RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020726**
Establishment ID No:	**1617**
Name of Establishment:	**Haypark**
Date of Inspection:	**15 October 2014**
Inspectors' Names:	**Cathy Wilkinson and Helen Daly**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Haypark
Type of home:	Residential Care Home
Address:	36 Whitehall Parade Belfast BT7 3GX
Telephone number:	(028) 9064 1784
E mail address:	info@hayparkresidential.com
Registered Organisation/ Registered Provider:	Mr J McWhirter Mrs Georgina Tindal
Registered Manager:	Ms Jennifer McClean
Person in charge of the home at the time of Inspection:	Mrs Ann McConville (Assistant Manager)
Categories of care:	RC-MP, RC-MP(E), RC-I
Number of registered places:	30
Number of residents accommodated on day of inspection:	24
Date and time of current medicines management inspection:	15 October 2014 10:45 – 13:05
Name of inspectors:	Cathy Wilkinson and Helen Daly
Date and type of previous medicines management inspection:	8 December 2011 Monitoring

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 Mrs Ann McConville (Assistant 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

Haypark provides residential care for 30 residents in single room accommodation.

The home is situated within the Belfast Health and Social Care Trust geographical area. It is set in a densely populated urban area close to the Ormeau Road, local amenities and public transport.

The home has a number of attractive period features and is spacious, with bedroom accommodation on all three floors. Two lounge areas, one of which is designated as a smoking room, a dining room and a staff office are situated on the ground floor. A lift is available for access to the upstairs rooms.

Although situated in a residential area, with hard surface parking spaces around it, the home enjoys a good level of privacy with residents describing the area as 'quiet'.

The home is registered to accommodate residents within the following categories of care:

I	Old age not falling into any other category
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years

There is a condition on the home's registration certificate as follows: there shall be one identified resident in category RC-MP/MP (E).

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Haypark was undertaken by Cathy Wilkinson and Helen Daly, RQIA Pharmacist Inspectors, on 15 October 2014 between 10:45 and 13.05. 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 inspectors 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 inspectors met with the assistant manager of the home, Mrs Ann McConville, and with the staff on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Haypark are substantially compliant with legislative requirements and best practice guidelines.

The three requirements and three recommendations made at the previous medicines management inspection on 8 December 2011 were examined during the inspection. One of the three requirements was substantially compliant, one was moving towards compliance and one was no longer applicable. One requirement has been restated. Of the three recommendations, one was compliant, one was substantially compliant and one was moving towards compliance. One recommendation has been subsumed into a requirement.

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.

Several areas of good practice were noted and highlighted during the inspection. These include the recording of the dates and times of opening on medicine containers in order to facilitate audit, and the routine signing of handwritten entries on the personal medication records by two staff members.

There is a programme of medicines management training in the home.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have broadly been administered in accordance with the prescribers' instructions. Some further monitoring of inhaled medicines is required.

The registered manager must review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained.

Medicines records examined were maintained in a largely satisfactory manner and facilitated the audit process. However, some improvement is required in the completion of the controlled drugs record book.

The overall management of controlled drugs subject to safe custody regulations must be reviewed and revised. At the commencement of the inspection, the key of the controlled drugs cupboard was observed to be in the lock of the cupboard. This is unacceptable. The controlled drugs cupboard must be securely locked and the key held by the staff member responsible for that shift. Although the administration and disposal of controlled drugs was recorded, some recently received medicines had not been recorded in the controlled drug record book. Therefore the quantities recorded in the record book did not correspond with the stock in the cupboard. The time of administration of controlled drugs, which are administered more than once a day, must also be recorded.

Only the current temperature of the refrigerator is monitored and recorded daily. The temperature range of the medicine refrigerator must be monitored and recorded daily in order to ensure it is maintained within recommended limits.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 8 December 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that an assessment of competence for self-administration is included in the relevant residents' care plans and is regularly reviewed. **Stated twice**	The assistant manager advised that there are no residents that self-administer medicines currently.	**No longer applicable**
2	13(4)	The registered manager must ensure that all medicines received into the home are labelled in such a way as to enable staff to positively identify any medicines which are contained within them. **Stated once**	The majority of medicines received into the home are packed into a multi-tablet monitored dosage system. This is labelled to ensure that all medicines can be identified. Two compliance aids were in use in which the tablets could not be easily identified. The assistant manager advised that these would only be in use short term until the medicines were dispensed in the monitored dosage system.	**Substantially compliant**
3	13(4)	The registered manager must continue to monitor the refrigerator temperatures to ensure that the maximum and minimum temperature of the medicines refrigerator is monitored and recorded daily when in use and remains within the required limits of $2^{o}C$ to $8^{o}C$. **Stated once**	The refrigerator is not routinely in use. However, when it is in use only the current temperature is recorded. **This requirement is restated.**	**Moving towards compliance**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The registered manager should continue with the new auditing system which encompasses all medicines and includes an examination of the medicine records. **Stated once**	A routine audit system is in place	**Compliant**
2	31	Two members of staff should sign and verify handwritten entries on the MARs sheets. **Stated once**	The majority of handwritten entries on the MARs sheets had been signed by two staff and the assistant manager advised that this would be routine practice within the home. However, some recently completed MARs sheets had not been signed by two staff members. The registered manager should continue to monitor this practice.	**Substantially compliant**
3	31	The registered manager should ensure that all staff are trained in the process of completing the controlled drugs record book. **Stated once**	The controlled drugs record book was mostly maintained in a satisfactory manner however some further improvements are required as detailed in Criterion 31.3. **A requirement has been made regarding the overall management of controlled drugs**	**Moving towards compliance**

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 were observed to be in place for most areas of the management of medicines. An immediate and sustained improvement in the management of controlled drugs is necessary. A range of audits was performed on randomly selected medicines. These audits showed a broadly satisfactory correlation between the prescribers' instructions, patterns of administration and stock balances of the medicines selected. However, the audits on inhaled medicines produced unsatisfactory outcomes. The registered manager must ensure that the administration of inhaled medicines is closely monitored in order to ensure compliance with the prescribers' instructions. A requirement has been made. Written confirmation of the current medication regime was in place for a resident recently admitted to the home. The assistant manager confirmed that this routine practice. Prescriptions are received into the home and checked before being sent to the pharmacy for dispensing. The records for one resident who is prescribed anxiolytic medication for administration on a 'when required' basis in the management of distressed reactions was reviewed. The resident did not have a care plan in place that detailed the circumstances under which the medicine was to be administered. The parameters for administration and the outcome of each administration had not been recorded. The registered manager must review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained. A recommendation has been made.	Substantially compliant

The management of thickened fluids was discussed. The registered manager must ensure that an appropriate care plan is in place for each resident that is prescribed thickened fluids, the thickener must be recorded on the personal medication record and the administration must be recorded. A requirement has been made.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The assistant manager advised that policies and procedures for the management of medicines are in place. These were not available for examination. Due to the outcome of the inspection on controlled drugs the registered manager should ensure that there are Standard Operating Procedures for the management of controlled drugs and that staff are adhering to these procedures. 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:	
Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis. A list of the names, sample signatures and initials of staff who are authorised to administer medicines is maintained.	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 assistant manager advised that staff competency is regularly reviewed.	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 assistant manager advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in the home. There have been no incidents reported since the start of this inspection year (April 2014).	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.	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:	
A medication audit is completed monthly. A sample of records of the audit activity was observed and largely satisfactory outcomes had been achieved. In order to facilitate audit activity, the dates and times of opening are recorded on medicine containers.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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:	
The medicine records were legible, well-kept and had generally been constructed and completed to ensure a clear audit trail.	Compliant
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:	
A sample of each of the above records was examined and found to be of a largely satisfactory standard. There was a good correlation between the entries on the personal medication records and medicine labels. The assistant manager advised that handwritten entries on the MARs sheets are usually verified and signed by two staff members. Some recently written MARs sheets had not been signed and verified by two staff. The registered manager should monitor this practice through the routine audit process. The time of administration of medicines recorded on the MARs sheets relates to mealtimes. The actual time of administration of each medicine must be recorded. This was discussed with the assistant manager. Records of the receipts and disposals of medicines had been generally well maintained.	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:	
Some improvement is required in the completion of the controlled drugs record book. Although the administration and disposal of controlled drugs was recorded, some recently received medicines had not been recorded in the controlled drug record book. Therefore the quantities recorded in the controlled drug record book did not correspond with the stock in the cupboard. The time of administration of controlled drugs which are administered more than once a day must also be recorded. A requirement has been made regarding the overall management of controlled drugs.	Moving towards compliance

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:	
There was sufficient storage space for medicines on the medicine trolley. Controlled drugs subject to safe custody regulations are stored appropriately in a controlled drug cupboard. However, at the commencement of the inspection, the key of the controlled drugs cupboard was observed to be in the lock of the cupboard. This is unacceptable. The controlled drugs cupboard must be securely locked and the key held by the staff member responsible for that shift. A refrigerator is available for medicines which require cold storage. One supply of eye drops which require refrigeration had not been appropriately stored and was removed during the inspection. Only the current temperature of the refrigerator is monitored and recorded daily. The temperature range of the medicine refrigerator must be monitored and recorded daily in order to ensure it is maintained within recommended limits. The requirement made previously has been restated.	Moving towards compliance
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 medicine cupboards and medicine trolleys were observed to be in the possession of the designated senior care assistants. The keys to the controlled drug cabinet as stated in Criterion 39.1 were not securely held.	Moving towards compliance

STANDARD 32 - MEDICINES STORAGE

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:	
Quantities of Schedule 2 and 3 controlled drugs are reconciled at the time of administration only. This was discussed with the assistant manager. Controlled drugs should be reconciled at each transfer of responsibility. A requirement has been made regarding the management of controlled drugs.	Not compliant

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

7.0 ADDITIONAL AREAS EXAMINED

None

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 **Mrs Ann McConville, Assistant Manager,** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

Cathy Wilkinson
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

- Cathy Wilkinson

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

HAYPARK
15 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 **Ann McConville, Assistant Manager**, during the inspection visit.

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 continue to monitor the refrigerator temperatures to ensure that the maximum and minimum temperature of the medicines refrigerator is monitored and recorded daily when in use and remains within the required limits of +2°C to +8°C. **Ref: Section 5 and Criterion 32.1**	Two	The registered manager is now checking to ensure that the minimum and the maximum temperatures of the medicines refrigerator are both recorded.	15 November 2014
2	13(4)	The registered manager must ensure that the administration of inhaled medicines is closely monitored in order to ensure compliance with the prescribers' instructions. **Ref: Criterion 30.1**	One	The registered manager will monitor inhaled medication on a regular basis to ensure compliance with the prescribers instructions.	15 November 2014
3	13(4)	The registered manager must ensure that an appropriate care plan is in place for each resident that is prescribed thickened fluids, the thickener must be recorded on the personal medication record and the administration must be recorded. **Ref: Criterion 30.1**	One	The registered manager will ensure any thickening agents are recorded in the personal medication record and the administration cardix.	15 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The management of controlled drugs must be reviewed and revised to ensure that: • The controlled drugs record book is fully and accurately completed • Controlled drugs are safely and securely stored in the controlled drugs cupboard • Reconciliation checks are completed at each shift change. **Ref: Criteria 31.3, 32.1, 32.2 and 32.3**	One	The registered manager will ensure the control drug record book will be reviewed to ensure the dose of drugs and times to be given are stated,signed and counter signed. As soon as any controlled drugs are received into the home they are checked and stored into the controlled drug safe. A senior member of staff is responsible for the keys to the medication cupboard and the keys to the controlled drugs safe. Reconcillation checks are completed at each shift handover.	15 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
1	30	The registered manager should ensure that there are Standard Operating Procedures for the management of controlled drugs and that staff are adhering to these procedures. **Ref: Criterion 30.2**	One	The registered manager has revised our standard operating procedures for the management of controlled drugs staff are adhering to these procedures.	15 November 2014
2	31	The registered manager should review the management of anxiolytic medicines for the management of distressed reactions to ensure that all appropriate records are maintained. **Ref: Criterion 30.1**	One	the registerted manager has reviewed the management of anxiolytic mediicines, all appropriate records are maintained for any resident prescribed this medication,which in only to be given to distressed residents who cannot be settled by any other means.	15 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 and return to pharmacists@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jennifer McCleary
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	J McWHIRTER

	QIP Position Based on Comments from Registered Persons	**Yes**	**No**	**Inspector**	**Date**
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			25.11.14
B.	Further information requested from provider				