RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018492**
Establishment ID No:	**1588**
Name of Establishment:	**The Cedars**
Date of Inspection:	**5 August 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 Cedars
Type of home:	Residential Care Home
Address:	130 Upper Knockbreda Road Belfast BT6 9QB
Telephone number:	(028) 9079 9517
E mail address:	info@cedarsni.co.uk
Registered Organisation/ Registered Provider:	Selkirk Investments Ltd
Registered Manager:	Ms Jane Anne Hurley
Person in charge of the home at the time of Inspection:	Ms Alyson Jones (Senior Carer)
Categories of care:	RC-I, RC-DE, RC-LD(E)
Number of registered places:	26
Number of residents accommodated on day of inspection:	18
Date and time of current medicines management inspection:	5 August 2014 10:20 – 14:10
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	22 August 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 Ms Alyson Jones (Senior Carer), 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 Cedars is situated on an elevated site in a residential area of Belfast close to the dual carriageway at the foot of the Castlereagh Hills. The home provides accommodation for 26 residents in 18 single and four double bedrooms. The facilities include two lounges, a dining room, bathroom and toilets on each floor. An extension to the home provides a toilet with disabled access, a laundry, training room, shower / toilet, two small offices and a records store.

There is parking for visitors close to the entrance to the home which is convenient for local community amenities and services.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Cedars was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 5 August 2014 between 10:20 and 14:10. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to 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 the person in charge, Ms Alyson Jones (Senior Carer), 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 Cedars are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though several areas for improvement were noted.

The four requirements and the three recommendations which were made at the previous medicines management inspection on 22 August 2011 were examined. Compliance was noted for one of the requirements and the three recommendations. One requirement was moving towards compliance and one requirement was not compliant; these requirements have therefore been restated. The remaining requirement is no longer applicable.

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.

The senior carer advised that policies and procedures for the management of medicines, including controlled drugs, are in place. However, they were not available for staff during the inspection. Policies and procedures should be available for staff at all times.

There is a programme of medicines management training. Records of training and competency assessments for care staff who administer external preparations and thickening agents must be maintained.

The range of audit trails, which was performed on randomly selected prescribed medicines, indicated that the majority of medicines had been administered as prescribed. However, two significant audit discrepancies must be investigated and referred to the prescriber if necessary. A copy of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA.

Medicines must be available for administration as prescribed on all occasions. Staff must maintain a record of all action that they have taken to obtain medicines if they unavailable.

Sustained improvements in the standard of maintenance of the personal medication records (PMRs) and medication administration records (MARs) are necessary. Records for the administration of thickening agents and external medicines must be accurately maintained.

Storage was observed to be tidy and organised. However, frequent omissions in the daily records for the maximum, minimum and current temperature of the medicines refrigerator were observed; this is unsatisfactory. The registered manager must ensure that the maximum, minimum and current refrigerator temperature are monitored and recorded each day and that the thermometer is then reset. The temperature range must be maintained between 2°C and 8°C.

The temperature of the office where medicines are stored should be monitored and recorded each day to ensure that it is maintained at or below 25^{o}C. A risk assessment should be in place when external preparations are stored in residents' bedrooms.

The management of thickening agents and medicines which are prescribed for the management of distressed reactions should be reviewed and revised as detailed in the report.

The management of warfarin was reviewed and found to be mostly satisfactory. However, obsolete warfarin dosage directions (facsimiles) should be cancelled and archived when a new facsimile is received.

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

The inspector would like to thank the senior carer 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 22 August 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that the personal medication records contain all the necessary detail. **Stated once**	The issues identified for improvement had not been addressed in a satisfactory manner. **This requirement is restated**.	**Not compliant**
2	13(4)	The registered manager must ensure that the MARs sheets are completed in a satisfactory manner. **Stated once**	Only some of the issues identified for improvement on the medication administration records (MARs) had been addressed in a satisfactory manner. **This requirement is restated.**	**Moving towards compliance**
3	13(4)	The registered manager must ensure that all medicines are accurately receipted into the home. **Stated once**	The records examined at this inspection had been completed in a satisfactory manner.	**Compliant**

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must ensure that appropriate signage and safe handling precautions are in place when cytotoxic medicines are in use. **Stated once**	The returned Quality Improvement Plan stated that this requirement had been addressed. Cytotoxic medicines are not currently prescribed.	**No longer applicable**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	A daily running balance should be maintained for warfarin tablets. **Stated once**	A daily running stock balance is maintained for warfarin tablets.	**Compliant**
2	30	Staff should receive training on diabetes awareness and the recognition of the symptoms of hypoglycaemia. **Stated once**	The returned Quality Improvement Plan stated that the deputy manager had provided all staff with a diabetes awareness pack. A copy of the pack was available in the room where the medicines refrigerator is located.	**Compliant**
3	30	The list of names, signatures and initials of staff authorised to administer medicines should be updated. **Stated once**	An up to date list was observed.	**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**
Inspection Findings:	
Satisfactory arrangements are in place for most areas for the management of medicines, however, several areas for improvement were identified. The range of audit trails, which was performed on randomly selected prescribed medicines, indicated that the majority of medicines had been administered as prescribed. However, significant audit discrepancies in the administration of co-codamol 30/500 tablets (minus 29 tablets) and Seretide Accuhaler (plus 43 doses) were observed for one resident. The registered manager must investigate these apparent discrepancies and refer to the prescriber if necessary. A copy of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA. A requirement has been made. For a second resident Seretide 100 Accuhaler had been out of stock for eight days; it was available on the day of the inspection. Medicines must be available for administration as prescribed on all occasions. Staff must maintain a record of all action that they have taken to obtain medicines if they unavailable. A requirement has been made. The procedure for ordering prescriptions was reviewed. The senior carer advised that prescriptions are ordered every four weeks, then received into the home and checked against the home's order before being forwarded to the community pharmacy for dispensing. The management of warfarin was examined. Warfarin dosage regimes are confirmed by facsimile transmission. A daily stock balance record for warfarin tablets is maintained. No discrepancies were observed in the audit trails performed on warfarin during this inspection. Obsolete warfarin dosage directions (facsimiles) should be cancelled and archived when a new facsimile is received. A recommendation has been made.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The senior carer advised that policies and procedures for the management of medicines, including controlled drugs, are in place. However, these were locked in the registered manager's office. Staff should have access to the home's policies and procedures for the management of medicines. A recommendation has been made.	Substantially compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Annual update training and competency assessment on the management of medicines is provided for all senior carers. Records of the training provided by the community pharmacy were available for inspection. The senior care advised that care staff had been trained and deemed competent to administer thickening agents and external preparations. Records of the training and competency assessment must be available for inspection. A requirement has been made. There is a list of the names, signatures and initials of senior carers who have been trained and deemed competent to administer medicines.	Substantially compliant
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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The senior carer advised that there is annual staff appraisal and that staff supervisions occur every six months. Records were not available for inspection as the registered manager was not present in the home.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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.	**COMPLIANCE LEVEL**
Inspection Findings:	
The senior carer advised that staff are not responsible for the administration of medicines using invasive procedures, the administration of medicines through a PEG-tubes, or the administration of medicines in treating a life threatening emergency.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The senior carer advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Out of date and discontinued medicines are returned to the community pharmacy.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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:	
A representative from the community pharmacy completes an audit on the management and administration of medicines at approximately quarterly intervals. There is evidence that the resultant action plans are addressed. In addition senior carers complete audit trails on medicines which are not contained within the blister pack system at weekly intervals. Satisfactory outcomes are achieved for most audits. The date and time of opening had been recorded on the majority of medicine containers.	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:	
Improvements in the standard of record keeping are necessary as detailed in Criterion 31.2.	Moving towards compliance
Criterion Assessed: 31.2 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 following improvements are necessary in the standard of maintenance of the personal medication records (PMRs): • In the interest of safe practice two members of staff should verify all updates. This practice was observed on some but not all personal medication records. • The time recorded for the prescribing of bisphosphonates must be accurate. • All records must be up-to-date and reflect the prescriber's most recent directions. A small number of discrepancies between the personal medication records and pre-printed MARs sheets were observed. • The strength of liquid form medicines must be accurately recorded. Three of these issues had been identified at the previous inspection; the requirement which was made at the previous inspection is restated.	Moving towards compliance

STANDARD 31- MEDICINE RECORDS

The following improvements are necessary in the standard of maintenance of the medication administration records (MARs): • In the interest of safe practice two members of staff should verify all hand-written entries on the MARs sheets. This practice was observed on some but not all MARs sheets. • The pre-printed time recorded for the administration of bisphosphonates must be amended to ensure that the administration of these medicines is accurately recorded. • Codes for the non-administration of medicines must be recorded accurately i.e. code 'F' is defined as 'other define' but definitions had not been provided. Two of these issues had been identified at the previous inspection; the requirement which was made at the previous inspection is restated. Records for the administration of thickening agents by care staff are not maintained. This must be addressed (Section 7.0). Care staff record the application of external medicines on topical MARs (TMARs). It was observed that some duplicate records for the application of external preparations had been made. Senior carers had recorded the application on the MARs and care staff had recorded the application on the TMARs. The senior carer was advised that only the person who actually applies the external preparation should sign the record. A requirement regarding accurate records for the administration of thickening agents and external preparations by care staff has been made. The records for medicines received and disposed of had been maintained in a satisfactory manner.	

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 currently prescribed. Entries for Schedule 3 controlled drugs in the controlled drug record book had been maintained in a satisfactory manner.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Moving towards compliance

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. There was sufficient storage space for medicines in the trolley and storage cupboard. The temperature of the office where medicines are stored is not monitored. The registered manager should ensure that the temperature of the office is monitored and recorded each day to ensure that it is maintained at or below 25^{o}C. A recommendation has been made. Frequent omissions in the daily records for the maximum, minimum and current temperature were observed; this is unsatisfactory. In order to monitor the temperature range of the refrigerator the maximum, minimum and current temperature must be recorded each day and then the thermometer must be reset. The temperature range must be maintained between 2°C and 8°C for the storage of medicines. The registered manager must ensure that the maximum, minimum and current refrigerator temperature are monitored and recorded each day and that the thermometer is then reset. The temperature range must be maintained between 2°C and 8°C. A requirement has been made. The senior carer advised that some external preparations are stored in residents' bedrooms. An appropriate risk assessment for this practice should be in place. A recommendation has been made. Oxygen or blood glucometers are not managed by staff 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:	
One senior carer is in charge of medicines during each shift. The keys to the medicines cupboard were observed to be held by this person during the inspection. The key to the controlled drugs cabinet is held separately from all other keys. ,	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 are not currently prescribed for any residents. Quantities of Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

Two residents are prescribed 'when required' anxiolytic medicines for the management of distressed reactions. A review of the MARs indicated that these medicines are being administered every day. The senior carer advised that this had been highlighted during a recent pharmacy advice visit (23 July 2014) and the prescriber had been contacted. The prescriptions have now been amended for regular administration.

The senior carer was advised that if 'when required' anxiolytic medicines for the management of distressed reactions are prescribed in future the following measures should be put in place:

- the dose should be clearly recorded on the personal medication record
- records of administration should be clearly recorded on the MARs
- a care plan should be in place detailing when the medicine can be administered
- the reason for, and outcome of each administration should be recorded in the daily notes
- if the 'when required' medicine is needed regularly the prescription should be reviewed with the prescriber

Management of thickening agents

The management of thickening agents was reviewed. Thickening agents are recorded on the PMRs. Records of administration by senior carers are maintained on the MARs.

Care plans and up to date speech and language assessments are in place.

However, records of administration, including the required consistency level, by care staff are not maintained. As stated in Criterion 31.2 complete records for the administration of thickening ages by care staff must be maintained. .

The senior carer advised that care staff have been trained and deemed competent to administer thickening agents but that records of the training and competency assessments are not maintained. As stated in Criterion 30.3 records for care staff training and competency assessments must 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 **Ms Alyson Jones, Senior Carer,** 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 CEDARS

5 AUGUST 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 **Ms Alyson Jones, Senior Carer,** 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)	The registered manager must ensure that the personal medication records contain all the necessary detail. **Ref: Section 5.0, Criteria 31.1 and 31.2**	Two	This issue has been addressed through additional staff training which included going through all the policies and procedures as related to the admin of medicines.	5 September 2014
2	13(4)	The registered manager must ensure that the MARs sheets are completed in a satisfactory manner. **Ref: Section 5.0, Criteria 31.1 and 31.2**	Two	A weekly audit of MAR sheet and temperature controls has been put in place to ensure they are completed properly.	5 September 2014
3	13(4)	The registered manager must investigate the apparent discrepancies in the administration of two medicines highlighted in the report and refer to the prescriber if necessary. A copy of the investigation including the action taken to prevent a recurrence must be forwarded to RQIA. **Ref: Criterion 30.1**	One	A thorough investigation of the apparent discrepancies was carried out and the outcome and actions taken as a result of this was forwarded to the Medication Inspector at the rqia.Staff training was undertaken on 26 August to make staff aware of the new controls.	5 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must ensure that medicines are available for administration on all occasions. Staff must maintain a record of all action that they have taken to obtain medicines. **Ref: Criterion 30.1**	One	All requests and orders for medication to Boots are recorded on the care plan. All fax requests are kept on file and we have modified our systems to include a phone call after the fax to ensure they have received it. Should the medication not arrive on time we have a record sheet that shows all action taken to obtain it.	5 September 2014
5	13(4)	Records of the training and competency assessments for care staff on the administration of thickening agents and external preparations must be maintained. **Ref: Section 7.0 and Criterion 30.3**	One	Records for training and competency in relation to the admin of thickening agents and external preparations will be maintained in all staff files.	5 September 2014
6	13(4)	The registered manager must ensure that records for the administration of thickening agents and external preparations by care staff are accurately maintained. **Ref: Section 7.0 and Criterion 31.2**	One	Records for the admin of thickening agents and external preparation will be audited as part of the MAR and temperature control audit.	5 September 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
7	13(4)	The registered manager must ensure that the maximum, minimum and current refrigerator temperatures are monitored and recorded each day and that the thermometer is then reset. The temperature range must be maintained between 2°C and 8°C. **Ref: Criterion 32.1**	One	Temperatures controls will be recorded each day and audited on a weekly basis as part of our MAR and temperature control audit.	5 September 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	Obsolete warfarin dosage directions (facsimiles) should be cancelled and archived when a new facsimile is received. **Ref: Criteria 30.1**	One	On receipt of a fax re new warfarin dosage, old sheets will be archived and a new MAR sheet is put in place.	5 September 2014
2	30	Staff should have access to the home's policies and procedures for the management of medicines at all times. **Ref: Criterion 30.2**	One	Staff now have 24 hrs access to Policies and Procedures.	5 September 2014
3	32	The temperature of the office where medicines are stored should be monitored and recorded each day to ensure that it is maintained at or below 25^{o}C. **Ref: Criterion 32.1**	One	Office temperatures are recorded daily and monitored to ensure they are maintained at or below 25 C.	5 September 2014
4	32	A risk assessment should be in place when external preparations are stored in residents' bedrooms. **Ref: Criterion 32.1**	One	A risk assessment has been carried out which is part of their care plan should external preparations be kept in their room.	5 September 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	JANE HURLEY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	JANE HURLEY

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	11 September 2014
B.	Further information requested from provider				