



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018425
Establishment ID No: 11142
Name of Establishment: Bohill House
Date of Inspection: 24 November 2014
Inspectors' Names: Judith Taylor & Cathy Wilkinson

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:	Bohill House
Type of home:	Nursing Home
Address:	69 Cloyfin Road Coleraine BT52 2NY
Telephone number:	(028) 7032 5180
E mail address:	traceyhenry@priorygroup.com
Registered Organisation/ Registered Provider:	Priory Care Homes Number 2 Ltd Mrs Caroline Denny
Registered Manager:	Mrs Tracey Henry
Person in charge of the home at the time of Inspection:	Mrs Tracey Henry
Categories of care:	RC-DE, NH-I, NH-DE, NH-PH
Number of registered places:	80
Number of patients accommodated on day of inspection:	63
Date and time of current medicines management inspection:	24 November 2014 10:35 – 14:55
Name of inspectors:	Judith Taylor & Cathy Wilkinson
Date and type of previous medicines management inspection:	17 June 2013 Unannounced Monitoring

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing 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 patients 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 Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Tracey Henry (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 Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

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

Standard 39: 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 inspectors 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

Bohill House is a purpose built three storey detached nursing home which is managed by the Priory group of homes. Mrs Tracey Henry is the registered manager of the home and has been in position since the home was registered in 2011.

The home offers bright and spacious accommodation for a total of 80 patients. The ground floor accommodates 36 patients with dementia and the first floor accommodates 44 patients with general nursing needs.

The bedrooms are all single rooms with en-suite shower and toilet facilities. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage for patients' personal possessions.

There are sitting rooms and dining rooms located throughout the home, which are tastefully decorated and have comfortable furnishings to suit a range of needs. The main sitting room on the ground floor looks out onto an enclosed secure garden situated at the rear of the building. The first floor sitting rooms provide a panoramic view of the surrounding country side. All patients have access to the garden.

There is an assisted bathroom on each floor of the home, ensuring that bathing facilities are available for patients. Communal toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities are accessible to all patients and visitors in the main house.

Car parking has been provided to the front, side and rear of the main house.

The second floor of the main house accommodates the staff rest rooms, storage space, office space and a staff training room. Catering and laundry services are situated on the ground floor and provide a service for the whole home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Bohill House was undertaken by Judith Taylor and Cathy Wilkinson, RQIA Pharmacist Inspectors, on 24 November 2014 between 10:35 and 14:55. 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 patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

During the course of the inspection, the inspectors met with the registered manager of the home, Mrs Tracey Henry and with the staff on duty. The inspectors observed practices for

medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Bohill House are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no areas of concern although some areas for improvement were noted.

The five requirements and four recommendations made at the previous medicines management inspection on 17 June 2013 were examined during the inspection. The outcomes of compliance can be observed in the tables following this summary. Three requirements and all of the recommendations had been complied with. However, one requirement has been assessed as moving towards compliance and one requirement has been assessed as not compliant and both are restated in the Quality Improvement Plan (QIP).

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 and any intelligence that may be received from trusts and other sources.

A significant improvement in the management of medicines was evidenced at this inspection. Areas of good practice were noted and acknowledged and are detailed in the report. The registered manager and staff are commended for their efforts.

Written policies, procedures and standard operating procedures for controlled drugs are in place and are readily available for staff reference in each treatment room.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

Practices for the management of medicines are audited on a monthly basis and daily stock balances are maintained for a number of medicines. The outcomes of the vast majority of audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in strict accordance with the prescribers' instructions. Close monitoring of citalopram drops and other liquid medicines is necessary.

During the inspection it was noted that there were some omissions as the medicine was not held in stock. The process for the ordering and receipt of medicines requires review to ensure all medicines are available for administration as prescribed.

Most of the medicine records which were selected for examination had been maintained in the required manner. The administration records pertaining to external preparations must be reviewed to ensure these are fully and accurately maintained at all times. With regard to distressed reactions, a care plan should be developed for the relevant patients and the reason for the administration and outcome of the administration of the medicine should be recorded on every occasion.

Medicines are stored safely and securely. Satisfactory arrangements are in place to monitor the temperature of medicine storage areas. Key control was appropriate.

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 17 June 2013:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that robust arrangements are in place for the management of medicines administered via the enteral route. Stated twice	Satisfactory arrangements were observed for the management of medicines administered via enteral feeding tubes.	Compliant
2	13(4)	The registered manager must ensure that robust arrangements are in place for the management of external preparations. Stated once	Examination of the administration records pertaining to external preparations indicated that further improvement is required. A number of omissions were noted and discussed. This requirement is restated	Moving towards compliance
3	13(4)	The registered manager must confirm that all medicines are stored at temperatures specified by the manufacturer. Stated once	The outcome of the inspection indicated that medicines are being stored at the temperature specified by the manufacturer.	Compliant
4	13(4)	The registered manager must closely monitor the administration of citalopram drops. Any further discrepancies should be investigated and reported to RQIA. Stated once	One bottle of citalopram was audited at the inspection. This showed a discrepancy and was discussed with the registered manager. This requirement is restated	Not compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
5	13(4)	<p>The registered manager must investigate the observations made in the administration of Aranesp injections and Keppra tablets. A written report of the findings and action taken must be forwarded to RQIA.</p> <p>Stated once</p>	An investigation had been completed and forwarded to RQIA following the previous medicines management inspection.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	40	<p>The registered manager should ensure that robust arrangements are in place for injectable medicines.</p> <p>Stated twice</p>	<p>There are reminders in place to ensure that all injectable medicines are administered as prescribed.</p>	<p>Compliant</p>
2	37	<p>The registered manager should review the admission process for patients who are in receipt of respite care, to ensure there is evidence that medicine regimes are up to date and accurate at the time of each admission.</p> <p>Stated once</p>	<p>The admission procedure for one patient who is receiving respite care was examined. Medicine information is obtained at the preadmission assessment and also is confirmed in writing by the prescriber.</p>	<p>Compliant</p>
3	37	<p>The registered manager should review the stock control arrangements for medicines to ensure that currently prescribed medicines are not disposed of; adequate systems should be in place to ensure that medicines are only ordered as the need arises.</p> <p>Stated once</p>	<p>There was no evidence of any ongoing disposal of currently prescribed medicines or overstocks of medicines.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	38	<p>The registered manager should closely monitor the completion of personal medication records.</p> <p>Stated once</p>	<p>The sample of personal medication records selected for examination had been well maintained.</p>	<p>Compliant</p>

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed:	COMPLIANCE LEVEL
37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	
Inspection Findings:	
<p>Most of the audit trails which were performed on a variety of medicines at the inspection indicated medicines are administered as prescribed. Some discrepancies were observed in liquid medicines, this included citalopram drops. Close monitoring of citalopram drops had been raised at the previous medicines management inspection and the requirement is restated. It is recommended that the administration of liquid medicines is closely monitored. The administration of external preparations must be reviewed as detailed in Criterion 38.2.</p> <p>It was noted that there had been some recent out of stock medicines and was discussed with staff and the registered manager. This involved five medicines, three of which had since been supplied. The registered manager confirmed by email after the inspection, that the other two medicines had been received later on the evening of the inspection. The registered manager must make the necessary arrangements to ensure that medicines are available at all times to ensure administration as prescribed. A requirement is made.</p> <p>There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.</p> <p>Suitable arrangements are in place for the management of anticoagulant medicines.</p> <p>The management of medicines prescribed on a when required basis for distressed reactions was examined. A care plan should be developed for the relevant patients. The parameters for administration were recorded in full, on the personal medication records selected. The reason for the administration of the medicine and effect of the administration is not recorded. This should be recorded on every occasion. The record keeping for distressed reactions should be reviewed. A recommendation is made.</p>	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.2 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>Written policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.3 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>A record of medicines management training is kept in the home, including records of induction training. Update medicines management training is provided through the completion of e-learning modules and attendance at training courses. This year, training has included the management of syringe drivers and Parkinson's disease for registered nurses. Care staff have received training in the management of dysphagia and external preparations.</p> <p>A list of the names, signatures and initials of staff authorised to administer medicines is maintained.</p> <p>Staff competencies in medicines management are assessed annually. A sample of the training and competency records were reviewed at the inspection.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.4 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>Medicines management training is reviewed through annual appraisal, staff competency assessment, the outcomes of audit trails and supervision of practice. Records are maintained. The staff advised that team meetings are also used to highlight medicines management issues.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.5 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 registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the policies and procedures. The most recent medicine related incidents were discussed at the inspection.</p>	<p>Compliant</p>
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>All discontinued or expired medicines are placed into special waste container by two registered nurses. The waste containers are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines.</p> <p>The registered nurses confirmed that controlled drugs are denatured prior to disposal.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.7 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>The system to audit medicines management includes records of running stock balances for several medicines which are not supplied in the 28 day blister packs e.g. inhaled medicines, nutritional supplements and warfarin and a nightly audit by registered nurses. This is good practice. An overarching audit is completed by the registered manager; and a representative from the community pharmacy completes an audit every quarter.</p> <p>The good practice of recording the date and time of opening on medicine containers and recording the stock balance of any medicine remaining from the previous medicine cycle was acknowledged. This readily facilitates the audit process.</p> <p>Due to the findings at this inspection, it was advised that the audit process should be expanded to include close monitoring of liquid medicines (see Criterion 37.1) and the completion of records pertaining to external preparations (see Criterion 38.2).</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>

STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>Medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged and included</p> <ul style="list-style-type: none"> • two registered nurses are involved in the writing and updating of personal medication records, medication administration records and in the administration of warfarin • daily stock balance records are maintained for several medicines such as nutritional supplements, antibiotics and Schedule 4 controlled drugs • separate records are maintained for the application and removal of controlled drug and lidocaine patches • reminder alerts for weekly and three monthly medicines 	Compliant

STANDARD 38: MEDICINE RECORDS

<p>Criterion Assessed: 38.2 The following records are maintained:</p> <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
<p>Inspection Findings:</p> <p>Samples of each of the above records were selected for examination and the majority of these were found to be satisfactory. The good standard of record keeping was acknowledged.</p> <p>However, improvement is required in management of records pertaining to external preparations. The administration of several external preparations is delegated to care staff. Although specific records are in place, these are not completed on every occasion. Therefore, there was no evidence to indicate that the medicine had been administered as prescribed. This must be reviewed to ensure each administration is recorded and the completion of the records is monitored with the audit process. A requirement is made.</p>	Substantially compliant
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p> <p>The controlled drug record book is maintained in the required manner.</p>	Compliant
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines are stored safely and securely and in accordance with the manufacturer's instructions.</p> <p>There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>Satisfactory arrangements are in place for the temperature monitoring of medicine storage areas.</p> <p>Oxygen and blood glucometers are managed appropriately.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	
Inspection Findings:	
The controlled drug cabinet key is held separately from other medicine cupboard keys and is held by the registered nurse/senior carer in charge of each treatment room. The registered manager is responsible for the management of spare medicine keys.	Compliant

STANDARD 39 - MEDICINES STORAGE

<p>Criterion Assessed: 39.3 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 are reconciled at each handover of responsibility and records of balance checks were inspected and found to be satisfactory.</p> <p>The good practice of including controlled drugs which do not require storage in the controlled drug cupboard was acknowledged.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>

7.0 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 patients 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 patients 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 Tracey Henry (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:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

BOHILL HOUSE

24 NOVEMBER 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Tracey Henry, Registered Manager**, during 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 Nursing 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 closely monitor the administration of citalopram drops. Any further discrepancies should be investigated and reported to RQIA. Ref: Section 5.0 & 37.1	Two	An audit sheet is in place for the citalopram drops and any discrepancies will be reported as per RQIA requirements. The service user had a period of time in hospital as discussed which affected the audit count. The audit will be reviewed as part of internal audit process.	25 December 2014
2	13(4)	The registered manager must ensure that robust arrangements are in place for the management of external preparations. Ref: Section 5.0, Criteria 37.1, 37.7 & 38.2	Two	The management of the external preparations has been reviewed and is under review by the clinical leads on each floor to ensure all records are maintained in regard to administration of external preparations.	25 December 2014
3	13(4)	The registered manager must make the necessary arrangements to ensure that all medicines are available for administration as prescribed. Ref: Criterion 37.1	One	The qualified and residential staff have had notification in relation to the provision of medication and to ensure all medication prescribed is available.	25 December 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), 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	37,38	The registered manager should closely monitor the administration of liquid medicines to ensure the medicine is administered as prescribed. Ref: Criterion 37.1 & 37.7	One	An audit sheet is in place for the administration of liquid medications and will be monitored as part of the internal process review. In particular citalopram drops.	25 December 2014
2	37	The registered manager should review the management of distressed reactions to ensure the relevant records are maintained. Ref: Criterion 37.1	One	All residents currently prescribed anti-psychotic medication have a care plan in place to review distressed reaction - in conjunction with distress reaction records maintained within plan of care.	25 December 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	Tracy Henry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	09/01/15
B.	Further information requested from provider				