



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: 18450
Establishment ID No: 1441
Name of Establishment: Moneymore
Date of Inspection: 1 July 2014
Inspector's Name: Rachel Lloyd

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Money more
Type of home:	Nursing Home
Address:	Cookstown Road Money more BT45 7YL
Telephone number:	(028) 8674 8118
E mail address:	money more@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare/ Mr James McCall
Registered Manager:	Mrs Fionnuala Kidd
Person in charge of the home at the time of Inspection:	Sr Gail Brown (Deputy Manager)
Categories of care:	NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E)
Number of registered places:	41
Number of patients accommodated on day of inspection:	28
Date and time of current medicines management inspection:	1 July 2014 10:40 – 13:50
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	6 January 2011 Unannounced 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 Sr Gail Brown, Deputy Manager and registered nurses on duty
Discussion with Mrs Fionnuala Kidd, Registered Manager by telephone on 3 July 2014
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS 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

Moneymore is a purpose built single storey nursing home, situated on the outskirts of Moneymore. The home operates under the auspices of Four Seasons Health Care.

The home provides care for up to 38 patients and three residents in the following categories of care:

Nursing Care

NH-I - Nursing old age not falling within any other category
NH-PH

Residential Care

RC-I Residential care
RC-MP (E) - Mental disorder excluding learning disability or dementia over 65 years
RC-PH (E) – Physical disability other than sensory impairment over 65 years.

Bedroom accommodation is provided in single rooms, each with its own hand washbasin. Two twin rooms are also in use.

Car parking facilities are provided to the front and sides of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Moneymore was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 1 July 2014 between 10:40 and 13:50. 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 deputy manager of the home, Sr Gail Brown and the registered nurses 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 Moneymore 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 two requirements and one recommendation made at the previous medicines management inspection on 6 January 2011 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5 of this report. The two requirements were assessed as substantially compliant; however one element of one requirement was not applicable at the time of the inspection and will be examined at the next inspection. The recommendation was not applicable at the time of the inspection and will be examined at the next inspection.

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 largely satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection. The registered manager and staff are commended for their efforts.

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

There is a system of supervision and appraisal and there are regular medicines management competency assessments for registered nurses. Care assistants undertaking delegated medicines tasks must also be trained and deemed competent and a record of the training and competency assessment 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 strict accordance with the prescribers' instructions.

Medicine records are well maintained. However, details of the administration of prescribed thickening agents by designated care assistants should be accurately recorded on each occasion.

The management of anxiolytic medication prescribed for use 'when required' for distressed reactions should be reviewed, to ensure that the parameters for administration are documented in the patients care plan and the reason for use and the outcome are recorded in the daily progress notes.

Robust arrangements are in place for the management of controlled drugs.

Medicines were generally being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. Storage areas were clean, tidy and organised. However, the broken locks on some cupboard doors must be fixed or replaced until the upcoming refit of the treatment room.

The inspection attracted a total of two requirements, plus one element of a requirement carried forward to the next inspection and three recommendations, plus one recommendation carried forward to the next inspection. These are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 6 January 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>An increase in the level of monitoring of medicines prescribed for weekly administration, medicines prescribed at multiple daily dose, eye-drops and food supplements must be implemented.</p> <p>Stated twice</p>	<p>Evidence of regular monitoring of weekly medicines (patches), medicines prescribed at multiple daily dose (antibiotics) and eye drops, as well as a range of other medicines, was observed. Nutritional supplements are not routinely audited, however stock control was found to be satisfactory. The deputy manager agreed to monitor stock levels in the home as is routine in the home with all other prescribed medicines, by recording the balance carried forward on the medicines administration record.</p>	<p>Substantially compliant</p>

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	<p>Records of the administration of medicines must be reviewed and revised to ensure that:</p> <ul style="list-style-type: none"> • records of the administration of medicines for external use and thickening agents are maintained; and • records of the administration of bisphosphonate medicines accurately indicate the time of administration. <p>Stated once</p>	<p>Records maintained by registered nurses were found to be satisfactory. A separate medicines administration record is in place for external preparations administered by delegated care assistants. A separate record is in place for fluids administered by designated care assistants; however it was not always clear when a prescribed thickener had been administered. The administration of a prescribed thickener should be recorded on every occasion. A recommendation is stated.</p> <p>No bisphosphonate medicine was prescribed for any patient at the time of the inspection. Discussion with the registered nurses on duty confirmed a satisfactory procedure for recording the administration of these medicines.</p> <p>This element of the requirement will be carried forward</p>	<p>Substantially compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Daily stock balance records of warfarin tablets should be maintained. Stated once	Warfarin was not prescribed or held in stock for any patient at the time of the inspection. This recommendation will be carried forward	Not applicable

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 registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.</p> <p>The outcomes of audit trails, performed on a range of randomly selected medicines, showed that the majority of 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.</p> <p>The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.</p> <p>The process for the ordering and receipt of medicines was examined. All prescriptions 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. A copy of each prescription is kept in the home.</p> <p>The management of anxiolytic medication prescribed for use 'when required' for distressed reactions was examined. The medicine and the parameters for administration were recorded on the personal medication record, however this was not always documented in the patients' care plan and the reason for use and the outcome were not always recorded in the daily notes, which are considered good practice. A recommendation is stated.</p>	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The organisation's policies and procedures for the management of medicines and standard operating procedures for controlled drugs are available in the home.</p> <p>Specialist care plans for the management of diabetes and the covert administration of medicines were observed.</p>	Compliant
<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The deputy manager confirmed that registered nurses who manage medicines are trained and competent. Records of training are maintained and were available for inspection.</p> <p>Evidence that designated care assistants are trained on the administration of external preparations, dysphagia and thickening fluids was not available. Care assistants undertaking delegated tasks must be trained and deemed competent and a record of the training and competency assessment must be maintained. A requirement is stated.</p> <p>A list of the names, sample signatures and initials of all staff authorised to administer medicines is maintained.</p>	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The deputy manager confirmed that the competency of registered nurses, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and appraisal, and that records are maintained. This was evidenced during the inspection.</p> <p>The impact of training is not evaluated for designated care assistants (see criterion 37.3).</p>	<p>Substantially compliant</p>
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The deputy manager stated that medication errors and incidents are reported to RQIA, in accordance with procedures.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Discontinued or expired medicines are discarded by the registered nurses into designated bins and records are maintained. These bins are periodically uplifted and replaced by a waste disposal contractor. The medicines disposal container is stored securely. The record of disposal was not always signed due to the layout of the current record book; the deputy manager agreed that the book would be changed immediately following the inspection. Two designated staff should sign the record of disposal on each occasion. A recommendation is stated.</p> <p>Controlled drugs are denatured by two registered nurses prior to disposal and a record is maintained.</p>	<p>Substantially compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Management complete a monthly audit tool specific to medicines. Registered nurses maintain daily stock balances for the majority of medicines. This is good practice. Audits are also performed by a representative from the community pharmacy on a regular basis. Records of this auditing activity were observed and largely satisfactory outcomes had been achieved.</p> <p>The deputy manager agreed to additionally monitor stock levels of nutritional supplements in the home as with all other prescribed medicines, by recording the balance carried forward on the medicines administration record.</p> <p>The audit process is readily facilitated by the good practice of recording the date and time of opening on most medicine containers.</p>	<p>Substantially compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Overall, 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:</p> <ul style="list-style-type: none"> • the writing and updating of personal medication records and handwritten medication administration record entries involves two members of trained staff • obsolete records are securely archived and are ready retrievable to facilitate the inspection • separate administration records are maintained to clearly document the site of location of controlled drug patches • there are arrangements in place to remind staff of the next date of administration of monthly injections • separate records are maintained which detail the prescribing and administration of analgesic medicines prescribed on a 'when required' basis. 	<p align="center">Compliant</p>
<p>Criterion Assessed: 38.2 The following records are maintained:</p> <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Each of the above records is maintained in the home. A sample was selected for examination and these were found to be mostly satisfactory. The good standard of record keeping was acknowledged.</p>	<p align="center">Substantially compliant</p>

STANDARD 38 – MEDICINE RECORDS

<p>Prescribed thickening agents are administered by both registered nurses and designated care assistants. Records of administration by registered nurses were found to be satisfactory. However, it was not always clear on the record used for this purpose by designated care assistants, when a prescribed thickener had been administered. Administration of prescribed thickening agents should be accurately recorded on each occasion. A recommendation is stated.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Observation of the controlled drugs record book indicated that records are being maintained in a satisfactory manner. Records of the receipt, administration, denaturing and disposal of controlled drugs had been documented and signed by two registered nurses.</p> <p>Quantities of a randomly selected sample of controlled drugs matched the corresponding balances recorded in the controlled drug record book.</p>	Compliant
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines were mostly found to be stored securely under conditions that conform to statutory and manufacturers' requirements. Several of the locks on overstock cupboards are currently broken, however the outer treatment room door is always locked. The deputy manager stated that the treatment room is to undergo a refit; however until this takes place these locks must be fixed or replaced. A requirement is stated.</p> <p>There was sufficient storage space on medicine trolleys and in medicine cupboards and storage areas were clean, tidy and well organised.</p> <p>Oxygen is stored appropriately and signage is in place. The deputy manager was reminded that the oxygen mask and tubing should be covered when not in use.</p> <p>Arrangements for monitoring the medicines refrigerator temperature were examined; temperatures are recorded on a daily basis. Some small deviations above the maximum accepted temperature of 8°C were noted; the deputy manager agreed to address this immediately.</p> <p>The temperature of the treatment room is monitored and recorded on a daily basis. Some small deviations above the maximum accepted temperature of 25°C were noted; the deputy manager agreed to address this immediately.</p> <p>Records are maintained of the weekly calibration of blood glucose meters.</p> <p>Dates and times of opening were routinely recorded on limited shelf-life medicines and blood glucometer solutions to facilitate disposal at expiry.</p>	<p align="center">Substantially compliant</p>

STANDARD 39 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys. Medicine keys are held by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>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.</p>	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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 **Sr Gail Brown, Deputy 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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

MONEYMORE

1 JULY 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 **Sr Gail Brown, Deputy 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)	Records of the administration of medicines must be reviewed and revised to ensure that records of the administration of bisphosphonate medicines accurately indicate the time of administration. Ref: Section 5 Carried forward from 6 January 2011	One	Staff nurses have been advised to document accurately the exact time of administration. Indicators have been put on the Kardex.	On-going
2	13(4)	The registered manager must ensure that care assistants undertaking delegated medicine related tasks are trained and deemed competent, and that a record of the training and competency assessment is maintained. Ref: Criterion 37.3	One	TMAR training has been delivered to the care staff on 5.08.2014	1 August 2014
3	13(4)	The registered manager must ensure that medicines are stored in locked cupboards at all times. Ref: Criterion 39.1	One	There is a refit due for the treatment room and in the interim period new locks have been provided	1 August 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	37	Daily stock balance records of warfarin tablets should be maintained. Ref: Section 5 Carried forward from 6 January 2011	One	Current residents are not on Warfarin. A balance to be commenced when applicable.	On-going
2	38	The registered manager should ensure that the administration of thickening agents by designated care assistants is accurately recorded on every occasion. Ref: Criterion 38.2	One	Care staff are been taken under supervision to ensure they accurately record the administration of thickening agents	1 August 2014
3	37	The registered manager should ensure that the management of anxiolytic medication prescribed for use 'when required' for distressed reactions is reviewed; parameters for administration should be documented in the patients care plan and the reason for use and the outcome should be recorded in the daily notes. Ref: Criterion 37.1	One	A care plan is in place for the administration of anxiolytic medication and staff record when given and the reason for administration.	1 August 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	<p>The registered manager should ensure that two designated staff sign the record of disposa/destruction of medicines on each occasion.</p> <p>Ref: Criterion 37.6</p>	One	A new format of disposal book is now in place for staff nurses to use and space for 2 signatures.	1 August 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	Fionnuala Kidd
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall 

CAROL COUSINS
DIRECTOR of OPERATIONS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		Klloyd	2/8/14
B.	Further information requested from provider				