



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018484
Establishment ID No:	1020
Name of Establishment:	Struell Lodge
Date of Inspection:	29 July 2014
Inspector's Name:	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:	Struell Lodge
Type of home:	Residential Care Home
Address:	2 Ardglass Road Downpatrick BT30 6JG
Telephone number:	(028) 4451 3850
E mail address:	marian.fitzsimons@setrust.hscni.net
Registered Organisation/ Registered Provider:	South Eastern HSC Trust
Registered Manager:	Mrs Marion Rose Fitzsimons
Person in charge of the home at the time of Inspection:	Ms Siobhan Cultra (Senior Carer)
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	7
Number of residents accommodated on day of inspection:	5
Date and time of current medicines management inspection:	29 July 2014 12:00 – 14:50
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	12 October 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 the person in charge, Ms Siobhan Cultra (Senior Carer) and staff on duty

Audit trails carried out on a sample of randomly selected medicines

Review of medicine records

Observation of storage arrangements

Spot-check on policies and procedures

Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Struell Lodge is a purpose built specialised residential care home for adults with a learning disability and associated challenging behaviours.

The South Eastern Health & Social Care Trust is the organisation in control and Mrs Marion Fitzsimmons is the registered manager.

The internal design of the home is spacious and modern with an open plan lounge area incorporating a dining and snack making area. The furnishings are attractive and are of good quality which helps to create a homely, welcoming atmosphere. Bedrooms are bright and appealing.

The home is surrounded by a large, well maintained secure garden area, which is used by residents for recreational and leisure activities. The town of Downpatrick and its amenities are within easy reach.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Struell Lodge was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 29 July 2014 between 12:00 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 the person in charge, Mrs Siobhan Cultra (Senior Carer) and staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Struell Lodge 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 three requirements and three recommendations which were made at the previous medicines management inspection on 12 October 2011 were examined. Two of the requirements were assessed as substantially compliant and one requirement was assessed as not compliant. One requirement has been restated. One of the recommendations has been assessed as compliant and one as not compliant; it is restated. One recommendation could not be examined at this inspection and hence it is carried forward to the next inspection.

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

The trust's policies and procedures for the management of medicines, including controlled drugs, are in place. They had been reviewed in August 2012.

There is a programme of medicines management training and competency assessment.

The majority of medicines are supplied in blister packs which are supplied each week by the community pharmacist. The medicines supplied correlated with those recorded on the personal medication records indicating that these medicines are being administered as prescribed. The date of opening had not been recorded on several medicines which are not contained within the blister pack system and hence audit trails on these medicines could not be completed. The date and time of opening should be recorded on all medicine containers in order to facilitate a clear audit trail and therefore provide evidence that these medicines are being administered as prescribed. The recommendation which was made at the previous inspection is restated. It is also recommended that audit trails are carried out on all medicines which are not contained within the blister pack system, including inhalers, external preparations and liquid form medicines, at regular intervals.

Records had been maintained in a mostly satisfactory manner. Some areas for improvement were discussed.

Storage was observed to be tidy and organised. The temperature range of the refrigerator in which medicines are stored must be maintained within the recommended range of 2°C and 8°C. The registered manager should ensure that all relevant staff are trained and competent in monitoring the refrigerator temperature. The temperature of the medicines storage area should be monitored and recorded each day to ensure that it is maintained at or below 25°C.

Epilepsy management plans are in place for a number of residents; only the current plan should be held on file for each resident, obsolete plans should be cancelled and archived.

The inspection attracted a total of one requirement and six recommendations. The requirement and recommendations are detailed in the Quality Improvement Plan.

The inspector would like to thank the senior carer in charge and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 12 October 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must closely monitor the use of medicines prescribed for topical application, in order to ensure compliance with the prescribers' instructions.</p> <p>Stated once</p>	<p>There is evidence that improvements in the management of medicines prescribed for topical application have been implemented.</p> <p>Records for the application of topical preparations for one resident had not been maintained. The senior carers advised that this had been an oversight and would be amended without delay.</p>	Substantially compliant
2	13(4)	<p>A complete record must be maintained of the prescribing and administrations of medicines that are prescribed for topical application.</p> <p>Stated once</p>	<p>Complete records of prescribing were observed.</p> <p>Records of administration had been recorded for all residents apart from one. As stated above, senior carers advised that this was an oversight and that an appropriate recording system would be put in place for this resident.</p>	Substantially compliant

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	<p>The temperature range of the refrigerator in which medicines are stored must be maintained within the recommended range of +2°C and +8°C.</p> <p>Stated once</p>	<p>The current refrigerator temperature is monitored daily when the refrigerator is in use and temperatures between 2°C and 8°C had been recorded.</p> <p>However, the temperature range of the medicines refrigerator is not monitored as only the current refrigerator temperature is recorded. In order to monitor the temperature range the maximum, minimum and current temperature must be recorded and then the thermometer must be reset daily when the refrigerator is in use.</p> <p>This requirement is restated and a recommendation regarding staff training is made.</p>	Not compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>The prescribers should be requested to review the dosage directions for those medicines that are prescribed for regular topical application but which are either only being used on a when necessary basis or are not currently being used.</p> <p>Stated once</p>	<p>Only currently prescribed topical preparations were observed to be recorded on the personal medication records.</p> <p>Dosage directions were clearly recorded.</p>	Compliant
2	30	<p>In order to facilitate audit activity, the dates of opening should be routinely recorded on all medicine containers.</p> <p>Stated once</p>	<p>The date and time of opening had not been recorded on the majority of medicine containers.</p> <p>This recommendation is restated.</p>	Not compliant
3	30	<p>There should be recorded evidence of the agreement of all relevant healthcare professionals covering the covert administration of medication to a resident.</p> <p>Stated once</p>	<p>The senior carers advised that medicines are not administered to any residents at present.</p> <p>This recommendation is carried forward</p>	Not examined

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES
Medicines are handled safely and securely.

Criterion Assessed:

30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

COMPLIANCE LEVEL

Inspection Findings:

Satisfactory arrangements are in place for most areas for the management of medicines.

The majority of medicines are supplied in blister packs which are supplied each week by the community pharmacist. The medicines supplied correlated with those recorded on the personal medication records indicating that these medicines are being administered as prescribed.

The date of opening had not been recorded on several medicines which are not contained within the blister pack system, including clobazam, diazepam, loratadine, cetirizine, paracetamol, inhalers and Movicol. The date and time of opening should be recorded on all medicine containers in order to facilitate a clear audit trail and therefore provide evidence that these medicines are being administered as prescribed. The recommendation which was made at the previous inspection is restated.

The management of medicines for external use was examined. These had been reviewed by the prescribers and only currently prescribed medicines were recorded on the personal medication records (PMRs). Short term courses of antibiotic and steroid creams are discontinued when courses are completed. Records of administration had been satisfactorily maintained for all but one resident. The senior carers advised that these medicines are stored in a separate area for this resident and assurances were provided that they are administered as prescribed. The senior carers advised that a suitable system to record the administration of these medicines would be put in place without delay and that all staff would be informed. No further action is required at this time.

The senior carer advised that when residents are admitted from hospital a discharge letter is provided. When residents are admitted from their own home a letter of application is provided by their social worker and written

Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>confirmation of current medicine regimes is obtained from their general practitioner.</p> <p>The procedure for ordering prescriptions was reviewed. The senior carers advised that prescriptions are ordered every four weeks, then received into the home and checked against the home's order before being forwarded to the community pharmacy for dispensing. Medicines are then supplied weekly by the community pharmacy.</p> <p>Epilepsy management plans are in place for a number of residents. It is recommended that only the current plan is held on file for each resident; obsolete plans should be cancelled and archived.</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The trust policies and procedures for the management of medicines, including controlled drugs, are in place. These were not examined in detail.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Annual update training and competency assessments on the management of medicines are provided for all relevant staff. The most recent training had occurred in November 2013. Competency assessments had been completed in December 2013 and January 2014. Records were provided for inspection.</p> <p>Due to the findings of this inspection it is recommended that staff are provided with training and competency assessment on the use of the refrigerator thermometer.</p> <p>Staff attend epilepsy awareness training every two years; the most recent training had been provided in August 2013.</p> <p>Staff had attended basic first aid and swallow awareness training in August and November 2013 respectively.</p> <p>There is a list of the names, signatures and initials of senior carers who have been trained and deemed competent to administer medicines.</p>	<p>Substantially compliant</p>
<p>Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The senior carer advised that there is annual staff appraisal and that staff supervisions now occur every six to eight weeks. Medicines are discussed at each handover.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Training on the administration of buccal midazolam is provided as part of the epilepsy awareness update training.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The senior carer advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p>Compliant</p>
<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Out of date and discontinued medicines are returned to the community pharmacy.</p>	<p>Compliant</p>

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>A representative for the trust carries out a regular audit on the management of medicines; the most recent audit was carried out in May 2014.</p> <p>One member of staff has also been assigned responsibility for carrying out a further audit tool on the records for the prescribing and administration of medicines at quarterly intervals.</p> <p>The majority of medicines are supplied in seven day blister packs which are delivered to the home each week. On the day of the inspection a number of the audits attempted on medicines not supplied within the weekly compliance aids could not be completed as the dates and times of opening had not be recorded. It is recommended that audit trails are carried out on all medicines which are not contained within the blister pack system, including inhalers, external preparations and liquid form medicines, at regular intervals.</p> <p>As stated in Criterion 30.1, the date and time of opening should be recorded on all medicines containers in order to facilitate a clear audit trail.</p>	<p>Substantially compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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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:	
With the exception of the records for the administration of external preparations for one resident, the majority of medicine records had been constructed and completed in such a manner as to ensure that there is a clear audit trail.	Substantially compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records had been maintained in a satisfactory manner. They are signed by the prescriber at the time of writing and at each update.</p> <p>The medication administration records (MARs) which were examined at this inspection had been completed in a satisfactory manner.</p> <p>Improvements in the records for the prescribing and administration of topical medicines were observed at this inspection, however further improvements are required for one resident as detailed in Criterion 30.1</p> <p>Records of medicines received and transferred out of the home had been maintained in a satisfactory manner.</p>	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs have not been prescribed.	Not applicable

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:	COMPLIANCE LEVEL
32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions. There was sufficient storage space for all medicines and all currently prescribed medicines were available for administration on the day of the inspection.</p> <p>Medicines which require cold storage were not prescribed for any residents on the day of the inspection. The senior carer advised that when prescribed they are stored in a locked metal container in the refrigerator and that the temperature is recorded. A review of previous recordings indicated that only the current temperature is monitored. In order to ensure that the temperature range within the refrigerator is maintained between 2°C and 8°C the maximum, minimum and current temperature must be recorded and the thermometer must then be reset every day when the refrigerator is in use. The requirement which was made at the previous inspection is restated.</p> <p>The temperature of the office where medicines are stored is not monitored. The registered manager should ensure that the temperature of the office is monitored and recorded each day to ensure that it is maintained at or below 25°C. A recommendation has been made.</p> <p>Oxygen or blood glucometers are not managed in the home at present.</p>	<p align="center">Substantially compliant</p>

STANDARD 32 - MEDICINES STORAGE

<p>Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>One senior carer is nominated to be in charge of medicines during each shift. The keys to the medicines cupboard were observed to be held by this person during the inspection.</p>	<p>Compliant</p>
<p>Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements have not been prescribed for any residents.</p>	<p>Not applicable</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

A number of residents are prescribed 'when required' antipsychotic and anxiolytic medicines for the management of distressed reactions.

These medicines are recorded on the personal medication records (PMRs) and records of administration are maintained on the MARs.

Care plans are in place for the management of distressed reactions. The reason for the administration and subsequent outcome had been recorded in the daily notes on the majority of occasions. Staff were reminded that this should be recorded in the daily notes on all occasions.

Management of thickening agents

The management of thickening agents was reviewed. Thickening agents are recorded on the personal medication record. Records of administration, including the required consistency level are maintained.

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

Staff had attended swallow awareness training in November 2013.

Adding medicines to food to assist administration

One resident has their medicine administered in yogurt to assist swallowing; staff confirmed that the medicine is not being administered covertly. This practice has been agreed by the prescriber, the speech and language therapist and the resident's parent and records are maintained.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers / managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Siobhan Cultra, Senior Carer**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

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



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

STRUELL LODGE

29 JULY 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Siobhan Cultra, Senior Carer**, during the inspection.

The timescales for completion commence from the date of inspection.

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

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

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

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

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The temperature range of the refrigerator in which medicines are stored must be maintained within the recommended range of +2°C and +8°C. Ref. Section 5.0 and Criterion 32.1	Two	When medicines are required to be stored in the refrigerator temperatures are monitored and recorded to ensure the recommended range is maintained.	26 August 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	In order to facilitate audit activity, the dates of opening should be routinely recorded on all medicine containers. Ref: Section 5.0, Criteria 30.1 and 30.8	Two	The date and time of opening will routinely be recorded on all medicine containers.	26 August 2014
2	30	There should be recorded evidence of the agreement of all relevant healthcare professionals covering the covert administration of medication to a resident. Ref: Carried forward from Section 5.0	One	A Best Interest decision review will be completed documenting the reasons for administration and agreement from the healthcare professionals.	Ongoing
3	30	The registered manager should ensure that only the current epilepsy management plan is held on the medicine's file for each resident. Ref: Criterion 30.1	One	All out of date epilepsy management plans have been archived and only the current plan is held in the medicines file for each resident.	26 August 2014

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30	The registered manager should ensure that all relevant staff are trained and competent in monitoring the refrigerator temperature. Ref: Criterion 30.3	One	Training has been arranged to ensure staff are competent in monitoring the refrigerator temperature.	26 August 2014
5	30	Audit trails should be carried out on all medicines which are not contained within the blister pack system, including inhalers, external preparations and liquid form medicines, at regular intervals. Ref: Criterion 30.8	One	A monthly audit on all medicines which are not contained within the blister pack system will be implemented immediately.	26 August 2014
6	32	The temperature of the office should be monitored and recorded each day to ensure that it is maintained at or below 25°C. Ref: Criterion 32.1	One	A daily record of the office temperature has commenced.	26 August 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	Marian Fitzsimons
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Whittle, Director of Adult Services & Prison Healthcare

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	19 September 2014
B.	Further information requested from provider				