THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**13860**
Establishment ID No:	**1491**
Name of Establishment:	**Mountvale**
Date of Inspection:	**21 February 2013**
Inspectors' Names:	**Frances Gault** **Cathy Wilkinson**

1.0 GENERAL INFORMATION

Name of home:	Mountvale
Type of home:	Nursing Home
Address:	Brewery Lane Meeting Street Dromore BT25 1AH
Telephone number:	(028) 9269 9480
E mail address:	nursemanager@mountvalepnh.co.uk
Registered Organisation/ Registered Provider:	Mountvale Mr William Trevor Gage
Registered Manager:	Mrs Linda Kennedy
Person in charge of the home at the time of Inspection:	Ms Michelle Marshall Ms Mrya Belamonte from 14:00
Categories of care:	NH-I ,NH-PH ,NH-PH(E) ,RC-I
Number of registered places:	51
Number of patients accommodated on day of inspection:	50
Date and time of current medicines management inspection:	21 February 2013 11:25 – 15.15
Name of inspectors:	Frances Gault & Cathy Wilkinson
Date and type of previous medicines management inspection:	1 October 2012 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 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 previous medicines management inspection of this home on 1 October 2012 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. The purpose of this visit was to determine what progress had been made in addressing the eight requirements and two recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients and residents, with respect to the administration of medicines, could be assured.

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 Residential Care Homes Regulations (Northern Ireland) 2005.

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

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

METHODS/PROCESS

Discussion with Ms Myra Belamonte, Senior Staff Nurse, and 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

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions.

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

Mountvale Private Nursing Home is located centrally in Dromore, County Down and is close to main transport routes and amenities.

The home can provide care for a maximum of 51 persons. Five of the 51 beds are registered to support residential care if required. When beds are available, respite care is regularly provided. The home no longer provides a day care service.

The home is registered to provide care under the following categories:

Nursing Care

NH - I Old age not falling into any other category
NH - PH Physical disability other than sensory impairment - under 65 years
NH - PH (E) Physical disability other than sensory impairment – over 65 years

Residential Care

RC - I Old age, not falling into any other category. Maximum of 5 residents

The facility is a two storey building comprising forty - seven single bedrooms and two double bedrooms, three sitting rooms, visitor's area, two dining rooms, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

Car parking is provided to the front of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Mountvale was undertaken by Frances Gault, RQIA Senior Pharmacy Inspector and Cathy Wilkinson, Pharmacist Inspector, on 21 February 2013 between 11.25 and 15:15. This summary reports the position in the home at the time of the inspection.

The focus of this follow-up medicines management inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

This inspection indicated that some of the arrangements for the management of medicines are not compliant with legislative requirements and best practice guidelines and immediate and sustained improvement is necessary. Some of the issues highlighted by the inspectors during this inspection had been identified in several previous inspections dating back to 2007 and the evidence seen at this inspection indicates that sufficient and sustained improvement has not been made.

The eight requirements and two recommendations made at the previous medicines management inspection on 1 October 2012 were examined during the inspection. The inspectors' validation of compliance can be viewed in Section 5 of this report. Six of the requirements are assessed as not compliant and have been restated. One requirement is

compliant and one is substantially compliant. One of the recommendations is assessed as compliant and one is not compliant.

The outcomes of the medicines management inspections on 10 May 2011 and 1 October 2012 raised concerns regarding medicines being out of stock and unavailable for administration to patients. These inspections also identified that the medicines auditing system in the home was not robust. During this unannounced medicines management inspection (21 February 2013) the inspectors again evidenced that the arrangements for the stock control of medicines were unacceptable.

Four medicines were observed to have been not administered and recorded as being out of stock during this medicine cycle. Two of these medicines had been returned for disposal at the end of the last medicines cycle and one of the other medicines could have been administered using two tablets of medicines that had previously been prescribed for this patient. The non-administration of medicines due to mismanagement of stock is unacceptable.

The registered person may have compromised the safety and wellbeing of these patients by failing to ensure that systems were in place to guarantee that adequate supplies of prescribed medicines were available for administration. The registered nurses were not effective in their efforts to resolve the situation.

There is a systemic failure of the procedures in place to ensure that all patients have a continuous supply of their medicines. The registered person must ensure that a robust system is in place in order that prescriptions and dispensed medicines are obtained from the general practitioners and community pharmacist in a timely manner. The system must identify the proactive action to be taken by staff, in the event of any delays, in order that patients have a continuous supply of their medicines available for administration as prescribed by their general practitioner. Registered nurses must inform the registered manager of any on-going stock supply issues. A robust audit tool must be developed to ensure that any potential for out of stock medicines are identified and appropriate corrective action taken.

The findings of this inspection indicate that further training and supervision must be provided for some of the nursing staff. The unsatisfactory management of the supply of prescribed medicines indicates that the registered nurses require further training and reassessment of their competency in the management of medicines, including their professional accountability. The registered person must ensure that nurses' practices are in accordance with the NMC Code of Professional Conduct. In addition, the non-administration of medicines due to insufficient stock is not being reported to RQIA in accordance with statutory requirements. This must be addressed.

The personal medication records had been maintained in a mostly satisfactory manner. Further improvements in the standard of maintenance of the medication administration records (MARs) are necessary. Some of these records were illegible due to the poor print quality. The date of administration of all medicines must be accurately recorded on hand-written MARs. The reason for any non-administration of a medicine must be accurately recorded.

At the commencement of the inspection, the medicines trolley on the first floor was observed to be unlocked and unattended. This is unacceptable. Medicines must be safely and securely stored at all times.

In order to discuss the concerns further, a meeting was held between RQIA, Mr Trevor Gage (Registered Person) and Ms Linda Kennedy (Registered Manager) on 1 March 2013. The

concerns raised during this inspection were discussed and assurances were provided by the registered persons that these would be addressed. A further inspection to monitor compliance is planned. If the concerns raised have not been addressed, further enforcement action will be considered.

The inspection attracted a total of 12 requirements and three recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

The inspectors would like to thank nurses for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection (1 October 2012)

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that all patients have a supply of their prescribed medicines. **Stated twice**	Four medicines were observed to have been out of stock during this inspection for between two and four days.	**Not compliant**
2	13(4)	A record of the administration of thickening agents must be maintained. **Stated twice**	A record of the administration of thickening agents is recorded on the MARs sheets by nurses, but the nurses were unable to provide a record of administration when care assistants administer thickening agents.	**Not complaint**
3	13(4)	The registered manager must ensure that medicines are administered from the patient's own supply. **Stated once**	There was no evidence to suggest that patients were sharing supplies of medicines.	**Compliant**
4	13(4)	The registered manager must ensure that there is a system in place to ensure that all reportable medication incidents are reported to RQIA. **Stated once**	Three incidents were observed that had not been reported to RQIA.	**Not compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must implement a robust auditing system which monitors all aspects of the management of medicines. **Stated once**	The outcome of this inspection indicates that the audit system is not robust and does not monitor all aspects of the management of medicines.	**Not compliant**
6	13(4)	The registered manager must ensure that MARs sheets are fully and accurately maintained. **Stated once**	A significant number of MARs sheets on the ground floor were illegible and therefore the accuracy could not be determined.	**Not compliant**
7	13(4)	The registered manager must review the arrangements for the administration and recording of external medicines to ensure that they are administered as prescribed. **Stated once**	An accurate record of the administration of external medicines had not been maintained.	**Not compliant**
8	13(4)	The registered manager must ensure that action is taken to ensure that the temperature of the treatment room does not regularly exceed +25^{o}C. **Stated once**	The treatment room temperature is monitored and recorded daily. Progress has been made since the last inspection and in the last two months, the temperatures are now mostly within the acceptable range.	**Substantially compliant**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should monitor the length of time taken to complete the morning medicines round.	On the day of the inspection, the morning medicine on the first floor was completed at 11:50.	**Not compliant**
2	37	The registered manager should ensure that suitable arrangements are in place to manage the disposal of controlled drugs.	Controlled drugs are now denatured before leaving the home.	**Compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

This inspection indicated that some of the arrangements for the management and administration of medicines are not compliant with legislative requirements and best practice guidelines.

Immediate and sustained improvements are required for the management of medicines, in particular the stock control of medicines on the ground floor of this home.

During the medicines inspection on 1 October 2012, it was observed that that prescribed medicines for six patients had been out of stock for several consecutive days in the three weeks prior to the inspection. During this inspection, medicines for three patients had been out of stock for two days for more. For one patient, two medicines, omeprazole capsules and quetiapine tablets had been out of stock for four and two days respectively at the commencement of the current medicine cycle. The evidence seen at this inspection indicated that 16 quetiapine tablets had been disposed of at the end of the previous medicine cycle. Omeprazole had been commenced in the middle of the previous medicines cycle and there should have been at least nine doses left at the commencement of the current medicine cycle. Therefore medicines should have been available for administration as prescribed.

For a second patient, ranitidine 300mg tablets had been prescribed. There was a delay in obtaining this strength of tablets, however the records indicated that ranitidine 150mg tablets, previously prescribed for this patient, were in stock. The patient could have been administered two of these tablets until the correct strength became available.

This is completely unacceptable. The safety and well-being of these patients may have been compromised by missing doses of their prescribed medicines. The registered manager must ensure that medicines are available for administration as prescribed and that processes are in place to ensure that the patients do not run out of stock of any of their prescribed medicines. Failure to satisfactorily address this issue may result in further enforcement action. The requirement made in relation to this issue has been restated for a third time.

The issue of out of stock prescribed medicines in the last three medicines management inspections indicates that there is a systemic failure of the procedures in place to ensure that patients have a continuous supply of their prescribed medicines. These occurrences identify that the registered nurses do not appear to initiate effective preventative and corrective action in the event of any delays in medication orders and supplies resulting in patients not having a continuous supply of their medicines. The registered person must ensure that a robust system is in place to ensure that orders for prescriptions and dispensed medicines are obtained from the general practitioners and community pharmacist in a timely manner. A robust reporting system must be put in place to ensure that management are informed of any potential difficulties in obtaining medicines. A requirement has been made.

The unsatisfactory management of these issues indicates that the registered nurses require further training in the management of medicines, including their professional accountability. The registered person must ensure that nurses' practices are in accordance with the NMC Code of Professional Conduct. All registered nurses must be retrained in the management of medicines to include their professional accountability to ensure that patients receive safe and

competent care. The competency of all relevant staff in the management of medicines must be regularly assessed and outcomes recorded to ensure that patients receive safe and competent care. Two requirements have been made.

Five medication related incidents have been reported to RQIA since October 2012. However, two medication incidents involving the non-administration of medicines due to stock unavailability noted during this inspection have not been reported. The registered manager must ensure that a robust reporting system is put in place to ensure that any on-going non-administration of a medicine is recognised as a medication incident by the registered nurses and reported to the prescriber and RQIA in accordance with legislative requirements. The requirement made in relation to this issue has been restated.

The registered manager must implement an effective medicines auditing system that identifies any discrepancies in the supply and administration of medicines and records the action taken by management to address these. Regular monitoring and auditing should be undertaken by the registered person to ensure that all areas of the management of medicines are in compliance with legislative requirements and minimum standards. One requirement and one recommendation have been made.

At the previous inspection on 1 October 2012, the morning medicine round was not completed until 11:45. The registered manager advised that this was not routine and had been caused by staffing issues. She advised that the round was usually completed by 10:30. During this inspection, the medicine round on the first floor was not completed until 11:50 and it was explained that this was due to staff absence. The timing of the medicines round has been highlighted in several previous medicines management inspections and the registered manager must ensure that the medicine round is completed in a timely manner to ensure that appropriate dosage intervals are observed between the administrations of medicines. A requirement has been made.

The administration of bisphosphonates was examined. One patient had missed two of the weekly doses. There was no evidence that this medicine had been made available for administration on the days following the non-administration. The registered manager should review the management of bisphosphonates. A recommendation has been made.

Compliance level: Not compliant

6.2 Medicine Records

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

This inspection indicated that some of the medicine records are not compliant with legislative requirements and best practice guidelines.

The following records were examined:

- Personal medication record
- Medicines administered (MARs)
- Medicines requested and received
- Medicines transferred out of the home
- Medicines disposed of.

The personal medication records were satisfactory and contained all of the required information. All entries that were inspected had been signed and verified by two nurses.

Improvement is required in the records of medicines administered. The blank MARs sheets appeared to have been photocopied, however the quality of the photocopy was poor and shaded areas were very dark in appearance. This resulted in some of the entries on the administration records being illegible and the date that medicines were administered was unclear.

The registered person must ensure that medication administration records are accurately maintained on all occasions. A significant number of missed entries were observed in the MARs sheets. Signatures for administration must not be omitted, i.e. there must be no gaps in the record. Nursing staff are reminded that they must accurately record the administration or non-administration of medicines on all occasions. Incomplete and unclear records for administration are unacceptable. The requirement made in relation to MARs sheets has been restated.

The records of administration of external medicines are unsatisfactory. For a number of patients there was no evidence that prescribed creams, ointments and shampoos, which were prescribed to be administered at regular intervals, had been applied. The requirement made in relation to this issue has been restated.

Registered nurses record the administration of thickened fluids on the MARs sheets. The registered manager advised by telephone after the inspection that when thickening agents are used by care assistants, the record of administration is recorded on the fluid balance charts. The registered nurses on duty during the inspection were unaware of this process. The registered manager must ensure that a full and accurate record of the administration of thickened fluids is available for inspection and that all relevant staff are familiar with the documentation process. The requirement made in relation to this issue has been restated.

A number of the records for medicines which are received into the home had not been accurately maintained for medicines received outside of the medicine cycle. BuTrans patches had been receipted into the controlled drugs register but not on the MARs sheets. The registered person must ensure that a complete and accurate record of all medicines received into the home is maintained. A requirement has been made.

A number of medicines audited during the inspection could not be located, for example, the nine omeprazole capsules referred to in Section 6.1 and the medicines from the compliance aid referred to in Section 6.4. It is unclear whether these medicines have been returned for disposal. If this has occurred, then the disposal record is incomplete.

Compliance level: Not compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

This inspection indicated that medicine storage is moving towards compliance with legislative requirements and best practice guidelines.

At the start of the inspection on the first floor, the medicine trolley was observed to be unlocked and unattended. Bottles of liquid medicines were observed on the rail in the corridor. This is unacceptable. The registered manager must ensure that medicines are safely and securely stored at all times. A requirement has been made.

During the inspection it was noted that the medicines trolleys were very crowded and disorganised. This could contribute to the length of time taken to complete the medicines round. The registered manager should review the storage of medicines within the trolleys. A recommendation has been made.

Refrigerator temperatures are recorded on a daily basis and temperatures were mostly within the accepted range of +2ºC to +8ºC for medicines which required cold storage.

The treatment room temperature is monitored and recorded daily. Progress has been made since the last inspection and in the last two months, the temperatures have been mostly within the acceptable range.

Compliance level: Moving towards compliance

6.4 Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

This inspection indicated that the administration of medicines is moving towards compliance with legislative requirements and best practice guidelines.

As stated in Section 6.1, there are serious concerns and improvement is necessary with regard to the administration of medicines. Medicines that are regularly prescribed as a repeat prescription and fall into the monthly cycle are generally administered as prescribed. However, when proactive action is required by nursing staff when medicines fall outside of the regular cycle, medicine doses may be omitted as the action taken by nursing staff is not always appropriate and effective.

A compliance aid was noted to have been received for one patient. The receipt record indicated that two weeks supply was received into the home. Three days of medicines had been administered, however on the day of the inspection, a new weeks supply of medicine had been commenced, meaning that four days tablets could not be accounted for. The inspector concluded that either the receipt record or the disposal record for these medicines was inaccurate. The labelling on this aid did not enable staff to positively identify each medicine. The registered person should ensure that medicines that are administered can be readily identified. A recommendation has been made.

Compliance level: Moving towards compliance

7.0 ADDITIONAL AREAS EXAMINED

No additional areas for the management of medicines were examined.

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 **Ms Myra Belamonte, Senior Staff Nurse** immediately following the inspection and **Mrs Linda Kennedy, Registered Manager** by telephone on 25 February 2013. 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:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

MOUNTVALE
21 FEBRUARY 2013

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 Myra Belamonte, Senior Staff Nurse** during the inspection visit and with **Mrs Linda Kennedy on 25 February 2013**.

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 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 ensure that all patients have a supply of their prescribed medicines. **Ref: Section 5 and 6.1**	Three	This has been discussed with all trained staff and is being audited.	22 March 2013
2	13(4)	A record of the administration of thickening agents must be maintained. **Ref: Section 5 and 6.2**	Three	A record is now kept of the administration of thickening agents	22 March 2013
3	13(4)	The registered manager must ensure that there is a system in place to ensure that all reportable medication incidents are notified to RQIA. **Ref: Section 5 and 6.1**	Two	All Trained staff have been notified to inform the Registered Manager of any reportable incidents.	22 March 2013
4	13(4)	The registered manager must implement a robust auditing system which monitors all aspects of the management of medicines. **Ref: Section 5 and 6.1**	Two	Auditing has been increased to encompass all aspets of the management of medication	22 March 2013
5	13(4)	The registered manager must ensure that MARs sheets are fully and accurately maintained. **Ref: Section 5 and 6.2**	Two	MARS sheets have been reviewed and are audited.	22 March 2013

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**
6	13(4)	The registered manager must review the arrangements for the administration and recording of external medicines to ensure that they are administered as prescribed. **Ref: Section 5 and 6.2**	Two	A record is kept of the administration of external medicines.	22 March 2013
7	13(4)	The registered manager must implement a robust reporting system to ensure that management are informed of any on-going difficulties in obtaining medicines. **Ref: Section 6.1**	One	This has been discussed with all Trained staff and is being reported to the Registered Manager	22 March 2013
8	13(4)	Registered nurses must be retrained in the management of medicines to include their professional accountability to ensure that patients receive safe and competent care. **Ref: Section 6.1**	One	The Registered Manager carried out a Training session for all trained Nurses which included the findings from the RQIA Pharmacy Inspection	22 March 2013
9	13(4)	The registered manager must regularly assess the competency of all the nursing staff in the management of medicines and record the outcomes to ensure that patients receive safe and competent care. **Ref: Section 6.1**	One	Competencies for all Trained Nurses have been carried out and will be carried out bi-annually	22 March 2013

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**
10	13(4)	The registered manager must ensure that the morning medicine round is completed in a timely manner. **Ref: Section 6.1**	One	Morning medications have been reviewed and an additional Trained Nurse has been added to the morning shift to achieve this	22 March 2013
11	13(4)	The registered manager must ensure that complete and accurate records of all medicines received into the home and returned for disposal are maintained. **Ref: Section 6.2**	One	All medicines received will now be recorded on the MARS sheets and Disposal of Medications was discussed with all Trained Nurses	22 March 2013
12	13(4)	The registered manager must ensure that medicines are safely and securely stored at all times. **Ref: Section 6.3**	One	This has been discussed with all Trained Nurses	22 March 2013

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	38	The registered manager should review the management of bisphosphonates. **Ref: Section 6.1**	One		22 March 2013
2	39	The registered manager should review the storage of medicines within the trolleys. **Ref: Section 6.3**	One	A second Trolley has been introduced on the 1st Floor to ensure that medication is stored appropriately	22 March 2013
3	40	The registered manager should ensure that medicines that are administered can be readily identified. **Ref: Section 6.4**	One	This has been discussed with all Trained Staff	22 March 2013

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	Linda Kennedy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Cathy Wilkinson	03/04/2013
B.	Further information requested from provider				