RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018487**
Establishment ID No:	**1645**
Name of Establishment:	**Redlands**
Date of Inspection:	**16 September 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:	Redlands
Type of home:	Residential Care Home
Address:	20 Adelaide Park Belfast BT9 6FX
Telephone number:	(028) 9066 1526
E mail address:	redlands20@hotmail.co.uk
Registered Organisation/ Registered Provider:	Whiteabbey Proprietors Ltd Mr Mark John Uprichard
Registered Manager:	Mrs Irene Caroline Best
Person in charge of the home at the time of Inspection:	Mrs Irene Caroline Best
Categories of care:	RC-I, RC-DE
Number of registered places:	17
Number of residents accommodated on day of inspection:	13
Date and time of current medicines management inspection:	16 September 2014 10:30 – 14:50
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	15 November 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect 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 Irene Best, Registered 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

Redlands is a detached, three storey building situated between the Malone Road and Lisburn Road in a quiet residential area. The home is situated within the Belfast Health and Social Care Trust geographical area.

The home is registered to accommodate 17 persons in single rooms, some of which have an en-suite. Two living rooms, the kitchen, the dining room and a number of bedrooms are located on the ground floor. The staff office is located on the first floor with the remaining bedrooms. The third floor is not used for residents.

The location of the home ensures easy access to public transport, medical, leisure, community and church facilities. There is some car parking available at the front of the home.

The registered manager has been in place since before 1 April 2005.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Redlands was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 16 September 2014 between 10:30 and 14:50. 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 Mrs Irene Best, Registered 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 Redlands are substantially compliant with legislative requirements and best practice guidelines. However, the management of the refrigerator temperatures which was raised at the previous two inspections had not been addressed in a satisfactory manner.

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

The five requirements which were made at the previous medicines management inspection on 15 November 2011 were examined. One of the requirements is no longer applicable. Compliance was noted for one of the requirements. One requirement is substantially compliant, one is moving towards compliance and one is not compliant. One requirement and part of a second requirement are restated.

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

There is a programme of medicines management training.

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, discrepancies in the administration of lactulose and nutritional supplements were observed. These medicines must be closely monitored.

Improvements in the standard of record keeping were observed. Accurate records of the administration of nutritional supplements had not been maintained and this must be addressed. The date of writing should be recorded on the personal medication records (PMRs). The date of prescribing should be recorded for all medicines. In the interests of safe practice two members of staff should sign all hand-written updates on the medication administration records (MARs).

An improvement in the storage arrangements for medicines is necessary. All storage cupboards must be lockable. The temperature of the treatment room should be monitored and recorded each day. Appropriate corrective action must be taken when the temperature of the medicines refrigerator falls outside the accepted range.

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

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

Following the inspection, the outcomes were discussed with senior management within RQIA. A meeting was held with Mr Mark Uprichard, Registered Person, and Mrs Irene Best, Registered Manager, in RQIA, Belfast office, on 23 September 2014, to discuss the accurate management of the reading of the medicine refrigerator temperatures. Frances Gault, RQIA Senior Pharmacy Inspector, Helen Daly, RQIA Pharmacy Inspector, and Lorna Conn, RQIA Care Inspector, were in attendance. At this meeting, the registered person provided a full account of the actions that have already been taken and arrangements which have or will be implemented to ensure that the medicine refrigerator temperatures are accurately monitored and medicines are safely stored to ensure compliance with legislative requirements and the minimum standards. RQIA considered the matter and confirmed that the registered person would be given a period of time to address the matter. A monitoring inspection will be arranged.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 15 November 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 medicine trolley is chained to the wall in a secure manner. **Stated twice**	The medicine trolley was observed to be chained to a wall in a secure manner.	Compliant
2	13(4)	The registered manager must ensure that appropriate risk assessments are completed when external preparations are stored in residents' bedrooms. **Stated twice**	The registered manager advised that care plans were put in place for this practice following the previous inspection. External medicines are no longer stored in bedrooms.	No longer applicable
3	13(4)	The registered manager must ensure that: • the current, maximum and minimum refrigerator temperatures are monitored and recorded daily • the thermometer is reset each day after the temperatures have been recorded • appropriate corrective action is taken if the temperature falls outside the accepted range (+2ºC and +8 ºC). **Stated twice**	The current, maximum and minimum refrigerator temperatures are monitored and recorded daily. The thermometer is reset each day after the temperatures have been recorded. However, temperatures outside the accepted range had been recorded on several days and there was no evidence that corrective action had been taken. **Part of this requirement is restated**	Moving towards compliance

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered manager must closely monitor the medicines highlighted at this inspection (lactulose and nutritional supplements) to ensure that they are being administered in accordance with the prescribers' instructions and that the records of administration are accurately maintained on all occasions. **Stated once**	There was no evidence that these medicines are being monitored. Audit discrepancies were observed for two supplies of lactulose and poor records of administration were observed for four supplies of nutritional supplements. **This requirement is restated**	Not compliant
5	13(4)	The registered manager must ensure that the records of administration are completed accurately on all occasions. Signatures for administration must not be omitted. **Stated twice**	An improvement in the standard of maintenance of records of administration was observed at this inspection. However, records of the administration of nutritional supplements had not been maintained in a satisfactory manner. The requirement made regarding the monitoring of nutritional supplements has been restated (see above).	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**
Inspection Findings:	
The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance. However, some improvements are necessary as detailed in the report. The majority of medicines are supplied in a blister pack system; the audits which were completed on these medicines indicated that they are being administered as prescribed. The majority of the audits which were carried out on medicines which are not contained within the blister pack system also produced satisfactory outcomes. However, audit discrepancies in the administration of two supplies of lactulose and four supplies of nutritional supplements were observed. These medicines must be closely monitored. The requirement which was made at the previous inspection is restated. Written confirmation of current medication regimes is obtained from a health care professional for new admissions. Copies of hospital discharge letters and general medical practitioner prescription sheets were available for each resident. The procedure for ordering prescriptions was reviewed. The registered manager advised that prescriptions are not received into the home before being forwarded to the community pharmacy for dispensing as this had proved troublesome in the past due to time delays. This practice is not in accordance with Board guidance. A photocopy of each prescription is provided by the community pharmacist each month. Warfarin dosage regimes are confirmed by facsimile transmission. Administration of warfarin is recorded on both the medication administration records (MARs) and a separate sheet. Daily stock counts are not completed; the registered manager brought a new recording sheet into use during the inspection to enable care staff to count the	Substantially compliant

number of warfarin tablets remaining after each administration. This practice enables errors to be identified without delay. The audits which were carried out on warfarin at this inspection produced satisfactory outcomes. The management of thickening agents was discussed with the registered manager; these medicines are not currently prescribed for any residents. The management of medicines for Parkinson's disease was reviewed and found to be satisfactory. Care staff were knowledgeable regarding ensuring accurate times of administration.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines, including controlled drugs, are in place. They had been reviewed in 2014.	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:	
The registered manager advised that all care staff who are responsible for the management and administration of medicines have received training and been deemed competent. Training was provided by the community pharmacist in September 2013; records were provided for inspection. The registered manager completed competency assessments with care staff between April 2014 and July 2014; records were provided for examination. There is a list of the names, signatures and initials of care staff who have been trained and deemed competent to administer medicines.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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 registered manager advised that there is annual staff appraisal and that staff supervisions occur every six months.	Compliant
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 registered manager advised that staff are not responsible for the administration of medicines using invasive procedures, the administration of medicines through 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 registered manager advised that medication errors and incidents would be are reported, in accordance with procedures, to the appropriate authorities. There have been no medication incidents reported in the last two years.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

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
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:	
The registered manager and deputy manager carry on monthly audits on the management and administration of medicines. Action plans are developed as a result of these audits. Copies were available for inspection and mostly satisfactory outcomes had been observed. As stated in Section 5.0 and Criterion 30.1, lactulose and nutritional supplements should be included in the audit process. The date of opening had been recorded on the majority of medicine containers. This practice facilitates a clear audit trail and disposal at expiry.	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 were observed at this inspection; however some further improvements remain necessary as detailed in Criterion 31.2.	Substantially 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:	
The majority of the personal medication records (PMRs) had been maintained in a satisfactory manner. However, the date of writing had not been recorded and the date of prescribing was also missing for some medicines; this should be addressed. A recommendation has been made. Two staff verify and sign the PMRs at the time of writing/re-writing and at each update. A small number of entries on the PMRs did not correlate with the medication administration records (MARs). These non-correlations were updated at the inspection by referring to the photocopies of the last prescription. The majority of the MARs had been maintained in satisfactory manner. However, hand-written updates on the MARs had not been verified and signed. In the interests of safe practice two members of staff should verify and sign hand-written updates on the MARs. A recommendation has been made. As stated in Criterion 30.1, records for the administration of nutritional supplements had not been maintained in a	Substantially compliant

satisfactory manner; frequent omissions were observed. The registered provider must ensure that records of the administration of nutritional supplements are fully and accurately maintained. A requirement has been restated. The records of medicines received into and transferred out of the home which were reviewed had been maintained in a satisfactory manner.	
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 had not been prescribed in the home since the previous inspection. A controlled drug record book is not in use.	Not applicable

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

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:	
Storage space for medicines is limited in this home. The registered provider must ensure that all medicine cupboards are lockable to prevent unauthorised entry. A requirement has been made. The temperature of the treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25°C. A recommendation has been made. The maximum, minimum and current temperatures of the medicines refrigerator are monitored and recorded each day and the thermometer is then reset. However, temperatures below 2°C and above 8°C had been recorded on many occasions and there was no evidence that any corrective action had been taken. Part of the requirement which was made at the previous two inspections is restated for the third time The registered manager advised that external preparations are no longer stored in residents' bedrooms. Care staff are not currently responsible for monitoring blood glucose levels for any residents.	Moving towards compliance

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The keys to the medicines trolleys were observed to be held by the care staff member responsible for administering the medicines during the inspection. The key to the controlled drugs cabinet is held separately. ,	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:	
Quantities of Schedule 3 controlled drugs subject to safe custody requirements are reconciled up to three times a day, 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**
	Moving towards compliance

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

One resident is prescribed a medicine for administration when required for the management of distressed reactions. The registered manager advised that it had not been used recently and hence records for administration and entries in the daily notes had not been made.

The use of 'when required' medicines for the management of distressed reactions was discussed in detail with the registered manager who agreed to implement the following measures when necessary:

- the dose must be clearly recorded on the personal medication record
- records of administration must be clearly recorded on the medication administration records
- a care plan should be is 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 referred to the prescriber for review

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

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

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

REDLANDS

16 SEPTEMBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

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

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must ensure that: • appropriate corrective action is taken if the temperature of the medicines refrigerator falls outside the accepted range (+2ºC and +8 ºC). **Ref: Section 5.0 and Criterion 32.1**	Three	Medicine policy up-dated to include the following: Accepted range (+2 - +8) for current, max and min temperature. Action to take by person in charge if temp falls out side accepted range All responsible staff trained on above.	17 October 2014
2	13(4)	The registered manager must closely monitor the medicines highlighted at this inspection (lactulose and nutritional supplements) to ensure that they are being administered in accordance with the prescribers' instructions and that the records of administration are accurately maintained on all occasions. **Ref: Section 5.0, Criteria 30.1, 30.8 and 31.2**	Two	Manager introduced a secord record form for staff to record when Lactulose or Supplements are given. This enables management to carry out weekly audits to ensure the correct amount has been administered as prescribers instructions.	17 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	13(4)	The registered manager must ensure that all medicine cupboards are lockable to prevent unauthorised entry. **Ref: Criterion 32.1**	One	Three medicine cupboard locks fixed and one new lock purchased	17 October 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	31	The registered manager should ensure that: • The date of writing is recorded on all personal medication records • The date of prescribing is recorded for all medicines **Ref: Criterion 31.2**	One	Personal medication records updated on 24/09/2014 to enclude 1. date of writing 2.date medicines prescribed 3.GP signature or signature of two staff members.	17 October 2014
2	31	The registered manager should ensure that hand-written updates on the medication administration records are verified and signed by two members of staff. **Ref: Criterion 31.2**	One	commenced and on-going from date of inspection 16/09/2014	17 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	32	The registered provider should ensure that the temperature of the treatment room is monitored and recorded each day to ensure that it is maintained at or below 25°C. **Ref: Criterion 32.1**	One	Fridge and medicines stored in staff office. Temperature of room taken daily to ensure maintained at 25c or below.	17 October 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Irene Best
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mark Uprichard

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	7 November 2014
B.	Further information requested from provider				