NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN021051**
Establishment ID No:	**1488**
Name of Establishment:	**Lisnisky**
Date of Inspection:	**10 December 2014**
Inspectors Names:	**Cathy Wilkinson and Frances Gault**

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:	Lisnisky
Type of home:	Nursing
Address:	16 Lisnisky Lane Portadown Craigavon BT63 5RB
Telephone number:	(028) 38339153
E mail address:	lisnisky@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care
Registered Manager:	Ms Jolly Joseph (Acting)
Person in charge of the home at the time of Inspection:	Ms Jolly Joseph
Categories of care:	NH-DE, RC-I, RC-MP(E), RC-PH, RC-LD(E), NH-I, NH-TI
Number of registered places:	63
Number of patients accommodated on day of inspection:	59
Date and time of current medicines management inspection:	10 December 2014 2014 10:20 – 14:30
Name of inspector:	Cathy Wilkinson and Frances Gault
Date and type of previous medicines management inspection:	10 November 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. The date of this routine inspection was brought forward as RQIA had received anonymous information regarding the administration of medicines.

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 Jolly Joseph, Acting 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

Lisnisky Care Home is situated on the outskirts of Portadown, close to Craigavon Area Hospital. The nursing home is owned and operated by Four Seasons Healthcare.

Accommodation for patients/ residents in the general nursing unit and residential unt is provided on the ground floor. The dementia unit is located on the lower ground floor of the home. Access to the lower ground floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided throughout the home.
The home also provides for catering and laundry services on the ground floor.

The home is registered to provide care for a maximum of 63 persons under the following categories of care:

Nursing care: Maximum of 47 patients

NH I	old age not falling into any other category…..if required… to a maximum of 31 patients
NH DE	dementia care… to a maximum of 31 patients accommodated within the dementia unit on the ground floor.
NH TI	terminally ill

Residential care: Maximum of 16 residents.

RC I	old age not falling into any other category
RC MP(E)	mental disorder excluding learning disability or dementia over 65 years
RC PH	physical disability other than sensory impairment under 65
RC LD(E)	Learning disability over 65.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Lisnisky was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector and Frances Gault, Senior Pharmacist Inspector, on 10 December 2014 between 10.20 and 14.30. 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.

RQIA had received anonymous information regarding medication administration, staffing and procedures within the home. The inspectors found no evidence that patients were being over sedated by the administration of the prescribed medicines. Due to the non-specific nature of the other comments these could not be evidenced. The inspectors obtained copies of the duty rosters within the home. These were later analysed by the care inspector and found to be in accordance with RQIA's recommended minimum staffing guidelines.

During the course of the inspection, the inspectors met with the acting manager of the home, Ms Jolly Joseph 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 Lisnisky are substantially compliant with legislative requirements and best practice guidelines.

The requirements and recommendations made at the previous medicines management inspection on 10 November 2011 were examined during the inspection. The inspectors' assessment of compliance is detailed in Section 5 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.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of these audits indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Discrepancies that were noted during the inspection were discussed with the manager. Two medicines had been out of stock for several days. The manager was required to investigate this issue and a report of the outcome was required to be forwarded to RQIA with the completed Quality Improvement Plan.

Medicines records had been maintained in a satisfactory manner, however the management of medicines prescribed for distressed reactions must be reviewed to ensure the appropriate records are maintained.

Storage was observed to be tidy and organised; however, the registered manager must ensure that the refrigerator temperatures are maintained within the required range of $2^{o}C$ to $8^{o}C$ and that insulin pens are dated when they are brought into use.

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

The inspectors would like to thank the 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 10 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure there is a process in place to closely monitor the administration of laxatives, inhalers and alendronic acid to ensure that they are being administered in accordance with prescribed instructions. **Stated once**	Audits completed on these medicines produced generally satisfactory outcomes. One audit on an inhaled medicine showed a discrepancy and must be closely monitored.	**Substantially compliant**
2	13(4)	The registered manager must investigate the discrepancy in alendronic acid for the specified resident and send a written report of the outcome to RQIA. **Stated once**	This report was received by RQIA	**Compliant**
3	13(4)	The registered manager must ensure that personal medication records are kept up to date and include all prescribed medicines. **Stated once**	Personal medication records contained all of the required medicines.	**Compliant**
4	13(4)	The registered manager must ensure that medicine administration record sheets are fully and accurately maintained. **Stated once**	The medication administration records are generally well maintained.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must implement a process whereby the administrations of thickening agents are recorded. **Stated once**	Nurses record the administration of thickening agents on the medicine administration record sheets, however the care assistants do not make a record when they administer thickeners.	**Substantially compliant**
6	13(4)	The registered manager must implement a process whereby the refrigerator temperatures are closely monitored to ensure that they are maintained within the recommended limits for the cold storage of medicines. **Stated once**	The refrigerator in the dementia unit had been maintained within the required temperature range, however, the refrigerator in the residential unit had not. Further monitoring of the refrigerator temperatures is necessary. **This requirement has been restated.**	**Moving towards compliance**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	37	The original warfarin regime fax should be held on file for reference during the administration process. A daily running balance of warfarin should be maintained. **Stated once**	Confirmation of the prescribed warfarin regime is received by fax and held on file for reference. A daily running balance is recorded.	**Compliant**
2	37	The medicine audits should be supplemented by recording the stock checks that have been performed on medicines. **Stated once**	Medicine audits are completed on a weekly basis. A review of the audits indicated that not all patient's medicines and records had been audited. The audit process should be reviewed.	**Substantially compliant**
3	38	Hand written entries on the MAR sheets should be verified by two members of staff. **Stated once**	This is routine practice in the home.	**Compliance**
4	39	The registered manager should ensure that the date of opening is recorded on insulin preparations and short shelf-life medicines in order to ensure that they are appropriately disposed of once expiry has been reached. **Stated once**	This had not been done for insulin pens that were observed in the Brownlow and Gardiner suites. **This recommendation has been restated**	**Not 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 The outcomes of the audits which were performed on a range of randomly selected medicines indicated that generally satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, discrepancies were noted in: • One supply of Symbicort in the Brownlow suite • One supply of Ebixa liquid in the dementia suite • One supply of risperidone liquid in the dementia suite This was discussed with the manager and close monitoring of these medicines was advised. Two medicines (ondansetron and cyclizine tablets) prescribed for a patient in the Brownlow suite, were also observed to have been out of stock for a number of days. The manager must investigate the circumstances surrounding these out of stock medicines. A written report of the outcome of this investigation and action taken to prevent a recurrence must be returned with the completed QIP from this inspection. The 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. The 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 The management of warfarin was reviewed for two patients and found to be satisfactory.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
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 in detail 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 were available for inspection. Care staff are trained on the administration of emollient preparations and have attended training on the administration of thickening agents. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.	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 manager confirmed that there is annual staff appraisal and that nurses have regular supervision.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. One medication related incident has been reported since April 2014. It was 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.	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:	
Audits are completed at weekly intervals and records were available for inspection. A review of the audits in the Brownlow Suite indicated that the same sample of patients was audited each week. The audit process should be reviewed to ensure that all patients' records are audited as part of the process. A recommendation has been made. 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.	Substantially 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. Some small individual discrepancies were discussed with the manager who agreed to review the records. The records of medicines received into the home were observed to be maintained in a generally satisfactory manner. The records of disposal of waste medicines were examined and found to be satisfactory.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Observation of the controlled drug record book indicated that records had been maintained in a generally satisfactory manner. However a discrepancy in the receipt of the Schedule 3 controlled drug BuTrans was noted. Following the inspection the registered manager confirmed, with the inspector by telephone, the actual quantity that had been received. No further action is required at this time.	Substantially 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:	
Medicines are stored in several locations around the home. In the general nursing unit, two medicine trolleys are chained to the wall, laxatives are stored in cupboards in the lounges and controlled drugs are stored in the controlled drugs cupboard in an office. The manager advised that the storage of medicines was under review. The maximum, minimum and current temperatures of the medicine refrigerator in the dementia unit are monitored and recorded each day and recordings within the accepted range (2 ^{o}C and 8 ^{o}C) were observed. However, the refrigerator in the residential unit showed deviation from the acceptable temperature range. The requirement which was made at the previous medicines management monitoring inspection is restated. The manager should ensure that the date of opening is recorded on insulin preparations in order to ensure that they are appropriately disposed of once expiry has been reached. A recommendation has been restated.	Substantially compliant
Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The 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

STANDARD 39 - MEDICINES STORAGE

Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled 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

Management of Medicines for Distressed Reactions

The management of medicines for two patients who were prescribed anxiolytic or antipsychotic medicines for distressed reactions was reviewed. Both patients were receiving these medicines regularly. The patients' general practitioner should be requested to review those medicines which are required regularly but are prescribed on a 'when required' basis. There was no care plan in place to direct the management of distressed reactions and the administration of these medicines. The administration had been recorded on the MARs sheets, however, the reason for the administration and the outcome following administration had not been documented. The management of 'when required' medicines for the management of distressed reactions must be reviewed to ensure that all appropriate records are maintained. A recommendation has been made.

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 Jolly Joseph, Acting 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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

LISNISKY
10 DECEMBER 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 Jolly Joseph, 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 manager must implement a process whereby the refrigerator temperatures are closely monitored to ensure that they are maintained within the recommended limits for the cold storage of medicines. **Ref: Section 5 and Criterion 39.1**	Two	Systems are in place to ensure the refrigerator temperatures are appropriately monitored to ensure they are maintained within the recommended limits and action taken to address any abnormalities in temperature levels	10 January 2015
2	13(4)	The manager must investigate the circumstances surrounding the out of stock medicines ondansetron and cyclizine. 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 Incident has been investigated by the Home Manager following this inspection and reported through the regulation 30 process. The full investigation report is enclosed with this QIP. Clinical supervision has taken place on Medicine Management with all nurses to prevent re occurances and all medication e-learning modules up to date.	10 January 2015

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		The manager should ensure that the date of opening is recorded on insulin preparations and short shelf-life medicines in order to ensure that they are appropriately disposed of once expiry has been reached. **Ref: Section 5 and Criterion 39.1**	Two	This has been addressed and this will be monitored by the Home Manager through the audit system.	10 January 2015
2	37	The 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	An audit system is now in place to determine low stocks of Medicine for Indiviidual residents. Supervision sessions have also been carried out with nurses in addition to e-learning medication modules.	10 January 2015
3	38	The manager should ensure that the audit process is reviewed to ensure that all patients' records are audited regularly. **Ref: Criterion 37.7**	One	There is an audit process in place to monitor each resident's medication stock on weekly basis. this is also monitored by the Home Manager.	10 January 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	The manager must ensure that the management of 'when required' medicines for the management of distressed reactions is reviewed to and that all appropriate records are maintained. **Ref: Section 7.0**	One	'When required' Medicines for distressed reactions are reviewied as per Resident's medical statis and records are maintained appropriately. GP's have been consulted with to provide clear instructions This will be monitored by the Home Manager.	10 January 2015

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 and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jolly Joseph
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall DIRECTOR OF OPERATIONS 30/01/15.

	QIP Position Based on Comments from Registered Persons	**Yes**	**No**	**Inspector**	**Date**
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes			18/2/15
B.	Further information requested from provider				