NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020953**
Establishment ID No:	**1417**
Name of Establishment:	**Craigdun**
Date of Inspection:	**20 November 2014**
Inspector's Name:	**Rachel Lloyd**

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:	Craigdun
Type of home:	Nursing Home
Address:	30 Dunminning Road Cullybackey BT42 1PE
Telephone number:	(028) 2588 0202
E mail address:	craigdun@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare Mr James McCall
Registered Manager:	Mrs Shirley Ann Marshall
Person in charge of the home at the time of Inspection:	Mrs Shirley Ann Marshall
Categories of care:	NH-DE, NH-TI, NH-I, NH-PH, NH-PH(E), RC-I, RC-PH, RC-PH(E)
Number of registered places:	35
Number of patients accommodated on day of inspection:	24
Date and time of current medicines management inspection:	20 November 2014 10:20 – 14:20
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	11 December 2012 Unannounced medicines management monitoring inspection

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 Shirley Marshall, Registered Manager and the registered nurse 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).

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

Craigdun is a two-storey nursing home set in a rural location a few miles outside of the village of Cullybackey. It was formally a private residence which has been extensively developed and extended to provide accommodation for those needing both nursing and social care.

Patient/resident accommodation is provided on both floors, in 35 single bedrooms. There are adequate lounge, dining and sanitary/bathing facilities throughout the building. Catering and laundry facilities are located on the ground floor. Access to the first floor is via a passenger lift and stairs. Car parking is available within the grounds of the home.

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

Nursing Care (NH)

I Old age not falling into any other category
PH Physical disability other than sensory impairment
PH(E) Physical disability other than sensory impairment – over 65 years
TI Terminally ill (maximum 3 persons)
DE Dementia (maximum 1 person)

Residential Care (RC) to a maximum of 5 persons

I Old age not falling into any other category
PH Physical disability other than sensory impairment
PH(E) Physical disability other than sensory impairment – over 65 years.

Mrs Shirley Marshall has been the registered manager for the home for over 14 years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Craigdun was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 20 November 2014 between 10:20 and 14:20. 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, Shirley Marshall and with the registered nurse 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 Craigdun are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The four requirements and six recommendations made at the previous medicines management inspection on 11 December 2012 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5.0 of this report. One of the requirements was assessed as compliant and two were assessed as substantially compliant. One requirement was not applicable at the time of the inspection and will be examined at the next inspection. Of the six recommendations, four were assessed as compliant. Two were assessed as moving towards compliance and are restated.

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 management of medicines is controlled in a satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection as detailed in the report.

Policies and procedures for the management of medicines are in place and Standard Operating Procedures for controlled drugs have been developed and implemented.

There is a programme of medicines management training in the home. There is a system of supervision and appraisal and there are medicines management competency assessments for registered nurses and care assistants undertaking delegated tasks.

The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal and should continue to closely monitor the process for the disposal/transfer of controlled drugs to ensure records are fully and accurately maintained.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines indicating that the majority of medicines had been administered in accordance with the prescribers' instructions.

The medicine records available for inspection were generally well maintained. The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic or antipsychotic medicines, in the management of distressed reactions are recorded on every occasion.

Medicines were being stored securely in accordance with statutory requirements. Storage areas were clean, tidy and organised. The registered manager/provider should ensure that the planned arrangements to refurbish the air-conditioning in the medicine storage are completed to ensure that the temperature in this area does not continue to exceed 25^{o}C, the maximum storage temperature for most medicines.

The inspection attracted a total of two requirements (one of which is carried forward from the previous inspection) and three recommendations. These are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and her 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 11 December 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must put robust arrangements in place for the management of warfarin. **Stated twice**	This could not be evidenced at the inspection as warfarin is not currently prescribed for any patient. **This requirement is carried forward**	**Not applicable**
2	13(4)	The registered manager must put robust systems in place for the management of external preparations. **Stated twice**	Records of administration by registered nurses are appropriately maintained. Separate medicine administration records are in place for external medicines applied by care assistants delegated with this task. The registered manager was reminded to ensure that these records are accurately completed on every occasion.	**Substantially compliant**
3	20(1)	The registered manager must ensure that where care staff had been trained and deemed competent in the administration of external preparations, records of training and competency are maintained. **Stated once**	These records are maintained and are available for examination. Training was most recently provided in April 2014.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must make the necessary arrangements to ensure medicine refrigerator temperatures are maintained within the accepted range of +2^{o}C to +8^{o}C and systems are in place to report and manage any deviation in temperatures. **Stated once**	Refrigerator temperatures are monitored and recorded twice daily. Records were examined and generally found to be satisfactory; registered nurses were reminded to record the action taken when occasional deviations from the accepted temperature range occur.	**Substantially compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The registered manager should closely monitor the receipt of medicines process to ensure a record of the receipt of thickening agents is maintained. **Stated twice**	Records of receipt of thickening agents are maintained.	**Compliant**
2	38	Two members of staff should be involved in the transcribing of medication administration records. **Stated twice**	Two members of staff are involved in the transcribing of medication administration records.	**Compliant**
3	38	The registered manager should closely monitor the process for the disposal/transfer of controlled drugs to ensure records are fully and accurately maintained. **Stated twice**	Records of the disposal/transfer of controlled drugs are well maintained. Schedule 2 and 3 controlled drugs and most Schedule 4 (Part 1) controlled drugs are denatured by two registered nurses prior to disposal. However, there was no evidence that medicines recently added to Schedule 4 (Part 1) e.g. zopiclone are denatured appropriately before disposal in line with DHSSPS guidance and legislative requirements. **This recommendation is restated and a requirement is stated**	**Moving towards compliance**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	39	The registered manager should make the necessary arrangements to ensure that the treatment room temperature does not exceed +25^{o}C. **Stated twice**	The temperature of the office/medicine storage area is monitored and recorded daily. Records indicate that the temperature often deviates above the maximum storage temperature for most medicines of 25^{o}C. A fan is in use and plans are in place for improvement works to be undertaken in the office/medicine storage area including refurbishment of the air conditioning unit. **This recommendation is restated**	**Moving towards compliance**
5	39	The registered manager should closely monitor medicine containers to ensure the date of opening is recorded and the date is accurate. **Stated twice**	The date of opening was recorded on the majority of medicines examined and audit results indicate that these are accurately recorded.	**Compliant**
6	38	The registered manager should closely monitor the records of administration of bisphosphonate medicines to ensure the time of administration is accurately recorded. **Stated once**	The time of administration of bisphosphonate medicines was accurately recorded.	**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 outcomes of audit trails, performed on a range of randomly selected medicines, showed that these medicines had been administered in accordance with the prescribers' instructions. These results correlate with the results of medicine audits undertaken on a regular basis within the home. Suitable arrangements are in place for obtaining medicine information for new patients and medicines from the community pharmacist. Satisfactory arrangements are in place for the management of thickening agents and bisphosphonate medicines. The management of 'when required' anxiolytic medicines in the management of distressed reactions was examined. The parameters for administration are recorded on the personal medication record; a care plan is in place and records of distressed reactions are maintained. The reason for and the outcome of the administration of 'when required' anxiolytic or antipsychotic medicines should be recorded on every occasion. A recommendation is stated.	Substantially compliant

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:	
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:	
Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis. The registered manager confirmed that medicines management training is provided for registered nurses on an annual basis. Training on dysphagia and thickening fluids had been provided for all relevant staff in April 2014. Training on the administration of external preparations was provided for designated care assistants in April 2014. Records are maintained. 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 regular supervision sessions with staff, alongside regular team meetings and briefings. .	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:	
Medication errors and incidents are reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are stored in a secure waste container and records are maintained. This waste is periodically uplifted by a licensed waste contractor and waste transfer notes are kept on file. 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. In accordance with best practice two members of trained staff should be involved in the disposal of medicines on every occasion. A recommendation made at the previous inspection is restated. Schedule 2 and 3 controlled drugs and most Schedule 4 (Part 1) controlled drugs are denatured by two registered nurses prior to disposal. However, there was no evidence that medicines recently added to Schedule 4 (Part 1) e.g. zopiclone are denatured appropriately before disposal in line with DHSSPS guidance and legislative requirements. A requirement is stated.	Moving towards compliance
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:	
Medicine audits are completed on a regular basis by both the registered manager and by a representative from the community pharmacy. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. The audit process is readily facilitated by the good practice of recording the date of opening on medicine containers and carrying forward the balances of medicines not supplied in the monitored dosage system on a monthly basis.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were maintained in a manner that facilitates audit activity. Obsolete records are securely archived and well organised. 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 • reminder alerts for the administration of bisphosphonate medicines are in place • stock balances are carried forward for medicines not supplied in the monitored dosage system • the use of body maps to ensure rotation of patch application and/or injection site.	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 these were generally found to be satisfactory. Records of medicines e.g. thickening agents and external preparations, administered by designated care assistants undertaking these delegated tasks were maintained in a largely satisfactory manner and a system is	Substantially compliant

in place which oversees the records completed by designated care assistants. The registered manager and registered nurses were reminded to ensure that records regarding the application of external preparations are accurately completed on every occasion. A care plan and fluid balance chart is maintained for each patient prescribed thickened fluids. The required consistency is recorded on the personal medication record and the fluid balance chart.	
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:	
The receipt, administration and disposal of all Schedule 2 controlled drugs were appropriately recorded in the controlled drug register.	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 were found to be stored securely under conditions that conform to statutory and manufacturers' requirements. There was sufficient storage space on the medicine trolleys and in medicine cupboards. Storage areas were clean, tidy and organised. Oxygen was stored appropriately and appropriate signage was in place. The registered manager was advised to ensure that any mask attached to emergency supply of oxygen is kept covered for hygiene. Arrangements for monitoring the medicines refrigerator temperature were examined; temperatures are monitored and recorded twice daily. Records were examined and generally found to be satisfactory; registered nurses are reminded to record the action taken when occasional deviations from the accepted temperature range occur. The temperature of the medicine storage area is monitored and recorded daily. Records indicate that temperatures regularly deviate above the maximum storage temperature for most medicines of 25^{o}C. It is acknowledged that a fan is in use and plans are in place for significant improvements to the office/medicine storage area including an air conditioning unit. A recommendation made at previous medicines management inspections is stated for a third time.	Substantially compliant
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 and other medicine cupboard keys are held separately by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard keys.	Compliant

STANDARD 39 - MEDICINE STORAGE

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. Records of balance checks were inspected and found to be satisfactory.	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 **Mrs Shirley Marshall, 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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CRAIGDUN
20 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 Shirley Marshall, 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 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 action 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 must put robust arrangements in place for the management of warfarin. **Ref: Section 5** **This requirement is carried forward from the previous inspection**	Two	During the inspection there were no residents who were prescribed Warfarin to facilitate the checking of this requirement. However when a resident is perscribed warfarin a robust arrangement will be implemented for the management of administration.	Ongoing
2	13(4)	The registered manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal. **Ref: Criterion 37.6**	One	All Registered Nurses are now aware that Schedule 4 drugs must be denatured appropitely befor disposal	20 December 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This promotes 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 closely monitor the process for the disposal/transfer of controlled drugs to ensure records are fully and accurately maintained. **Ref: Section 5 & Criterion 37.6**	Three	This has been fully implemented weekly audits being completed by the manager	20 December 2014
2	39	The registered manager should make the necessary arrangements to ensure that the treatment room temperature does not exceed +25°C. **Ref: Section 5 & Criterion 39.1**	Three	This continues to be monitered daily. Currently consideration is beeing given to installing a ventilation system and costing have been requested	20 December 2014
3	37	The registered manager should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic or antipsychotic medicines, in the management of distressed reactions, are recorded on every occasion. **Ref: Criterion 37.1**	One	The Registered Nurses have completed a supervision on the management of as required anxiolytic and antipsychotic medications	20 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	Shirley Marshall
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall J P WATSON DIRECTOR OF OPERATIONS 9.1.15

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

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		RLloyd	**13/1/15**
B.	Further information requested from provider	yes		RLloyd	**13/1/15**

Need confirmation that action has taken place to ensure room temp is max 25°C. Already monitored and already in excess of maximum temperature.