodyl, diazepam, zopicolone or atorvastatin at the inspection.	Compliant
3	13(4)	Personal medication records must be fully and accurately maintained. Stated once	Examination of the sample of records which were selected indicated that these records were up to date and accurate. Areas of good practice were acknowledged. (See Criterion 38.2)	Compliant
4	13(4)	The administration of bisphosphonate medicines must be reviewed to ensure records are accurately maintained and the administration of disodium etidronate follows the manufacturer's guidance. Stated once	The audit trails indicated that bisphosphonate medicines are administered early in the morning and separately from other medicines. The time of administration is recorded accurately. Disodium etidronate is no longer prescribed for any patients in this home.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>Two nurses should be involved:</p> <ul style="list-style-type: none"> • where written confirmation of warfarin dosage regimes is not obtained • in recording new entries on personal medication records. <p>Ref: Criterion 37.1</p>	<p>Two registered nurses are usually involved in recording new entries on personal medication records.</p> <p>Warfarin has not been prescribed in the last two years.</p>	Compliant
2	37	<p>The procedure for receipting medicines for patients receiving respite care should be further reviewed, to ensure that:</p> <ul style="list-style-type: none"> • any medicines which are prescribed and are not received are readily identified and followed up • the receipt of enteral feeds and water is recorded. <p>Ref: Criterion 37.1 & Section 7.0</p>	<p>The registered manager confirmed the procedures in place for the management of medicines during respite care. There were no patients receiving respite care at the time of the inspection.</p> <p>There was evidence that enteral feeds and water is recorded in the receipt records for patients who are admitted for a period of respite care.</p>	Compliant
3	37, 38	<p>The completion of medication administration records by care staff should be included in the auditing process.</p> <p>Ref: Criterion 38.2</p>	<p>The management of delegated medicine tasks e.g. external preparations and thickening agents is overseen by the registered manager and the administration records are included in the audit process.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	<p>The management of enteral feeding should be reviewed to ensure that fluid intake charts are maintained.</p> <p>Ref: Section 7.0</p>	<p>Enteral feeding is not prescribed for any patients currently accommodated in the home. However, is prescribed for patients who are in receipt of respite care. A review of completed records indicated that fluid intake charts are maintained.</p>	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:	
<p>The outcome of the inspection indicated that the management of medicines is well controlled in accordance with legislative requirements, professional standards and DHSSPS guidance. The registered manager and staff are commended for their efforts.</p> <p>The registered manager confirmed that written details of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home and also for patients who are receiving respite care. In addition, an admissions checklist is also completed for patients receiving respite care.</p> <p>Satisfactory arrangements are in place for the ordering and receipt of medicines. Prescriptions for permanent patients are received into the home and checked against the order before being forwarded to the community pharmacy for dispensing. This is in accordance with Health and Social Care Board recommendations. The registered manager confirmed that an up to date medicine list is kept for each patient in the home.</p> <p>Specialist care plans pertaining to epilepsy and diabetes are in place.</p> <p>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.</p> <p>Staff have access to a variety of medicine reference sources which include the management of medicines via enteral feeding tubes.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings: Comprehensive policies and procedures for the management of medicines and standard operating procedures for the management of controlled drugs are in place. These are specific to Castlevue and had been updated in May 2014.	Compliant
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: There is a programme of training in the home. The registered manager provided evidence to indicate that she maintains a record of the training and development activities completed by the registered nurses and care staff in relation to the management of medicines. The registered nurses are provided with regular training in relation to the management of medicines via jejunostomy and gastrostomy tubes. Update training in controlled drugs was provided in April 2014 and general medicines management training was provided in May 2014. Registered nurses and care staff had received training in the management of dysphagia in May 2014. Staff competencies in medicines management are assessed annually. A list of the names, signatures and initials of registered nurses authorised to administer medicines is maintained. It was agreed that this list would be updated to include the current care staff who are responsible for delegated medicine related tasks.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
<p>The registered manager stated that she evaluates the impact of medicines management training on the registered nurses and care staff through individual or group supervision and observation of practice; she confirmed that this is also reviewed as part of the annual staff appraisal process.</p>	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the home's policies and procedures.</p>	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>All discontinued or expired medicines which are not controlled drugs are placed into special waste container by one registered nurse. In accordance with best practice two members of trained staff should be involved in this process and this was discussed at the inspection. A recommendation has been made.</p> <p>Controlled drugs are denatured prior to disposal; this involves one registered nurse and the community pharmacist and is clearly recorded in the home's written procedures.</p> <p>The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines.</p>	Substantially compliant

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 has a system in place to audit the management of medicines. The registered manager and registered nurses undertake weekly audits on a variety of medicines and any discrepancies are investigated and reported as necessary. The community pharmacist 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.	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: Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged and included: <ul style="list-style-type: none"> • two registered nurses are involved in the writing and updating of personal medication records • the maintenance of daily stock balance records for nutritional supplements, antibiotics and Schedule 4 controlled drugs • recorded alerts on personal medication records to indicate multiple doses and weekly administration days • paracetamol warnings on personal medication records where more than one medicine containing paracetamol is prescribed for the same patient. 	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • 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 overall, these were found to be satisfactory. The good standard of record keeping was acknowledged. However, it was noted that code-copying had occurred on one patients administration records, i.e. the codes used indicated the registered nurse had copied the codes from the previous day and in some cases the code was incorrect. This was discussed with the registered manager. It was agreed that she would address this with the registered nurses after the inspection.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

In relation to the records of the disposal of medicines, the good practice of maintaining a separate book to record the denaturing and disposal of controlled drugs (including Schedule 4) was acknowledged.	
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:	
Schedule 2 controlled drugs were not prescribed or held in stock for any patient. These medicines had not been prescribed since the previous medicines management inspection.	Not applicable

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:

Medicines are stored safely and securely and in accordance with the manufacturer's instructions. The temperature of the clinical room is monitored and recorded each day and records indicated temperatures had been maintained below the upper acceptable limit of 25°C.

There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Storage areas were tidy and well organised. There are satisfactory systems in place to ensure that all medicines are available for administration as prescribed.

Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet.

Refrigerator temperatures are recorded on a daily basis, and recorded temperatures were within the accepted range of 2°C to 8°C for medicines which required cold storage.

Oxygen is stored in two locations and signage is in place. In the clinical room the chain was missing from the wall to secure the oxygen cylinders. The registered manager confirmed that this had been in place, however, would be replaced after the inspection and also advised that the storage of oxygen was currently being reviewed within the home. The registered manager confirmed by email on 16 June 2014 that the oxygen cylinders were securely chained to the wall.

Dates and times of opening were routinely on limited shelf-life medicines.

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:	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse in charge of the shift.</p> <p>A detailed policy and procedure regarding the management of spare medicine keys is in place and was discussed during the inspection.</p>	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:	
<p>Schedule 2 controlled drugs were not prescribed at the time of the inspection.</p> <p>Schedule 3 controlled drugs which are subject to the safe custody requirements are reconciled at each handover of responsibility. The stock balances are recorded and these were spot checked at the inspection. No discrepancies were observed.</p>	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The management of distressed reactions for two patients who are prescribed anxiolytic medicines on a 'when required' basis was examined. The patients' personal medication record, care plan, daily notes and medicine administration records were reviewed. The parameters for administration were recorded and each patient had a care plan in place. The administration records indicated that the reason for the administration and the outcome of the administration of the anxiolytic medicine were recorded on some but not all occasions.

The registered manager should review the management of distressed reactions to ensure the reason for the administration and outcome of the administration are recorded on every occasion. A recommendation has been made.

Thickening agents

The records for thickening agents prescribed for one patient were examined at this inspection. The patient's care plan corresponded with the most recent speech and language therapist report. A record of the prescribing, receipt and administration is maintained.

The required consistency level of thickened fluid is recorded on the personal medication record used by the registered nurses and also on a separate personal medication record which is used by care staff. This is best practice and was acknowledged.

Management of medicines administered via enteral feeding tubes

There are a number of patients who receive respite care that require the administration of medicines via an enteral feeding tube. Written policies and procedures are in place and registered nurses had received training. Some of the training took place on the day of the inspection. The registered manager confirmed that there were written instructions from the health care professional to administer the medicines via the enteral tube.

A sample of previous records indicated that the patient's fluid intake is recorded and states that the administration of medicines is accompanied by flushes of water. The daily fluid intake required is recorded in the dietician's report. It was advised that the total daily fluid intake should be recorded to ensure this corresponds with the requirements in the dietician's report. It was agreed that this would be implemented from the date of the inspection onwards.

Blood glucometers

Blood glucometers are in use in this home. Quality control checks are performed on a daily basis by registered nurses and records of checks are maintained. The date of opening is recorded on the control solutions and the registered manager confirmed that solutions are replaced every three months.

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 **Miss Rhonda Murray, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CASTLEVIEW

12 JUNE 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 **Miss Rhonda Murray, 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 the 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.

No requirements were made following this inspection.

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	<p>The registered manager should ensure that any medicines which are deemed unsuitable or are discontinued are disposed of in the clinical waste bin by two members of designated staff and both staff should sign the record of disposal.</p> <p>Ref: Criterion 37.6</p>	One	<p>The registered manager can confirm that the process of medication disposal via clinical waste bin is carried out by two members of nursing staff. The disposal record allows for the two signatures. All medications that are either discontinued or expired that are not controlled drugs are placed into a special waste container. Two nurses are involved in this process and both sign the medication return record.</p>	13 July 2014
2	37	<p>The registered manager should review the management of distressed reactions to ensure the reason for the administration and outcome of the administration are recorded on every occasion.</p> <p>Ref: Section 7.0</p>	One	<p>The registered manager can confirm that the reason and the outcome of administration of 'when required' medications are recorded on the individuals daily records. This will be audited by the registered manager.</p>	13 July 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	Rhonda Murray
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Lynda McCourt

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	11/07/2014
B.	Further information requested from provider				