RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18429**
Establishment ID No:	**1710**
Name of Establishment:	**Ross Lodge/Ross House**
Date of Inspection:	**30 May 2014**
Inspector's Name:	**Judith Taylor**

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:	Ross Lodge/Ross House
Type of home:	Residential Care Home
Address:	288 Moyarget Road Dervock Ballymoney BT53 8EG
Telephone number:	(028) 2074 1490
E mail address:	tgage@tiscali.co.uk
Registered Organisation/ Registered Provider:	Mr Alex McKinney Ms Joyce McKinney
Registered Manager:	Ms Joyce McKinney
Person in charge of the home at the time of Inspection:	Mrs Dorothy McClements (Senior Carer)
Categories of care:	RC-LD ,RC-LD(E) ,RC-PH ,RC-PH(E)
Number of registered places:	13 (Ross House x 7) (Ross Lodge x 6)
Number of residents accommodated on day of inspection:	8 (Ross House x 7) (Ross Lodge x 1)
Date and time of current medicines management inspection:	30 May 2014 11:10 – 14:25
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	26 September 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 Dorothy McClements (Person-in-Charge) 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

Ross Lodge/Ross House is a purpose-built, residential care home which is situated adjacent to the registered person's own dwelling. The residential care home and the owners' home share a private driveway with electrically operated gates at the entrance, from the public road. The home is located in a rural area, about one mile from Dervock.

Ross Lodge/Ross House is registered to accommodate a total of 13 adults which comprises six places in Ross Lodge for respite care and seven permanent places in Ross House.

Accommodation in the home includes a living room, kitchen / dining room, single bedrooms with en-suite facilities. There is adequate laundry, toilet and storage provision.

One registration certificate has been issued to cover both buildings.

The home does not provide day care.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ross Lodge/Ross House was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 30 May 2014 between 11:10 and 14:25. 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 the person in charge on the day, Mrs Dorothy McClements, and with the staff on duty. The registered manager, Mrs Joyce McKinney was present for part of the inspection. 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 Ross Lodge / Ross House are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The two requirements and three recommendations made at the previous medicines management inspection on 26 September 2011 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary in Section 5.0 of the report. The two requirements and one of the recommendations had been complied with. The two remaining recommendations have been assessed as moving towards compliance and are restated in the Quality Improvement Plan (QIP) attached to this report.

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

The written policies and procedures for medicines management should be further developed as discussed at the inspection and include Standard Operating Procedures (SOPs) for the management of controlled drugs.

All staff managing medicines have been trained and deemed competent to do so. A programme of medicines management training is in place. Staff competencies in medicines management are assessed annually through supervision and appraisal.

Largely satisfactory arrangements are in place for the ordering, receipt and stock control of medicines. Improvements must be made regarding confirmation of medicine regimes for resident's receiving respite care.

Practices for the management of medicines are audited on a regular basis. The outcomes of the audit trails performed on randomly selected medicines at the inspection indicated that the majority of medicines had been administered in accordance with the prescribers' instructions. However, some discrepancies were observed and discussed at the inspection. Further information regarding the observations made in the audit trails on risperidone liquid and cetirizine tablets is necessary. A written report detailing the investigation findings and action taken should be reported to RQIA. The date of opening was not routinely recorded on medicines; this is best practice and readily facilitates the audit process and should be implemented by all trained staff.

Overall, the majority of medicines records which were selected for examination had been maintained in the required manner. The standard of maintenance of personal medication should be closely monitored as part of the audit process.

Medicines are stored safely and securely and key control was appropriate.

The inspection attracted a total of two requirements and five recommendations. The requirements and recommendations are detailed in the QIP.

The inspector would like to thank the 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 26 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Personal medication records must include the resident's drug allergy status. **Stated twice**	This detail is now recorded on the personal medication records.	**Compliant**
2	31	Staff must be familiar with those medicines which are controlled drugs. The receipt, administration and transfer of Schedule 2 controlled drugs must be documented in the controlled drug record book. These controlled drugs must be stored in the controlled drug box. **Stated once**	Staff confirmed they had been made aware of the controlled drugs which are subject to the safe custody legislation and that the relevant records had been maintained following the previous medicines management inspection. At the time of the inspection Schedule 2 controlled drugs were not prescribed for any resident or held in stock Staff advised that Schedule 2 controlled drugs have not been prescribed in the last two years.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	A daily stock balance for warfarin should be maintained when held in stock. **Stated once**	A daily stock balance for warfarin is maintained when prescribed.	**Compliant**
2	30	Policies and procedures for the management of medicines should be further developed to include • personal medication records • warfarin and • thickening agents. **Stated once**	There was no evidence of any policies or procedures in relation to the management of personal medication records or thickening agents. There was generic information with regard to warfarin; this should be tailored to the procedures in Ross Lodge/Ross House. **This recommendation is restated**	**Moving towards compliance**
3	30	The date of opening should be recorded on all medicine containers in Ross House. **Stated once**	This practice was only observed on a very small number of the medicines which were selected for examination. **This recommendation is restated**	**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:	
Most areas of the management of medicines are maintained in accordance with legislative requirements, professional standards and DHSSPS guidance. Some areas for improvement were identified at the inspection as detailed in the report. A number of audit trails were performed in Ross Lodge. The outcomes indicated residents had been administered their medicines in accordance with the prescribers' instructions. In Ross House, some of the audit trails produced satisfactory outcomes; however, discrepancies were observed and discussed at the inspection. An investigation into the observations made in the audit trails on two medicines, risperidone liquid and cetirizine tablets is necessary. The registered manager must forward a written report of the findings and action taken to RQIA. On 2 June 2014, Mrs McClements provided details of the investigation outcomes to date, by telephone. The procedures in place to obtain details of up to date medicine regimes for resident's accommodated for a period of respite care in Ross Lodge was examined. Staff confirmed that prior to the admission, the resident's carer/family are requested to inform staff in writing of any changes in medicines since the resident's last stay. During the inspection, it was noted that there were medicines listed on two personal medication records which had not been received for the period of respite care and it could not be clarified if the medicine had been discontinued. The incoming medicines record indicated one medicine had been received; this was not recorded on the resident's personal medication record. This was further discussed and robust arrangements must be put in place to confirm and record medicine regimes for residents at each period of respite care. A requirement has been made.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

The person in charge advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to Ross House. There had been no recent admissions to Ross House. The process for the ordering and receipt of medicines in Ross House was examined. Prescriptions are not received into the home and checked against the medicine order before being forwarded to the pharmacy for dispensing. This should be reviewed to ensure practices are in accordance with the Health and Social Care Board recommendations. It was acknowledged that this had been discussed at a recent visit by the community pharmacist. Warfarin is prescribed for one resident who receives respite care in Ross Lodge. There was no warfarin prescribed on the day of the inspection. Previous medicine records were examined. Staff advised that the warfarin dosage regime is confirmed at the time of each admission. The regime could not be located for the last period of respite care. On the occasions where changes to the dosage regime are received during the period of respite care, this is confirmed by telephone only. In accordance with best practice, it was advised that written confirmation of warfarin dosage regimes should be received. A daily stock balance for warfarin is recorded when held in stock. Two members of trained staff are usually involved in the administration of warfarin tablets. This is good practice and was acknowledged. On 2 June 2014, Mrs McClements advised that written confirmation of the warfarin dosage regime had been received for one resident who was admitted after the inspection and a system had been arranged to ensure that written confirmation of any changes during the period of respite are confirmed in writing.	

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 written policies and procedures for the management of medicines cover most but not all areas of medicines management and this was discussed at this inspection and the previous medicines management inspection. In particular, the different procedures in place for the management of medicines in Ross Lodge regarding the management of changes in personal medication records for each admission, the management of warfarin dosage instructions and the management of swallowing difficulty/dysphagia. The recommendation made at the previous medicines management inspection has been restated. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures: • ordering, transport and receipt • safe storage • administration • disposal • record keeping • management of errors and incidents. Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on the RQIA website. A recommendation has been made.	Moving towards compliance

STANDARD 30 - MANAGEMENT OF MEDICINES

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 person in charge provided evidence to indicate that records of the training and development activities completed by the staff in relation to the management of medicines are maintained. Update training in medicines management, diabetes and epilepsy had been received earlier in 2014. Staff competencies are assessed through the supervision and appraisal process. A list of the names, signatures and initials of staff 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 person in charge advised that staff appraisal is undertaken on an annual basis and staff supervision occurs as the need arises. Team meetings are also used to raise and discuss medicine related issues.	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:	
Staff are responsible for the administration of buccal midazolam for one resident. Training has been provided by the specialist epilepsy nurse. An epilepsy management plan is in place.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The person in charge confirmed that any medicine related incidents would be reported to the relevant persons. She advised that there had been no reportable medicine related incidents since the previous medicines management inspection.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Any resident's medicines remaining at the end of the period of respite care in Ross Lodge are returned to the resident's carer. All discontinued or expired medicines in Ross House are returned to the community pharmacy 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:	
The management of medicines is audited every week and focuses on medicines counts. The audit process should cover all aspects of medicines management as identified by the areas noted for improvement in the report. A recommendation has been made. In Ross Lodge, the audit process consists of cross reference with the receipt and administration records and stock balance checks, at the end of each period of respite care. In Ross House, three residents' medicines and four resident's medicines are audited on alternate weeks; therefore each resident's medicines are audited at fortnightly intervals. Audits are also performed by a representative from the community pharmacy on a quarterly basis.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Records of this auditing activity were observed and satisfactory outcomes had been achieved. This correlated with the outcomes of the some of the audits performed on a variety of randomly selected medicines during the inspection. As stated in Criterion 30.1, discrepancies were observed in a small number of medicines in Ross House and were discussed at length with the staff. The date of opening is not routinely recorded on medicine containers. This should be recorded to facilitate the audit process. This issue had been raised at the previous medicines management inspection and the recommendation has been restated.	

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 majority of medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Further attention is necessary in the maintenance of personal medication records as detailed below 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:	
Each of the above records is maintained in the home. A sample was selected for examination and these were found to be mostly satisfactory. Some improvements in the maintenance of personal medication records are necessary. It was recommended that the registered manager should closely monitor the maintenance of personal medication records to ensure the following issues are addressed: • the date of writing is recorded on each new personal medication record • the minimum dosage frequency and maximum daily dose is recorded for medicines prescribed on a 'when	Substantially compliant

required' basis e.g. analgesics • the dosage directions for external preparations are accurate • when medicines are discontinued a line is struck through the medicine entry and dated.	
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:	
At the time of this inspection Schedule 2 controlled drugs were not prescribed for any residents or held in stock. These medicines have not been prescribed since 2011.	Not applicable

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:	
Medicines are stored safely and securely and in accordance with the manufacturer's instructions. Medicine areas were tidy and organised. There was sufficient storage space for medicines in the medicine cupboards. Appropriate arrangements were in place for the stock control of medicines. When prescribed, controlled drugs which are subject to the Safe Custody Regulations are stored appropriately. There were no Schedule 2 or Schedule 3 controlled drugs held in stock on the day of the inspection. The management of the cold storage of medicines was examined. Medicines which require cold storage have not been prescribed for any resident since 2011. The date of opening was recorded on limited shelf-life medicines.	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:	
Appropriate arrangements are in place for the management of medicine 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 and Schedule 3 controlled drugs which are subject to safe custody requirements were not prescribed or held in stock at the time of the inspection. A controlled drug record book is maintained for one Schedule 3 controlled drug (temazepam). This is prescribed for a small number of residents who are accommodated in Ross Lodge for a period of respite care. Examination of the records indicated that staff check stock balances at each shift change, when prescribed. The stock balances matched the controlled drug record book and records of the quantity transferred at the time of each discharge were accurately recorded.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Thickening agents

One resident who is accommodated for respite care in Ross Lodge requires thickened fluids. A care plan is in place which states the type of fluid required. Records of the prescribing, receipt and most of the administration of the thickening agent is recorded. The need to ensure that every administration was recorded was discussed. It was advised that the required consistency level of thickening agent should be recorded on the personal medication record and it was agreed that this would be added later on the day of the inspection.

The information from the speech and language team was dated 2008. On 2 June 2014, Mrs McClements advised that an up to date speech and language report had been requested for the next period of respite care.

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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 Dorothy McClements (Person-in-Charge)**, 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:

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

_____ _____

Judith Taylor **Date**
Pharmacist

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ROSS LODGE/ROSS HOUSE

30 MAY 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Dorothy McClements (Person-in Charge)** during and after the inspection visit.

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 investigate the observations made in risperidone liquid and cetirizine tablets; a written report detailing the findings and action taken must be forwarded to RQIA. **Ref: Criterion 30.1**	One	See enclosed report	1 July 2014
2	13(4)	The registered manager must ensure that robust arrangements are in place to confirm and record medicine regimes for residents at each period of respite care. **Ref: Criterion 30.1**	One	Memo has been issued to all staff, reminding them that all incoming medication must be recorded and any discrepancies must be followed up.	1 July 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	Policies and procedures for the management of medicines should be further developed to include • personal medication records • warfarin and • thickening agents. **Ref: Section 5.0 & Criterion 30.2**	Two	The policies and procedures for the management of personal medication records, warfarin and thickening agents are in the process of being further developed	30 August 2014
2	30	The date of opening should be recorded on all medicine containers in Ross House. **Ref: Section 5.0 & 30.8**	Two	Staff have been advised that the opening date of new medication is recorded	1 July 2014
3	30	The registered manager should develop written standard operating procedures for controlled drugs. **Ref: Criterion 30.2**	One	Standard Operating Procedures are in the process of being developed for Controlled Drugs.	30 August 2014
4	30	The audit process should cover all aspects of medicines management as identified by the areas noted for improvement in the report. **Ref: Criterion 30.8**	One date opened medication received audit Warfarin confirmation	The audit process has been reviewed to include date opening, medication received audit as well as warfarin instruction confirmation.	1 July 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	31	The registered manager should closely monitor the personal medication records as detailed in the report. **Ref: Criterion 31.2**	One	The issues identified have been included in the registered managers monitoring of the personal medication	1 July 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Alex Mc Kenney

NAME: ALEX MC KINNEY
Registered Provider

DATE 2-7-14.

SIGNED: Joyce Mc Kinney

NAME: Joyce McKINNEY
Registered Manager

DATE 2-7-14.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	[illegible]	5/8/14
Further information requested from provider	✓	[illegible]	1/8/14

No report enclosed as Re RQ 1. — Rec'd 5/8/14