NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**INO18466**
Establishment ID No:	**1487**
Name of Establishment:	**Iveagh House**
Date of Inspection:	**23 June 2014**
Inspector's Name:	**Helen Daly**

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:	Iveagh House
Type of home:	Nursing
Address:	62 Castlewellan Road Banbridge BT32 4JD
Telephone number:	(028) 4062 8055
E mail address:	connie@haroldmitchellgroup.com
Registered Organisation/ Registered Provider:	Harold Mitchell (Belfast) Ltd Mr Harold Leslie Mitchell
Registered Manager:	Ms Constance Mitchell
Person in charge of the home at the time of Inspection:	Ms Constance Mitchell
Categories of care:	NH-I ,RC-I
Number of registered places:	33
Number of patients accommodated on day of inspection:	30
Date and time of current medicines management inspection:	23 June 2014 10:15 – 15:00
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	24 October 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Ms Constance Mitchell, 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

Iveagh House is set in its own grounds on the outskirts of Banbridge.

The facility comprises 27 single bedrooms (some are en-suite), three double bedrooms, two lounges, a quiet room for use by patients/visitors and staff, a dining room, kitchen, laundry, toilet / washing facilities, staff accommodation and offices.

The gardens and grounds are positioned to the front and rear of the home. Car parking space, including access for disabled parking, is available to the front of the building.

The certificate of registration was appropriately displayed at the entrance area of the home

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Iveagh House was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 23 June 2014 between 10:15 and 15:00. 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, Ms Constance Mitchell, and the staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Iveagh House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The three requirements and two recommendations which were made at the previous medicines management inspection on 24 October 2011were examined during the inspection. One of the requirements and the recommendations are assessed as compliant. The remaining two requirements had not been complied with and are therefore restated in the quality improvement plan.

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. Areas of good practice were acknowledged. 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 the management of controlled drugs are currently being updated.

There is a programme of training for medicines management.

A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. One audit discrepancy was highlighted for investigation.

Medicines records had been maintained in a mostly satisfactory manner. However, the registered manager must ensure that medicine administration records are not signed before the administration has taken place. Records for the administration of thickening agents and external preparations by care staff must be fully and accurately maintained.

Medicine storage areas were observed to be tidy and organised. The registered manager must ensure that the refrigerator temperature is maintained between $2^{o}C$ and $8^{o}C$.
It was agreed that registered nurses would be provided with training on the use of the refrigerator thermometer.

The management of medicines for distressed reactions and Parkinson's disease were discussed.

One medicine was observed to be out of stock on the day of the inspection. The registered manager must be made aware of any potential out of stocks to ensure that appropriate corrective action is taken.

The inspection attracted six requirements and one recommendation which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 24 October 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The management of nutritional supplements must be reviewed and revised. Records for nutritional supplements must provide a clear audit trail on every occasion. **Stated once**	Four patients are prescribed nutritional supplements. The management of nutritional supplements has been reviewed and revised. Running stock balances are now maintained in order to maintain a clear audit trial.	**Compliant**
2	13(4)	The registered manager must monitor the maintenance of the records which are maintained for the management of thickening agents to ensure that thickening agents are being administered in accordance with the prescribers' instructions on every occasion. **Stated once**	Recording sheets are available to enable care staff to record the administration of thickening agents. However, frequent omissions were observed. There is no evidence to indicate that these records are reviewed by the registered manager or registered nurses. **This requirement is restated.**	**Not compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must ensure that accurate and complete records for the administration of external preparations are maintained on all occasions. **Stated once**	Recording sheets are available to enable care staff to record the administration of external preparations. However, frequent omissions were observed. There is no evidence to indicate that these records are reviewed by the registered manager or registered nurses. **This requirement is restated.**	**Not compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	An up-to-date medicines reference source should be obtained. **Stated once**	Up-to-date medicines reference sources are available.	**Compliant**
2	13(4)	A record of the weekly stock level checks which are performed on oxygen should be maintained on all occasions. **Stated once**	Records of the weekly stock level checks are maintained.	**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:	
Satisfactory arrangements were observed to be in place for most areas of the management of medicines. A number of areas of good practice were highlighted during the inspection e.g. the checking system for prescriptions and medicines received into the home, running stock balances for medicines (including liquids) which are not contained in the blister pack system, balances remaining are carried forward at the end of each cycle and two registered nurses sign all transcriptions. A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, the registered manager was requested to investigate an apparent discrepancy in the administration of spironolactone and vitamin BPC capsules for Patient A. These medicines had been signed as administered on 20 June 2014 but they remained in the blister pack. 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. This was evidenced for two patients. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home and checked against the home's order before being forwarded to the pharmacy for dispensing. The management of warfarin was reviewed for two patients and was found to be satisfactory. Dosage directions are received in writing from the prescriber. Administration is recorded on the medication administration records	**Substantially compliant**

(MARs) and daily running stock balances are maintained. Three patients are prescribed medicines for the management of Parkinson's disease. The registered manager and registered nurse on duty stated that all registered nurses were aware that a delay in the administration of levodopa (by as little as five minutes) may affect symptom control in Parkinson's Disease. They agreed to review the timing of administration of these medicines. With the exception of one nutritional supplement all medicines were available for administration. The nutritional supplement had been out of stock for one week and a new supply was expected later on the day of the inspection. This lack of supply had not been reported to the registered manager. The registered manager must be made aware of all out of stocks to ensure that immediate corrective action is taken. A requirement has been made.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines are in place. The registered manager advised that they are reviewed regularly. Standard Operating Procedures for the management of controlled drugs are currently being updated.	**Substantially Compliant**

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that all registered nurses who manage medicines in the home have been trained and deemed competent to do so. Training on the management of medicines was provided by an external company in October 2013. The community pharmacy has also provided update training. A sample of records was provided for inspection. Competency assessments are completed at least annually. The registered manager confirmed that care staff had been trained and deemed competent to manage external preparations and thickening agents. The most recent training on thickening agents had been provided in May 2014. The nursing sister advised that all registered nurses would receive training and supervision on the use of the refrigerator thermometer following this inspection. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.	**Substantially 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 confirmed that there is annual staff appraisal and regular supervision. Records were made available for inspection.	**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, in accordance with procedures, to the appropriate authorities.	**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. Staff confirmed that controlled drugs are denatured in the home prior to their disposal; a separate book is used to record the denaturing and disposal of controlled drugs.	**Compliant**
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:	
Running stock balances are maintained for all medicines, including liquids, which are not contained within the blister pack system. A review of these balances indicated that they are being maintained in an accurate manner. The community pharmacist also carries out an audit at quarterly intervals. The registered manager monitors the management of medicines when she carries out medication rounds. However, there is no evidence of a regular management audit. It is recommended that the registered manager completes a regular audit to monitor all aspects of the management of medicines. Dates and times of opening are recorded on medicine containers to facilitate audit and disposal at expiry.	**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 majority of medicine records had been constructed and completed in a satisfactory manner. The registered manager and staff are commended for their efforts.	**Substantially 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) had been maintained in a satisfactory manner. Two registered nurses routinely verify and sign updates on the PMRs. The majority of the medication administration records (MARs) had been maintained in a satisfactory manner. Two registered nurses verify and sign all hand-written updates on the MARs. This good practice is commended. However, on the day of the inspection, it was noted that the records of administration of some lunchtime medicines had been signed before the medicines had actually been administered. This is unacceptable. Medicine administration records must not be signed before the administration has taken place. A requirement has been made. The records for medicines received into the home and disposed of which were examined had been maintained in a satisfactory manner.	**Moving towards compliance**

STANDARD 38 – MEDICINE RECORDS

Records for the administration of thickening agents and external medicines by care staff were found to be incomplete. Registered nurses are reminded that they remain accountable for these delegated tasks. The two requirements which were made at the previous inspection are restated.	
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 it had been maintained in a satisfactory manner.	**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:	
The treatment rooms were observed to be tidy and organised. Temperatures above 8^{o}C were observed for the medicine refrigerator and the thermometer was not being reset each day. Guidance on resetting the thermometer was provided by the inspector. The registered manager must ensure that the refrigerator temperature is maintained between 2^{o}C and 8^{o}C. A requirement has been made. The treatment room temperatures are recorded on most days. The registered manager was reminded that corrective action must be taken if temperatures above 25 ^{o} C are observed. One oxygen cylinder was available in each treatment room. They were stored in stands secured by a chain. Appropriate signage was in place. One blood glucose meter is in use. Control checks are performed at approximately weekly intervals and records are maintained. The expiry date had been recorded on the control solution in order to facilitate disposal at expiry.	**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 trolleys, were observed to be in the possession of the registered nurses on duty. The controlled drug key is held separately from all other keys.	**Compliant**
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.	**Compliant**

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

A number of patients are prescribed anxiolytic medicines for the management of distressed reactions. The registered manager and registered nurses on duty advised that they are rarely used and therefore records of administration could not be examined. The necessary recording systems were discussed with the registered manager and nursing sister. When prescribed, a detailed care plan should be in place for each patient. The parameters for administration should be recorded on the PMRs. Records of administration should be maintained on the MARs. The reason for each administration and outcome should also been recorded in the daily notes.

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 **Ms Constance Mitchell (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:

Helen Daly
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

IVEAGH HOUSE
23 JUNE 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Constance Mitchell, Registered Manager,** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manager must monitor the maintenance of the records which are maintained for the management of thickening agents to ensure that thickening agents are being administered in accordance with the prescribers' instructions on every occasion. **Ref: Section 5.0 and Criterion 38.2**	Two	The registered manager has spoken to all staff to ensure records are completed thoroughly. It has also been reinforced in the staff communication book. Nursing staff are to sign a validation record sheet at the front of the three care folders, on a weekly basis and the nurse manager is to review and sign the records on a monthly basis, or more frequently if a concern arises . A record sheet has been developed for nurses to sign that they have checked all care records for each resident.	25 July 2014
2	13(4)	The registered manager must ensure that accurate and complete records for the administration of external preparations are maintained on all occasions. **Ref: Section 5.0 and Criterion 38.2**	Two	The registered manager has developed a record sheet to audit the administration of external preparations to ensure accurate and complete record keeping. This will be checked and signed by the registered manager no less than monthly.	25 July 2014

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
3	13(4)	The registered manager must investigate the apparent discrepancy in the administration of spironolactone and vitamin BPC capsules for Patient A. A copy of the findings and action taken to prevent a recurrence must be forwarded to RQIA. **Ref: Criterion 37.1**	One	The registered manager carried out an investigation into this apparent discrepancy for Patient A and forwarded the appropriate notification to the RQIA on 01/07/14. All staff were advised on actions to reduce the risk of medication errors.	25 July 2014
4	13(4)	The registered manager must ensure that all medicines are available for administration. **Ref: Criterion 37.1**	One	The registered manager spoke with all nurses to be mindful of administration, decreasing audits, and to order shortfalls as soon as possible. Registered manager spoke with practice manager of a GP surgery to resolve some delays in acquiring prscriptions in a more timely, efficient manner. A system regarding prescription ordering and collection has been worked out, this involves faxing requests, followed up by a telephone call.	25 July 2014

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
5	13(4)	The registered manager must ensure that administration records are signed following the medicine administration and not prior to administration. **Ref: Criterion 38.2**	One	The registered manager has spoken with all nurses to ensure this practice does not happen again.	25 July 2014
6	13(4)	The registered manager must ensure that the refrigerator temperature is maintained between 2 ^{o}C and 8 ^{o}C. **Ref: Criterion 39.1**	One	The registered manager has been assisted to complete this by the clinical sister, who has been training and supervising all nurses in the monitoring and resetting of the fridge temperature.	25 July 2014

RECOMMENDATION **This recommendation is 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	The registered manager should audit all aspects of the management of medicines at regular intervals. **Ref: Criterion 37.7**	One	The registered manager has followed advice given by the inspector and has developed a manageable audit template to enable more timely audit practice.	25 July 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Connie Mitchell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Leslie Mitchell

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	31 July 2014
B.	Further information requested from provider				