



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018489

Establishment ID No: 1508

Name of Establishment: Parkanaur College

Date of Inspection: 18 September 2014

Inspector's Name: Helen Daly

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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1.0 GENERAL INFORMATION

Name of home:	Parkanaur College
Type of home:	Residential Care Home
Address:	57 Parkanaur Road Dungannon BT70 3AA
Telephone number:	028 8776 1272
E mail address:	wilfred.mitchell@btopenworld.com
Registered Organisation/ Registered Provider:	Thomas Doran Trust Mr Wilfred Johnston Mitchell
Registered Manager:	Mr Eamonn Connolly
Person in charge of the home at the time of inspection:	Mr Eamonn Connolly
Categories of care:	RC-LD, RC-LD-E, RC-MP, RC-PH
Number of registered places:	24
Number of residents accommodated on day of inspection:	18
Date and time of current medicines management inspection:	18 September 2014 10:00 – 15:10
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	9 November 2011 Unannounced Monitoring Inspection

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

Discussion with Mr Eamonn Connolly, Registered Manager, the deputy 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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Parkanaur College is situated near Dungannon, in a rural park with woodland surroundings. The residential care home is operated by Thomas Doran Trust. The registered manager Mr Eamonn Connolly has been in position for approximately two years.

The home comprises six single bedrooms and nine double bedrooms; two sitting rooms; a dining room; kitchen; laundry; toilet /washing facilities; staff accommodation and offices.

The home is registered to provide care for a maximum of 24 persons under the following categories of care:

RC - LD	Learning Disability
RC - LD (E)	Learning Disability - over 65 years
RC - PH	Physical disability other than sensory impairment
RC - MP	Mental disorder excluding learning disability or dementia

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Parkanaur College was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 18 September 2014 between 10:00 and 15:10. 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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with Mr Eamonn Connolly, Registered Manager, the deputy manager and 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.

In response to information received by RQIA from an anonymous whistle blower, the use of medicines for the management of distressed reactions was examined in detail during the inspection. Although areas for improvement in the management of these medicines were highlighted there is no evidence of any inappropriate or overuse of these medicines.

This inspection indicated that the arrangements for the management of medicines in Parkanaur College 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 two requirements and two recommendations which were made at the previous medicines management monitoring inspection on 9 November 2011 were examined. Compliance was

noted for one requirement and one recommendation. The remaining requirement and recommendation were substantially compliant (See Table 5.0).

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

Policies and procedures for the management of medicines, including controlled drugs, are currently being updated.

There is a programme of medicines management training.

Audit trails were performed on several medicines. The outcomes of these audits showed correlation between prescribed directions, administration records and stock balances of medicines. The date and time of opening had not been recorded on some medicine containers and this should be addressed.

Records had been maintained in a mostly satisfactory manner. However, some improvements in the management of the personal medication records are necessary.

Storage was observed to be tidy and organised. However, the medicines refrigerator must be locked to prevent unauthorised access to medicines. In addition, the current, maximum and minimum refrigerator temperatures must be monitored and recorded each day. Corrective action must be taken if temperatures outside the accepted range (2°C – 8°C) are observed. The temperature of the treatment room should be monitored and recorded each day. Appropriate corrective action should be taken if the temperature exceeds 25°C. Staff must not decant medicines from one box to another.

The registered provider should ensure that a detailed care plan is in place for the level of support provided for residents who self-administer insulin. Regular quality control checks should be carried out on blood glucose meters in accordance with the manufacturers' instructions.

The registered provider should ensure that all correspondence regarding medication refusals are documented and that the level of assistance each resident requires with their medicines is clearly recorded. Detailed epilepsy management plans should be readily available when necessary.

The management of medicines for distressed reactions should be further reviewed and revised.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 9 November 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>Staff must only administer medicines from their original labelled container or a compliance aid which has been dispensed and sealed in a pharmacy.</p> <p>Each tablet/capsule must be identifiable.</p> <p>Stated once</p>	<p>The team leader advised that families and carers are made aware of this requirement prior to all periods of respite care.</p> <p>One family continue to supply medicines in non-sealed compliance aids. It was agreed that this would be addressed with the family again and that additional prescriptions would be requested to cover the periods of respite care if necessary.</p>	Substantially compliant
2	13(4)	<p>The quantity of all medicines received into the home must be accurately recorded on all occasions.</p> <p>Stated once</p>	<p>The quantity of medicines received had been recorded accurately for those medicines which were reviewed at this inspection.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>Training on the management of diabetes should be provided for all staff.</p> <p>Stated once</p>	<p>Update training had been provided by the diabetic specialist nurse in February 2014.</p>	<p>Compliant</p>
2	30	<p>The reason for the administration of medicines which are prescribed for 'when required' administration and the subsequent outcome, should be recorded on the reverse of the MARs sheets.</p> <p>Stated once</p>	<p>The reason for the administration of medicines which are prescribed for 'when required' administration had been recorded on the reverse of the medication administration records (MARs).</p> <p>The reason for the administration and the subsequent outcome had been recorded in the daily notes.</p> <p>The deputy manager advised that staff would also record the outcome on the reverse of the medication administration records from the date of the inspection for ease of reference.</p>	<p>Substantially compliant</p>

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:

30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

COMPLIANCE LEVEL

Inspection Findings:

Satisfactory arrangements are in place for most areas for the management of medicines. However, some improvements are necessary as detailed in the report. The level of assistance each resident requires with their medicines should be clearly recorded e.g. self-administers inhalers, orders and manages own medicines, is supervised to administer insulin. A recommendation has been made. It is acknowledged that staff on duty were knowledgeable about current medication regimes and individual residents' requirements but this information had not always been recorded.

Audit trails were performed on several medicines. The outcomes of these audits showed correlation between prescribed directions, administration records and stock balances of medicines.

A medication incident was identified during the inspection, whereby diazepam 2mg tablets had been administered instead of 5mg on eight occasions due to a dispensing error by the community pharmacist. This was reported to the community pharmacist and general medical practitioner during the inspection and an investigation was commenced. It was agreed that an incident report would be forwarded to RQIA.

The deputy manager advised that written confirmation of current medicine regimes is obtained from a health or social care professional for all new admissions and for periods of respite care.

The procedure for ordering prescriptions was reviewed. The team leader advised that prescriptions are not always received into the home and checked against the home's order before being forwarded to the community pharmacy for dispensing as this is difficult due to the number of surgeries used by the home. This had been identified during a recent community pharmacy advice visit and it was agreed that the community pharmacist will supply a photocopy of current prescriptions for each resident. The deputy manager advised that the photocopy

Substantially compliant

would be held on the medicines file.

Two residents manage their own medicines; staff have no involvement. Lockable storage is available in their bedrooms. The team leader advised that the documentation which details this practice is reviewed annually and that it is currently being updated. A number of residents also carry their inhalers for administration when required; as stated above this should be clearly recorded in their care plans.

One resident self-administers their insulin and monitors their blood glucose levels under staff supervision. A detailed care plan should be in place for this practice. Control checks should be carried out on the blood glucose meter in accordance with the manufacturers' instructions. Two recommendations have been made. Understanding diabetes leaflets are available in the home; the deputy manager advised that a copy of the leaflet would be held on the medicines file from the date of the inspection onwards so that information is readily available for staff.

One resident is prescribed buccal midazolam for the management of seizure activity. A detailed epilepsy management plan is not in place. The registered provider should ensure that a detailed epilepsy management plan is in place and that it is readily available for staff. A recommendation has been made.

One resident refuses a prescribed medicine. This has been discussed with the general medical practitioner but details are not recorded in the resident's notes. All correspondence regarding medication refusals should be documented. A recommendation has been made.

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed:	COMPLIANCE LEVEL
30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	
Inspection Findings:	
The deputy manager advised that policies and procedures for the management of medicines, including controlled drugs, are currently being updated. Copies were forwarded to RQIA on 22 September 2014; these were not reviewed in detail.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Staff attend training on the management and administration of medicines provided by the community pharmacy annually. Competency assessments are completed after the training. Records of staff training and competency assessments were provided for inspection.</p> <p>Diabetes awareness training was provided by the diabetic specialist nurse in February 2014.</p> <p>There is a list of the names, signatures and initials of staff who have been trained and deemed competent to administer medicines.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The deputy manager advised that there is annual staff appraisal and that staff supervisions now occur at least every six months.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Epilepsy awareness training, including the administration of buccal midazolam, was provided for all staff within the last year.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The deputy manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. The incidents which had been reported to RQIA had been managed appropriately.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
The team leader advised that out of date and discontinued medicines are returned to the community pharmacy.	Compliant
Criterion Assessed: 30.8 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:	
<p>The community pharmacist carries out a pharmacy advice visit at approximately quarterly intervals. The resultant action plans are left in the home for any corrective action.</p> <p>A new management audit tool has been developed; the deputy manager advised that it is going to be brought into use this month.</p> <p>The date and time of opening had not been recorded on several medicine containers examined at this inspection. The date and time of opening should be recorded on all medicine containers in order to facilitate audit and disposal at expiry. A recommendation has been made.</p>	Substantially compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 31.1 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 are constructed and completed in such a manner as to ensure that there is a clear audit trail.	Compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records had been maintained in a mostly satisfactory manner; however, some of the improvements which were noted at the previous inspection had not been sustained. It is recommended that the following improvements are made:</p> <ul style="list-style-type: none"> • obsolete personal medication records should be cancelled and archived • the date of writing should be recorded • the date of prescribing should be recorded • the maximum daily dose should be recorded for medicines which are prescribed to be administered 'when required' • the allergy status of each resident should be recorded <p>The medication administration records had been maintained in a satisfactory manner. Two members of staff had signed hand-written updates on the medication administration records; this practice is commended.</p> <p>The records for medicines received into and transferred out of the home which were examined during the inspection had been maintained in a satisfactory manner.</p>	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs are not prescribed for any residents at present.	Not applicable
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 32 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:

32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.

COMPLIANCE LEVEL

Inspection Findings:

The majority of medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions.

All medicines were available for administration as prescribed on the day of the inspection.

The temperature of the medicines refrigerator is not monitored and the refrigerator was not locked. The registered provider must ensure that the current, maximum and minimum refrigerator temperatures are monitored and recorded each day; corrective action must be taken if temperatures outside the accepted range (2°C – 8°C) are observed. The medicines refrigerator must be locked. Two requirements have been made.

The temperature of the treatment room is not monitored. The registered provider should ensure that the temperature of the treatment room is monitored and recorded each day. Appropriate corrective action should be taken if the temperature exceeds 25°C. A recommendation has been made.

In-use insulin is stored at room temperature; the resident's current dosage regimen ensures that it is not in use after expiry.

There was evidence that staff may be adding medicines to containers e.g. two supplies of fluoxetine 20mg capsules which were labelled as containing 30 capsules actually contained 40 capsules, a number of boxes of painkillers contained more tablets than the quantity recorded on the label on the container. This is not safe practice. The registered provider must ensure that staff do not move medicines from one container to another; medicines must be retained in their dispensed container until the point of administration. A requirement has been made.

Controlled drugs and oxygen are not stored or managed in the home at present.

Substantially compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
The keys to the medicines cupboards are held by the person who has been assigned responsibility for administering the medicines during each shift. The controlled drug cupboard is not currently in use.	Compliant
Criterion Assessed: 32.3 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 not currently prescribed for any residents.	Not applicable
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

A number of residents are prescribed 'when required' antipsychotic and anxiolytic medicines for the management of distressed reactions and 'when required' analgesia for the management of pain. The management of these medicines was discussed in detail with the registered manager, deputy manager and staff on duty.

These medicines are recorded on the personal medication records but the maximum daily dose is not recorded. Records of administration including the reason for the administration are recorded on the medication administration records. The reason for and outcome of the administration is recorded in the daily notes on most occasions. The audit trails which were carried out at the inspection showed satisfactory outcomes.

Detailed care plans are not in place for the management of distressed reactions and there is no evidence that there is a review of frequency of use of these medicines.

It is recommended that the management of medicines prescribed to be administered 'when required' for distressed reactions is reviewed and revised to ensure that:

- the parameters for administration are accurately recorded on the personal medication records
- detailed care plans are in place
- there is regular review of the frequency of administration of these medicines

Management of thickening agents

The home provides regular periods of respite for a resident with a swallowing difficulty who is prescribed a thickening agent. A speech and language therapist report is in place for this resident which details the level of thickening of food and fluids that the resident requires. The deputy manager agreed that a detailed care plan would be written for this resident and that all staff would be trained on the use of the thickening agent before their next period of respite care. Records of administration of thickening agents must also be maintained.

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 residents 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 residents 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 **Mr Eamonn Connolly, 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

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

PARKANAUR COLLEGE

18 SEPTEMBER 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.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Eamonn Connolly, Registered Manager**, during the inspection. The timescales for completion commence from the date of inspection.

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 Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	<p>The registered provider must ensure that the current, maximum and minimum refrigerator temperatures are monitored and recorded each day.</p> <p>Corrective action must be taken if temperatures outside the accepted range (2°C – 8°C) are observed.</p> <p>Ref: Criterion 32.1</p>	One	<p>A new fridge has been purchased Maximum and minimum temperatures are recorded by staff on a daily basis. using an external thermometer.</p> <p>There is also a prompt for staff to take corrective action if temperature in unacceptable range.</p>	20 October 2014
2	13(4)	<p>The registered provider must ensure that the medicines refrigerator is locked to prevent unauthorised access to medicines.</p> <p>Ref: Criterion 32.1</p>	One	<p>The new fridge is lockable and there is a prompt on the door to ensure it is kept locked.</p>	20 October 2014
3	13(4)	<p>The registered provider must ensure that medicines are kept in the labelled container into which they have been dispensed by the community pharmacist until the point of administration.</p> <p>Ref: Criterion 32.1</p>	One	<p>An audit has taken place to ensure medicines are in the correct labelled containers. There has been updated education of staff in this matter and 1 to 1 awareness sessions. Information is also displayed on the medicine cupboards.</p>	20 October 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	30	The registered provider should ensure that the level of assistance each resident requires with their medicines is clearly recorded in the resident's care plan. Ref: Criterion 30.1	One	Care plans have been updated and the level of assistance that a resident may require is recorded.	20 October 2014
2	30	The registered provider should ensure that a detailed care plan is in place for the level of support provided for residents who self-administer insulin Ref: Criterion 30.1	One	The care plan for the resident who self-administers insulin has been updated with the level of support indicated.	20 October 2014
3	30	The registered provider should ensure that control checks are carried out on blood glucose meters in accordance with the manufacturers' instructions. Ref: Criterion 30.1	One	The equipment necessary for control checks has been obtained and the blood glucose meter is tested in accordance with manufacturers' instructions. This is recorded for audit purposes.	20 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30	<p>The registered provider should ensure that a detailed epilepsy management plan is in place for the management of buccal midazolam and that it is readily available for staff when necessary.</p> <p>Ref: Criterion 30.1</p>	One	The epilepsy management plan has updated in respect of Buccal Midazolam with the assistance of his community nurse and GP. This is readily available to staff.	20 October 2014
5	30	<p>The registered provider should ensure that all correspondence and communication regarding medication refusals is documented.</p> <p>Ref: Criterion 30.1</p>	One	Staff have been briefed to ensure all correspondence and communication regarding medication refusal is documented. A memo has also been circulated.	20 October 2014
6	30	<p>The registered provider should ensure that the date and time of opening are recorded on all medicine containers in order to facilitate audit and disposal at expiry.</p> <p>Ref: Criterion 30.8</p>	One	An audit has been completed to ensure the date and times of opening are recorded on all medication containers. Training has been given to staff and procedures reviewed to facilitate audit and disposal.	20 October 2014
7	31	<p>The registered provider should ensure that personal medication records are adequately maintained.</p> <p>Ref: Criterion 31.2</p>	One	Again staff trained has been adapted to ensure personal medication records are adequately maintained.	20 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	32	<p>The registered provider should ensure that the temperature of the treatment room is monitored and recorded each day. Appropriate corrective action should be taken if the temperature exceeds 25°C.</p> <p>Ref: Criterion 32.1</p>	One	The room temperature is monitored and recorded daily. Corrective action is detailed should the room exceed 25°C.	20 October 2014
9	30	<p>The registered provider should ensure that the management of distressed reactions is reviewed as detailed in the report.</p> <p>Ref: Section 7.0</p>	One	Staff have been updated in the management of distressed reactions and the recording and review.	20 October 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

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	12 November 2014
B.	Further information requested from provider				