



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018399
Establishment ID No: 1451
Name of Establishment: The Court Care Home
Date of Inspection: 22 July 2014
Inspector's Name: Paul Nixon

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:	The Court Care Home
Type of home:	Nursing Home
Address:	1a Queens Avenue Ballymoney BT53 6DF
Telephone number:	(028) 2766 6866
E mail address:	the.court.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (No 11) Limited Mr James McCall
Registered Manager:	Mrs Louise McIlwrath
Person in charge of the home at the time of inspection:	Mrs Louise McIlwrath
Categories of care:	NH-I, NH-PH, NH-DE
Number of registered places:	45
Number of patients accommodated on day of inspection:	32
Date and time of current medicines management inspection:	22 July 2014 10:00 – 14:15
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	15 September 2011 Unannounced Monitoring inspection

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 the registered manager, Mrs Louise McIlwrath and registered nurses 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 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

The Court Care Home is a purpose built, two storey building, set in landscaped grounds in a quiet residential area of Ballymoney. The home is close to the social, commercial and religious facilities of the town.

The home is registered to accommodate 45 persons requiring nursing care in the categories of old age (I) and a maximum of three patients with physical disablement under 65 years of age (PH).

The majority of patient accommodation is provided in single bedrooms with four double bedrooms. The first floor is accessible by a passenger lift and stairs. Laundry, kitchen and sanitary facilities are also provided.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Court Care Home was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 22 July 2014 between 10:00 and 14:15. 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 inspector met with the registered manager of the home, Mrs Louise McIlwrath and the registered nurses 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 The Court Care Home 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 registered manager and staff are commended for their efforts.

The ten requirements and one recommendation which were made at the previous medicines management inspection, on 15 August 2011, were examined during the inspection. Nine of the ten requirements are assessed as compliant and one requirement is assessed as substantially compliant. The one recommendation is assessed as compliant

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the arrangements for staff medicines management training and competency assessments, the robust auditing and the additional records in place for the recording of warfarin and transdermal patches.

There is a programme of staff training in the home. There are annual medicines management competency assessments for staff members who manage medicines.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. Two medicines were highlighted which the registered manager should closely monitor.

With the exception of the medication administration record in the general nursing unit, the medicine records had been maintained in a satisfactory manner. By 11:00 hours, the

registered nurse in the general nursing unit had completed the medication administration record in advance, to indicate the administration or non-administration of at least 17 medicines at lunchtime and teatime. The registered provider must investigate this incident and submit a written report of the outcome and action plan to RQIA. The registered provider must ensure that the medication administration record is accurately completed at all times.

Medicines were stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions.

The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.

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

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 15 August 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	<p>The registered manager must monitor:</p> <ul style="list-style-type: none"> • the administration of the three medicines highlighted at this inspection • the recording of dates of opening on medicine containers <p>Stated once</p>	<p>There are robust arrangements to monitor the administrations of medicines. The dates of opening were observed to be routinely recorded on the medicine containers.</p>	Compliant
2	Reg. 13(4)	<p>The registered manager must investigate the apparent discrepancy in the administration of warfarin 3mg tablets.</p> <p>The findings of the investigation must be reported to the prescriber for guidance, if necessary.</p> <p>A copy of the outcome of the investigation must be forwarded to RQIA.</p> <p>Stated once</p>	<p>The details of the outcome of this investigation were forwarded to RQIA along with the Quality Improvement Plan.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	Reg. 13(4)	<p>The registered manager must ensure that all medicines are available in the home for administration as prescribed.</p> <p>Stated once</p>	All medicines checked were observed to be in stock.	Compliant
4	Reg. 13(4)	<p>Robust arrangements must be put in place for the management of warfarin.</p> <p>Stated once</p>	Robust arrangements were observed to be in place for the management of warfarin.	Compliant
5	Reg. 13(4)	<p>Nurses must receive update training on the administration of buccal midazolam.</p> <p>An appropriate care plan must be developed.</p> <p>Stated once</p>	Staff have received training on the administration of buccal midazolam. The relevant patients each have an epilepsy management plan in place.	Compliant
6	Reg. 13(4)	<p>The necessary improvements must be made in the standard of maintenance of the personal medication records.</p> <p>Stated once</p>	The personal medication record sheets were observed to be appropriately maintained.	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	Reg. 13(4)	<p>In-use insulin, Tears Naturale eye-drops and Hypostop gel must not be stored in the medicines' refrigerator.</p> <p>Stated once</p>	<p>With the exception of one insulin pen in the dementia unit; in-use insulin, Tears Naturale eye-drops and Hypostop gel were observed to be stored in the medicines trolleys. The need to ensure that in-use insulin pens are not stored in the medicines refrigerator was discussed with the registered manager.</p>	<p>Substantially compliant</p>
8	Reg. 13(4)	<p>The registered manager must review the management and storage of medicines which are self-administered.</p> <p>Stated once</p>	<p>This review has taken place.</p>	<p>Compliant</p>
9	Reg. 13(4)	<p>Recorded evidence of prescriber guidance on the management of medication refusals must be maintained.</p> <p>Stated once</p>	<p>Care plans are in place and the GP and care manager are contacted in instances where a patient persistently refuses medication.</p>	<p>Compliant</p>

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
10	Reg. 13(4)	<p>The management of blood glucometers must be reviewed to ensure that:</p> <ul style="list-style-type: none"> • all nurses are aware of the required frequency of the control checks • records of the outcomes of all control checks are maintained • the date of opening is recorded on the control solution to facilitate disposal at expiry. <p>Stated once</p>	<p>Blood glucometers were observed to be appropriately managed. Quality checks are performed weekly and records of the outcomes are recorded. The dates of opening were recorded on the control solutions to facilitate disposal at expiry.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	39	<p>The registered manager should have access to a spare set of medicine keys.</p> <p>Stated once</p>	The registered manager confirmed that she holds a spare set of medicine keys.	Compliant

SECTION 6.0

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

<p>Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Audits on Carbocisteine liquid and Atorvastatin 20mg tablets produced unsatisfactory outcomes. The registered manager agreed to closely monitor the administrations of both medicines.</p> <p>The registered manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for two recently admitted patients.</p> <p>The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing.</p> <p>The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained.</p> <p>One patient has medication administered covertly. A care plan was in place to cover this arrangement and there was recorded evidence that it had been agreed with the patient's next of kin.</p> <p>The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for two patients. One of the two patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record and records of administration</p>	<p>Substantially compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>had been maintained on the medicine administration record sheets. However, the reasons for administration and outcomes had not been recorded in the daily progress notes. The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. A recommendation is stated.</p>	
<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The policies and procedures detailing the arrangements for the management of medicines were not examined during the inspection.</p>	Not examined
<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>There is a programme of staff medicines management training in the home. The registered manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed.</p> <p>A record of the medicines management training and development activities completed by the staff is maintained.</p>	Compliant
<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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>There are medicines management competency assessments for staff members who manage medicines. Competencies are updated annually for all relevant staff.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The home has a policy for reporting incidents. The manager confirmed that medication errors and incidents are reported to RQIA.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are placed into designated clinical waste bins by nursing staff. The registered manager stated that two nurses dispose of all pharmaceutical waste into these bins. Two nurses denature controlled drugs. The waste bins are removed by a waste disposal contractor.	Compliant
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.	COMPLIANCE LEVEL
Inspection Findings:	
There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. Daily medication audits are performed by the nursing staff. Monthly medication audits are performed by the registered manager. Recorded evidence of the medicines management audit activity is maintained. Any issues arising are detailed in an action plan and are both followed up at the next audit and discussed at the staff meetings.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>With the exception of the medication administration record in the general nursing unit, the medicine records were observed to have been constructed and completed in a manner that facilitates audit activity.</p>	<p align="center">Substantially compliant</p>
<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. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A randomly selected sample of the above medicine records was assessed. These records had been maintained in a mostly satisfactory manner.</p> <p>The personal medication records examined contained the required information and the entries had been signed by two registered nurses.</p> <p>By 11:00 hours, the registered nurse in the general nursing unit had completed the medication administration record in advance, to indicate the administration or non-administration of at least 17 medicines at lunchtime and teatime. This practice is unacceptable. The registered provider must investigate this incident and must submit a written report of the outcome and action plan to RQIA. The registered provider must ensure that the medication administration record is accurately completed at all times. Two requirements are stated.</p>	<p align="center">Substantially compliant</p>

STANDARD 38 - MEDICINE RECORDS

The records of receipts and disposals of medicines contained the necessary information.	
Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	COMPLIANCE LEVEL
Inspection Findings:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	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 were observed to be stored securely under conditions that conform to statutory and manufacturers' requirements.</p> <p>Storage was observed to be tidy and organised. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards.</p> <p>The temperature range of the medicines refrigerators and the medicines storage rooms are monitored and recorded each day. Temperatures had been maintained within the recommended ranges.</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 medicine keys were observed to be in the possession of the registered nurse on duty in each of the two units. The controlled drug cabinet key was observed to be carried by the designated registered nurse, separately from the other medicine keys.	Compliant

STANDARD 39 - MEDICINE STORAGE

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.	COMPLIANCE LEVEL
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled by two registered nurses twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

7.0 ADDITIONAL AREAS EXAMINED

None

8.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of 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 Louise McIlwrath (Registered Manager)**, during the inspection, 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:

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



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

THE COURT CARE HOME

22 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Louise McIlwrath (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 REQUIREMENT					
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 provider must investigate the incident where the registered nurse in the general nursing unit completed the medication administration record in advance for multiple medicines and must submit a written report of the outcome and action plan to RQIA. Ref: Criterion 39.2	One	The investigation has commenced in to this matter. The written report will be submitted on completion.	21 August 2014
2	13(4)	The registered provider must ensure that the medication administration record is accurately completed at all times. Ref: Criteria 39.1 and 39.2	One	Registered Nurses are aware of their obligations under the NMC code of conduct. Regular audits and supervised medicine rounds will continue as part of ongoing governance within the home. All Registered Nurses will complete Boots face to face training as per training schedule.	21 August 2014

RECOMMENDATION

This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. It promotes 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	<p>The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.</p> <p>Ref: Criterion 37.1</p>	One	The relevant care plans have been included and Registered Nurses document in the daily notes where these drugs are required and the outcomes of administration.	21 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 and return to [pharmacists @rqia.org.uk](mailto:pharmacists@rqia.org.uk)

NAME OF REGISTERED MANAGER COMPLETING QIP	Louise McIlwrath
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall  DIRECTOR OF OPERATIONS 26/8/14

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nuxin	23/8/14
B.	Further information requested from provider				