NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018441**
Establishment ID No:	**1415**
Name of Establishment:	**Glendun**
Date of Inspection:	**6 November 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:	Glendun
Type of home:	Nursing Home
Address:	67 Knocknacarry Road Cushendun BT44 0NS
Telephone number:	(028) 2176 1222
E mail address:	glendunnursing@btconnect.com
Registered Organisation/ Registered Provider:	Glendun Nursing Home Ltd Mr David Leo Morgan
Registered Manager:	Mrs Roisin McKay
Person in charge of the home at the time of Inspection:	Mrs Roisin McKay
Categories of care:	NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E), RC-DE
Number of registered places:	46
Number of patients accommodated on day of inspection:	31
Date and time of current medicines management inspection:	6 November 2014 11:05 – 15:55
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	24 February 2014 Unannounced Monitoring

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 Mrs Roisin McKay (Registered Manager) and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

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

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

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

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

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Glendun is a nursing home situated in the village of Knocknacarry, a few miles from Cushendun.

The home occupies a prominent corner site in the village. It is a two storey building and has been extensively developed and extended to provide both nursing and residential social care for a maximum of 46 persons.

Accommodation is provided in 42 single rooms and two double rooms, with associated sanitary, laundry and catering facilities available.

Communal lounges are provided on both floors, one of which on the ground floor is used by persons who smoke. Car parking facilities are provided adjacent to the home.

Mrs Roisin McKay has been the registered manager since July 2011.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Glendun was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 6 November 2014 between 11:05 and 15:55. 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, Mrs Roisin McKay 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 Glendun 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 five recommendations made at the previous medicines management monitoring inspection on 24 February 2014 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. Two requirements and one recommendation had been complied with. One requirement and two recommendations have been assessed as substantially compliant; one requirement and two recommendations have been assessed as moving towards compliance. One requirement and one recommendation have been 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 observed and acknowledged throughout the inspection as detailed in the report.

Written policies and procedures for medicines management and standard operating procedures for controlled drugs are in place.

There is a programme of training in the management of medicines, which includes training for designated care staff in delegated medicine related tasks.

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. However, improvement is required in the management of inhaled medicines and external preparations.

The majority of medicine records which were selected for examination had been maintained in the required manner. Records of the administration of external preparations and disposal of medicines must be reviewed.

Medicines are stored safely and securely. The use of the medicine refrigerator thermometer should be reviewed.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 24 February 2014:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that there are robust arrangements in place for the management of the cold storage of medicines. **Stated twice**	The majority of medicines which require cold storage had been stored appropriately. The temperatures recorded for the second refrigerator which contains a small number of nutritional supplements showed the maximum temperatures were being incorrectly recorded as the room temperature. The thermometer was reset at the inspection and the temperature of this medicine refrigerator was closely monitored; satisfactory temperatures were observed. **A recommendation regarding the use of the refrigerator thermometer is made**	**Substantially compliant**
2	13(4)	The registered manager must put robust arrangements in place for the management of bisphosphonate medicines. **Stated once**	Robust arrangements for the administration and recording of bisphosphonate medicines were evidenced at the inspection.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager put robust arrangements in place for the management of external preparations. **Stated once**	Examination of the records of prescribing and administration of external preparations indicated some of these were incomplete. **This requirement is restated**	**Moving towards compliance**
4	13(4)	The registered manager must investigate the apparent discrepancy in diazepam tablets; a written report of the findings and action taken must be forwarded to RQIA. **Stated once**	An investigation was undertaken following the previous medicines management inspection and details of the findings and action taken were received by RQIA on 3 March 2014.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The management of medicines should be audited on at least a monthly basis and include all aspects of the management of medicines. Particular emphasis should be given to the management of external preparations, thickening agents and bisphosphonate medicines. **Stated three times**	Staff audit a variety of medicines throughout the month. This includes bisphosphonate medicines and thickening agents. However, there was no evidence of any auditing of external preparations. The outcomes of the inspection indicate that the audit process should be reviewed to ensure this includes the areas for improvement identified in the report. **A requirement regarding the audit process is made**	**Moving towards compliance**
2	38	The registered manager should ensure that two nurses sign the record of the disposal of medicines. **Stated twice**	Examination of the disposal of medicines record indicated that two nurses or trained members of staff are not always involved in the disposal of medicines. **This recommendation is restated**	**Moving towards compliance**
3	37	The registered manager should develop a list of the names, signatures and initials of the designated care staff who are responsible for delegated medicine tasks. **Stated once**	This list had been developed and was displayed in the treatment room.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	The registered manager should review the stock control arrangements for medicines, to ensure medicines are only ordered as the need arises and currently prescribed medicines are not disposed of, to prevent unnecessary wastage. **Stated once**	Improvement was noted at the inspection. There was no evidence of any unnecessary disposal of currently prescribed medicines. However, some overstocks of medicines were observed and discussed at the inspection.	**Substantially compliant**
5	38	The registered manager should review the administration process for controlled drugs to ensure staff are adhering to the home's policy, where a second member of staff is involved in the administration of Schedule 2 and Schedule 3 controlled drugs and the time of administration is recorded in the controlled drug record book on every occasion. **Stated once**	Examination of the controlled drug record book indicated that two members of staff are usually involved in the administration of Schedule 2 and Schedule 3 controlled drugs. The time of administration is recorded on some but not all occasions. This was further discussed and it was agreed that this area of medicines management would be a focus for the audit process.	**Substantially 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:	
Most areas of the management of medicines are maintained in accordance with legislative requirements, professional standards and DHSSPS guidance. The majority of the audit trails performed at the inspection produced satisfactory outcomes. However, improvement is required in the administration of inhaled medicines and external preparations. Three prescribed medicines had not been administered in accordance with the prescriber's instructions. This was discussed with staff and it was concluded that staff only administered these medicines on a 'when required' basis. The registered manager confirmed that this would be reviewed in consultation with the prescriber after the inspection. Close monitoring of the management of inhaled medicines is necessary. A requirement is made. The management of external preparations had been raised at the previous medicines management inspection and the requirement is restated (see also Criterion 38.2). Suitable arrangements are in place for obtaining medicine information for new patients and medicines from the community pharmacist. The management of anticoagulant medicines was examined. Warfarin dosage regimes are confirmed by facsimile. The new regime is recorded onto a warfarin administration record. Staff confirmed that two members of trained staff, check and verify the transcription, however, this record is not signed by the staff. It was agreed that this would be implemented from the day of the inspection onwards. A daily stock balance record for warfarin is maintained. For one resident, recording errors and one discrepancy were noted and discussed at the inspection. Close monitoring of warfarin is recommended.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Satisfactory arrangements are in place for the management of thickening agents and bisphosphonate medicines	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place.	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:	
The registered manager provided evidence to indicate that she maintains a record of the training and development activities completed by registered nurses, senior care staff and care assistants in relation to the management of medicines. The registered nurses/senior care staff had received update medicines management training on 11 September 2014. Care assistants had been provided with training in the management of external preparations on 18 March 2014 and the management of dysphagia on 19 June 2014. A list of the names, signatures and initials of staff authorised to administer medicines is maintained. Staff competency in medicines management is assessed annually.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that the management of medicines is reviewed through annual staff appraisal and supervision sessions with staff. Staff supervision had been recently completed.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with Glendun's policies and procedures. No medicine related incidents had been reported in the last year.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into medicine waste containers. This process involves one or two members of staff. In accordance with best practice two members of trained staff should be involved in the disposal of medicines on every occasion. The recommendation made at the previous inspections is restated. It is acknowledged that the denaturing of controlled drugs involves two members of staff. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. A separate record book has been recently implemented specifically to record the denaturing and disposal of controlled drugs. This is good practice.	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:	
Registered nurses and senior care staff audit a variety of medicines throughout the month and an overarching audit is completed by the registered manager each month. Thickening agents and nutritional supplements are included. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. This correlated with the outcomes of the audits performed on a variety of randomly selected medicines during the inspection. . However, as areas for improvement have been identified e.g. inhaled medicines and external preparations, the registered manager should ensure that the frequency of audit trails performed on these medicines is increased. It was acknowledged that the most recent manager's audit had identified the management of external preparations as an area for improvement. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers.	Substantially compliant

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

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
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 the following: • two members of staff are involved in the writing and updating of personal medication records • paracetamol warnings are highlighted on personal medication records where more than one medicine containing paracetamol is prescribed for the same patient • reminder alerts for the administration of bisphosphonate medicines are in place • a permanent record of the date of opening of medicines is maintained	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and most of these had been maintained in the required manner. Improvement is required in the standard of maintenance of administration records pertaining to external Preparations, to ensure that these are fully and accurately completed on every occasion. A system should be implemented which oversees the records which are completed by designated care assistants. The requirement made at the previous medicines management inspection is restated.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

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:	
An improvement was noted in the maintenance of the controlled drug record book. However, there were occasions when the time of administration was not recorded, and on a small number of occasions, only one member of staff had been involved in the administration of the controlled drug. This had been highlighted at the previous inspection and was further discussed at this inspection. It was agreed that the registered manager would review this with staff following the inspection. Staff are reminded that when the complete supply of a controlled drug is transferred out of the home, the stock balance should be returned to zero.	Substantially compliant

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

STANDARD 39 - MEDICINE 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. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. Medicine refrigerator temperatures are monitored and recorded on a daily basis. Examination of the records indicated that most refrigerated medicines had been maintained with the recommended range of 2^{o}C to 8^{o}C. However, this was not evidenced for the temperatures of the second refrigerator which is used to store a small number of nutritional supplements. Staff had recorded the room temperature as the maximum temperature and the same temperatures had been recorded frequently. This was further reviewed at the inspection and following resetting of the thermometer, temperatures within the recommended range were noted. As the management of refrigerator temperatures had been raised before, it is recommended that staff are provided with training in the use of the refrigerator thermometer. Oxygen is stored and managed appropriately and signage is in place.	Substantially compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse in charge of the shift. The registered manager is responsible for the management of spare medicine keys.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. This activity is recorded.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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 patients and to bring about sustained improvements in the quality of service provision.

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Roisin McKay**, **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

GLENDUN
6 NOVEMBER 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 **Mrs Roisin McKay, 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 Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager put robust arrangements in place for the management of external preparations. **Ref: Section 5.0, Criteria 37.1 & 38.2**	Two	Administration instructions of patients external preparation have been copied onto their personalised charts in their bedrooms. These will be updated to correspond with prescribed instructions as required. Updated training is being carried out on external preparations for care staff.	7 December 2014
2	13(4)	The registered manager must make the necessary arrangements to ensure that all inhaled medicines are being administered in strict accordance with the prescribers' instructions. **Ref: Criterion 37.1**	One	All medicine kardex have been checked to insure prescibed administration instruction have been correctly copied into the patients kardex. Inhaled medications will be included in the monitored medication audits.	7 December 2014

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	38	The registered manager should ensure that two nurses sign the record of the disposal of medicines. **Ref: Section 5.0 & Criterion 37.6**	Two	All nurses have been advised that two nurses have to sign the record of disposal of medicines. The manager checks this to ensure it is being carried out.	7 December 2014
2	37	The registered manager should closely monitor the record keeping and administration of warfarin. **Ref: Criterion 37.1**	One	The administration of warfarin is monitored regularily by the registered manager. Warfarin will be included in the medication audits.	7 December 2014
3	37 & 39	The registered manager should provide relevant staff with training in the use of the refrigerator thermometer. **Ref: Criterion 39.1**	One	Instructions have been given to nurses on the correct use of refrigerator thermmometers and the recording of the relevent readings.	7 December 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	Roisin McKay
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	David Morgan

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	15/12/14
B.	Further information requested from provider				