NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020718**
Establishment ID No:	**1485**
Name of Establishment:	**Glenview**
Date of Inspection:	**13 October 2014**
Inspectors Names:	**Cathy Wilkinson and Helen Mulligan**

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:	Glenview
Type of home:	Nursing
Address:	9 Cabragh Road Dungannon BT70 3AH
Telephone number:	(028) 8776 7132
E mail address:	glenview.nursing@btconnect.com
Registered Organisation/ Registered Provider:	Mrs Jennifer Elizabeth Gregg Mr Mervyn John Gregg
Registered Manager:	Mrs Eleanor Elizabeth Caroline (Carol) Sands
Person in charge of the home at the time of Inspection:	Mrs Carol Sands
Categories of care:	RC-I, NH-DE, NH-I, NH-PH, NH-PH(E)
Number of registered places:	45
Number of patients accommodated on day of inspection:	39
Date and time of current medicines management inspection:	13 October 2014 10.35 – 14:10
Name of inspectors:	Cathy Wilkinson and Helen Mulligan
Date and type of previous medicines management inspection:	15 May 2012 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 Carol Sands, 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

Glenview is registered to provide nursing care in the old and infirm, dementia, and physically disabled categories of care. The home is also registered to provide residential care in the old and infirm category of care.

The original building is single storey and comprises 21 single bedrooms, six of which are en-suite, and one double bedroom, dining room, sitting areas, and a designated smoking area. Bath, shower, and toilet facilities are provided throughout the home. There are also designated staff areas and offices provided. An extension was added to the home in 2009. This extension is built over two floors and comprises 22 en-suite single bedrooms. Ten of these bedrooms are provided in a separate unit for the care of dementia nursing patients.

The grounds around the home are landscaped and secure areas are provided to enable patients and residents to relax outdoors.

There are adequate car parking facilities at the front, side and back of the home.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) accurately reflected the categories of care and was appropriately displayed in a prominent position of the home.

The registered manager, Mrs Carol Sands, has been in position in the home for 10 years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Glenview was undertaken by Cathy Wilkinson and Helen Mulligan, RQIA Pharmacist Inspectors, on 13 October 2014 between 10.35 and 14.10. 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 inspectors 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 inspectors met with the registered manager of the home, Mrs Carol Sands and with the registered nurses on duty. The inspectors 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 Glenview are substantially compliant with legislative requirements and best practice guidelines. No significant areas of concern were noted during the inspection, however some areas for improvements in the management of medicine were noted.

The requirement made at the previous medicines management inspection on 15 May 2015 was examined during the inspection. Full compliance with this requirement was not achieved and the requirement is re-stated. The inspectors' validation of compliance can be noted in Section 5.0 of this report.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with the care inspector.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines.

A range of audits was performed on randomly selected medicines. The results of the majority of the audits were satisfactory, indicating that these medicines are being administered correctly. However two incidents noted during the inspection require further investigation. They concerned the administration of co-beneldopa to one patient and two medicines being out of stock for several days. The registered manager is required to send a written report of the outcome of the investigations with the completed Quality Improvement Plan from this inspection.

There is a programme of staff training for medicines management.

Medicines records had been maintained in a satisfactory manner. Some further attention is required in ensuring that the times recorded on the personal medication records correspond to those on the medicine administration record sheets. The registered manager must also ensure that the disposal of medicines record is signed by the nurses responsible for the disposal.

Storage was observed to be tidy and organised; however, two refrigerators showed deviation from the acceptable temperature range and the refrigerator temperature was not recorded every day. The consistent nature of the temperature recordings of these refrigerators also indicated that the thermometer was not being reset each day. The requirement which was made at the previous medicines management monitoring inspection is restated.

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

The inspectors 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 15 May 2014:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The refrigerator temperature must be monitored, recorded and reset daily and the temperature must be maintained within the recommended range of 2^{o}C to 8^{o}C. **Stated once**	Two of the three refrigerators had not been appropriately monitored and thermometers are not being reset on a daily basis. The temperature records showed temperatures were outside the required range on a number of occasions. There was no record of any remedial action being taken. **This requirement is re-stated**	**Moving towards compliance**

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:	
Improvements are necessary in some areas of the management of medicines. A range of audits was performed on randomly selected medicines. The results of the majority of the audits were satisfactory, indicating that these medicines are being administered correctly. However, the registered manager was asked to investigate the administration of co-beneldopa to patient A to ensure that it had been administered as prescribed. A written report of the outcome of this investigation must be returned with the completed QIP from this inspection. A requirement has been made. Two medicines (Galfer capsules and carbimazole tablets) were observed to have been out of stock for a number of days. The registered manager must investigate the circumstances surrounding these out of stock medicines. A written report of the outcome of this investigation must be returned with the completed QIP from this inspection. The registered manager should also ensure that all staff are aware of the action to take to ensure that medicines are in stock and available for administration at all times. A requirement and a recommendation have been made. Three audits on inhaled medicines indicated that these medicines were not being administered as prescribed. The registered manager must reviewe the management of these medicines and closely audit them to ensure that they are being appropriately administered. A requirement has been made. The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home.	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the community pharmacy for dispensing. This is good practice. The management of warfarin was reviewed for two patients and found to be satisfactory.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are available in the home. They were not examined during this inspection.	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:	
Update training on the management of medicines is provided annually for all nursing staff. Competency assessments are also completed annually. Records of staff training and competency assessments were available for inspection. Training on the management and administration of medicines via the enteral route is provided annually by representatives from the Trust. There was evidence that care staff have been trained and deemed competent to administer emollient preparations and thickening agents. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that there is annual staff appraisal and that nurses have regular supervision. Records were made available for inspection.	Compliant
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 advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Two medication related incidents have been reported to RQIA since April 2014. These were managed appropriately.	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 returned to a waste management company. The registered manager confirmed that controlled drugs (in Schedule 2, 3 and 4 (part 1), which include temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem) are denatured and therefore rendered irretrievable prior to disposal.	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:	
In addition to the running stock balances which are maintained for medicines which are not contained within the blister pack system, the registered manager completes audit trails on the administration of medicines at approximately monthly intervals. The most recent audit had been completed in September 2014; mostly satisfactory outcomes were observed. The community pharmacist completes quarterly audits. Action plans were available for inspection. Dates and times of opening had been recorded on the majority of containers examined at this inspection.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S 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 had been completed in such a manner as to ensure that there is a clear audit trail.	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:	
The personal medication records (PMRs) and medication administration records (MARs) which were reviewed at this inspection had been maintained in a generally satisfactory manner. The registered manager should review those medicines that must be administered at specific times eg medicines for Parkinson's Disease to ensure that the time recorded on the PMR matches the actual time administered as recorded on the MARs sheets. A recommendation has been made. The records of medicines received into the home were observed to be maintained in a generally satisfactory manner. A small number of missing receipts were noted and brought to the attention of the registered manager who was advised to monitor these records as part of the routine audit process for medicines. The records of disposal of waste medicines were examined. These records had not been signed by the nurses responsible for disposing of the medicines. This had been identified by the registered manager during the audit process.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

The registered manager should ensure that these records are signed by the registered nurses responsible for the disposal. A recommendation has been made.	
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:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	Compliant

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

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Storage was observed to be tidy and organised. Two controlled drugs cupboards are available in the home. However, a number of supplies of temazepam tablets were observed to be stored beside rather than inside the controlled drugs cabinet. This was rectified during the inspection and the registered manager was advised that this should be closely monitored. Three refrigerators are available in the home. For one refrigerator, the maximum, minimum and current temperatures are monitored and recorded each day and recordings within the accepted range (2^{o}C and 8^{o}C) were observed. However, the other two refrigerators showed deviation from the acceptable temperature range and the temperature was not recorded every day. The consistent nature of the temperature recordings of these refrigerators also indicated that the thermometer was not being reset each day. This must be addressed. The requirement which was made at the previous medicines management monitoring inspection is re-stated. A number of blister packs of medicines were observed in the overstock cupboards. These were several months out of date. The registered manager should ensure that all out of date medicine is regularly disposed of. A recommendation has been made. Oxygen cylinders were observed in various locations in the home. All except one, which was located in the treatment room, had been securely chained to a wall and appropriate signage was in place. The registered manager advised this cylinder would be chained to the wall following the inspection and no further action at this time is required. The registered nurse advised that control checks are performed on the blood glucose meter at weekly intervals.	Substantially compliant

STANDARD 39 - MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolley, were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys by the nurse in charge.	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 twice daily at each handover of responsibility.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

None

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

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

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

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

_____ _____

Cathy Wilkinson **Date**
Pharmacist Inspector

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

GLENVIEW
13 OCTOBER 2013

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 Carol Sands, Registered Manager**, either during or after 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 refrigerator temperature must be monitored, recorded and reset daily and the temperature must be maintained within the recommended range of 2 °C to 8 °C. **Ref: Section 5 and Criterion 39.1**	Two	SPOKE WITH ALL STAFF NURSES AT MEDICINE TRAINING. NOTICE IS ON EACH FRIDGE DOOR INFORMING HOW TO RE-SET FRIDGE THERMOMETER. WILL MONITOR SAME & EACH NURSE HAS BEEN GIVEN MEMO RE: SAME.	13 November 2014
2	13(4)	The registered manager must investigate the administration of co-beneldopa to patient A to determine if it been administered as prescribed. A written report of the outcome of this investigation must be returned with the completed QIP from this inspection. **Ref: Criterion 37.1**	One	I HAVE INVESTIGATED THE ADMINISTRATION OF CO-BENELDOPA TO PATIENT A AND HAVE SPOKEN WITH STAFF AT MEDICINE TRAINING. SEE ATTACHED	13 November 2014
3	13(4)	The registered manager must investigate the circumstances surrounding the out of stock medicines, Galfer and carbimazole. A written report of the outcome of this investigation must be returned with the completed QIP from this inspection. **Ref: Criterion 37.1**	One	THIS WAS DISCUSSED AT MEDICINE TRAINING. STAFF TO USE DAILY DRUG ORDER SHEET & COMPLETE EACH SECTION AND FOLLOW TRAIL WITH PHARMIST/GP. ATTACHED REPORT FROM PHARMIST.	13 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must review the management of inhaled medicines and closely audit them to ensure that they are being appropriately administered. **Ref: Criterion 37.1**	One	STAFF NURSE SPOKE WITH THREE PATIENTS' GP'S ONE INHALER WAS DISCONTINUED AND THE OTHER TWO WHERE PRESCRIBED PRN.	13 November 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	37	The registered manager should ensure that all staff are aware of the action to take to ensure that medicines are in stock and available for administration at all times. **Ref: Criterion 37.1**	One	STAFF MADE AWARE AT MEDICINE TRAINING TO USE DAILY DRUG ORDER SHEET AND FOLLOW UP WITH PHARMIST/GP.	13 November 2014
2	38	The registered manager should review those medicines that must be administered at specific times eg medicines for Parkinson's Disease to ensure that the time recorded on the PMR matches the actual time administered as recorded on the MARs sheets. **Ref: Criterion 38.2**	One	THIS HAS BEEN ADDRESSED	13 November 2014
3	38	The registered manager should ensure that the records of disposal of medicines are signed by the registered nurses responsible for the disposal. **Ref: Criterion 38.2**	One	DISCUSSED AT MEDICINE TRAINING AND NOTICE ON RETURNS BOOK THAT TWO NURSES MUST SIGN.	13 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	39	The registered manager should ensure that all out of date medicine is regularly disposed of. **Ref: Criterion 39.1**	One	THIS ~~to~~ WILL BE ADHERED TO AND WAS DISCUSSED AT MEDICINE TRAINING.	13 November 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: _____

NAME: Mervyn John Sayers
Registered Provider

DATE 18/11/14

SIGNED: Carol Sands

NAME: CAROL SANDS
Registered Manager

DATE 18/11/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		[signature]	25/11/14
B.	Further information requested from provider				