



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018491

Establishment ID No: 1580

Name of Establishment: The Beeches Professional and Therapeutic Services

Date of Inspection: 7 October 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:	The Beeches Professional & Therapeutic Services
Type of home:	Residential Care Home
Address:	41 Lisburn Road Ballynahinch BT24 8TT
Telephone number:	028 9756 1800
E mail address:	james@thebeechesltd.com
Registered Organisation/ Registered Provider:	Mr James Brian Wilson
Registered Manager:	Mrs Roisin McClenaghan
Person in charge of the home at the time of inspection:	Mr Keith Wilson (Deputy Manager)
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	34
Number of residents accommodated on day of inspection:	34
Date and time of current medicines management inspection:	7 October 2014 11:00 – 16:05
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	6 December 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 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 Keith Wilson, 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

The Beeches Professional and Therapeutic Services is a private residential care home. It is a modern purpose built facility designed to accommodate 34 adults with learning disabilities. Registered in June 1997 the accommodation takes the form of four self-contained cottages within the main building. Each cottage can accommodate eight or nine residents. The cottages are well equipped to meet the assessed needs of residents. In addition, a large multi-sensory room and an activities room are available for the residents' use.

Access to the day care unit at Aghalee is provided on a daily basis. Daily activities are also provided within the home.

The home is set in spacious, attractively landscaped grounds on the outskirts of Ballynahinch. It is furnished and decorated to a high standard. Car parking facilities are available for visitors and staff. Local amenities are readily accessible.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Beeches Professional and Therapeutic Services was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 7 October 2014 between 11:00 and 16:05. 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 Keith Wilson, 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.

This inspection indicated that the arrangements for the management of medicines in The Beeches Therapeutic and Professional Services are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern; however, areas for improvement were noted.

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

The three requirements and the recommendation which were made at the previous medicines management inspection on 6 December 2011 were examined. Compliance was noted for one

of the requirements. The remaining requirements and the recommendation are assessed as substantially compliant.

Policies and procedures for the management of medicines, including controlled drugs, are in place.

There is a programme of medicines management training.

The outcomes of the majority of audits which were carried out at this inspection indicated that medicines are being administered as prescribed. However, an apparent audit discrepancy in the administration of Cipramil 40mg/ml drops was observed. The responsible person investigated this discrepancy; reported to the prescriber for guidance and forwarded an investigation report to RQIA on 9 October 2014. No further action is required.

Records had been maintained in a satisfactory manner. However, the registered manager should audit the records for the administration of external medicines which are maintained by care staff. Two members of staff should sign all transcriptions of warfarin dosage directions.

Storage was observed to be tidy and organised. The date of opening should be recorded on all medicine containers.

The management of medicines which are prescribed to be administered when required for the management of distressed reactions should be reviewed and revised as detailed in the report.

The inspection attracted four recommendations which are detailed in the Quality Improvement Plan.

The inspector would like to thank 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 6 December 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must review the management of warfarin to ensure that:</p> <ul style="list-style-type: none"> • Robust arrangements are in place • Written confirmation of warfarin dosage regimes is obtained or if telephoned two staff are involved in receiving and transcribing the details • A separate warfarin administration record is put in place • A daily stock balance for warfarin is maintained • The time of administration is consistent <p>Stated once</p>	<p>The management of warfarin had been reviewed.</p> <p>Two staff now receive the telephoned instructions which are then transcribed onto a separate warfarin administration record. Two staff do not sign the transcription.</p> <p>A daily stock balance is maintained.</p> <p>Warfarin is administered each day after the evening meal.</p> <p>It is recommended that two staff sign the transcribed directions.</p>	Substantially compliant

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	<p>Where care staff are responsible for the administration of external preparations records to indicate that these staff are trained and competent to carry out this task must be maintained.</p> <p>A record of each administration or non-administration of each external preparation must be recorded.</p> <p>Stated once</p>	<p>Records of the training which was provided by the community pharmacist in March 2014 were available.</p> <p>Care staff now use separate sheets to record the administration of external medicines. A copy of guidance on the administration of external medicines is available at the front of the files for care staff.</p> <p>As some omissions were observed in the records of administration of external medicines by care staff it is recommended that the standard of maintenance of these records is audited.</p>	Substantially compliant
3	13(4)	<p>Personal medication records must be fully and accurately maintained at all times.</p> <p>Stated once</p>	<p>The personal medication records which were reviewed at this inspection had been maintained in a satisfactory manner.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The audit process should be reviewed to ensure that: -</p> <ul style="list-style-type: none"> • Audit trails on laxatives and external preparations are performed and the outcomes recorded on a monthly basis • The audit trails should include medicines which are prescribed on a 'when required' basis <p>Stated once</p>	<p>The deputy manager carries out audit trails on a selection of medicines, including laxatives, external preparations and 'when required' medicines, at approximately monthly intervals.</p> <p>In addition stock balances are maintained for several 'when required' medicines after each administration.</p> <p>As stated above the records which are maintained by care staff for the administration of external medicines should be included in the audit process.</p>	Substantially compliant

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
<p>Inspection Findings:</p> <p>The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.</p> <p>The outcomes of the majority of audits which were carried out at this inspection indicated that medicines are being administered as prescribed. However, an apparent audit discrepancy in the administration of Cipramil 40mg/ml drops was observed. The registered provider investigated this discrepancy and reported it to the prescriber for guidance. A copy of the investigation report was forwarded to RQIA on 9 October 2014. No further action is required at this time.</p> <p>The deputy manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home.</p> <p>The procedure for ordering prescriptions was reviewed. The deputy manager advised that prescriptions are not received into the home before being forwarded to the pharmacy for dispensing. This is not in accordance with Board guidance. However a photocopy of each prescription is provided and the general medical practitioner attends the home each Wednesday; entries on the personal medication records have been signed by the prescriber.</p> <p>The management of warfarin had been reviewed following the previous inspection. Two staff now receive the telephoned instructions which are then transcribed onto a separate warfarin administration record. A daily stock balance is maintained. The deputy manager advised that warfarin is administered after the evening meal. Whilst it is acknowledged that two staff verify the dosage directions, it is recommended that these two staff also sign the</p>	<p>Substantially compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>subsequent transcription. The audits which were carried out on the administration of warfarin produced satisfactory outcomes.</p> <p>A number of residents are prescribed buccal midazolam for the management of seizure activity. Epilepsy management plans are in place. These are currently being reviewed by the epilepsy specialist nurse.</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines, including standard operating procedures for the management of controlled drugs, are in place. They had been reviewed in May 2013.</p>	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>The deputy manager advised that training on the management and administration of medicines is provided for designated staff by the community pharmacist annually. Competency assessments are also completed annually and after any medication related incidents. Records were not available for inspection as the registered manager was not in the home.</p> <p>The deputy manager confirmed that care staff are responsible for administering thickening agents and external preparations. Training on the use of external medicines and thickening agents had been provided by the community pharmacist in March 2014. Records were available for inspection.</p> <p>There is a list of the names, signatures and initials of senior staff who have been trained and deemed competent to administer medicines. A list of the names, signatures and initials of care staff who have been trained and deemed competent to administer external preparations and thickening agents is also maintained.</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 supervisions are carried out with staff at quarterly intervals and there is annual staff appraisal. Records are maintained in the personnel files; these were not available for inspection as the registered manager was not in the home.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<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 which includes the administration of buccal midazolam is provided for designated staff annually. The most recent training had occurred in April 2014. Further update training is planned for November 2014.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>One medication incident had been reported to RQIA since April 2014. It had been managed appropriately.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Out of date and discontinued medicines are returned to the community pharmacy.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>One of the deputy managers carries out audit trails on a selection of medicines, including laxatives, external preparations and 'when required' medicines, at approximately monthly intervals. In addition stock balances are maintained for several 'when required' medicines after each administration. Weekly stock counts are also carried out on diazepam tablets and zopiclone tablets.</p> <p>For a number of medicines, including sodium valproate tablets, one week's supply is placed on the medicines trolley each week. This practice enables any discrepancies in administration to be identified. Two staff are involved in the transfer of the medicines from the original dispensed container into each box on the trolley. This practice should be risk assessed and this was discussed.</p> <p>One of the deputy managers carries out a medicines management audit at quarterly intervals. Action plans are developed to address any unsatisfactory findings.</p> <p>The community pharmacist also carries out a quarterly advice visit which includes an audit on the home's practices for the management of medicines.</p> <p>As detailed in Criterion 31.2, the standard of maintenance of the records which are maintained by care staff for the administration of external preparations should be included in the audit process.</p> <p>The date and time of opening had not been recorded on several medicine containers. The registered manager should ensure that the date and time of opening are recorded on all medicine containers. A recommendation has been made.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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 and medication administration records which were reviewed at this inspection had been maintained in a satisfactory manner. Staff are commended for their ongoing efforts.</p> <p>Care staff now use separate sheets to record the administration of external medicines. As some omissions were observed in these records it is recommended that the standard of maintenance of the records which are maintained by care staff are included in the audit process.</p> <p>Records for the receipt and disposal of medicines 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:	
<p>Schedule 2 controlled drugs are not currently prescribed for any residents.</p> <p>A review of previous records indicated that the receipt, administration and disposal of Schedule 2 controlled drugs had been recorded in a controlled drug record book.</p>	Compliant
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:	
<p>Medicines were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements.</p> <p>The maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded each day. Temperatures within the accepted range (2°C - 8°C) were observed. The thermometer is reset each day after the readings have been taken.</p> <p>The temperature of the treatment room is monitored and recorded each day. It is maintained at or below 25°C.</p> <p>Staff monitor blood glucose levels for a number of residents. Control checks are performed on the blood glucose meter at weekly intervals; the deputy manager was advised that the date of opening should be recorded on the control solution in order to facilitate disposal at expiry.</p>	<p align="center">Compliant</p>

STANDARD 32 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>One person is in charge of medicines keys during each shift. The keys to the medicines cupboards were observed to be held by this person during the inspection.</p> <p>The key to the controlled drugs cabinet is held separately from all other keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs are not prescribed for any residents.</p> <p>Schedule 3 controlled drugs subject to safe custody requirements are reconciled once daily when responsibility for safe custody is transferred.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The records for four residents who are prescribed 'when required' medicines for the management of distressed reactions were reviewed.

The directions for use were clearly recorded on the personal medication records and records for administration were recorded on the medication administration records and the 'record of administration of when required medicines' charts. The reason for each administration had been recorded but the outcome of the administration had not been recorded.

Care plans for the management of distressed reactions were also maintained; however, more detail is necessary.

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

- the care plans provide clear guidance on the indicators for administration
- the outcome of each administration is recorded

Management of thickening agents

The management of thickening agents was reviewed for one resident. The thickening agent had been recorded on the personal medication record and records of administration are maintained on the daily meal charts.

A care plan and up to date speech and language assessment was in place for this resident. A laminated placemat which details the resident's dietary requirements is used during mealtimes.

The deputy manager agreed to record the required consistency level on both the personal medication record and meal charts.

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 Keith Wilson, Deputy Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

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

THE BEECHES PROFESSIONAL AND THERAPEUTIC SERVICES 7 OCTOBER 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 Keith Wilson, Deputy 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.

No requirements were made at this inspection.

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 manager should ensure that two members of staff sign the transcriptions of warfarin dosage directions. Ref: Section 5.0 and Criterion 30.1	One	This issue has been addressed.	7 November 2014
2	30	The registered manager should ensure that the standard of maintenance of the records which are maintained by care staff for the administration of external preparations are included in the audit process. Ref: Section 5.0, Criteria 30.8 and 31.2	One	The audit procedure has been revised to ensure regular inspection of all records and consistent feedback to care staff regarding maintenance of administration records.	7 November 2014
3	30	The registered manager should ensure that the date and time of opening are recorded on all medicine containers. Ref: Criterion 30.8	One	This procedure has been reinforced with all relevant staff and will be maintained through regular auditing.	7 November 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
4	30	The registered manager should review the systems in place for the management of distressed reactions as detailed in the report. Ref: Section 7.0	One	The outcome of PRN administration will be consistently recorded and the individual support plans detail the criteria for administration.	7 November 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	James Wilson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Siobhan Duffy (Acting Manager)

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				