



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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**NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT**

Inspection No:	IN018473
Establishment ID No:	1452
Name of Establishment:	Whiteabbey
Date of Inspection:	16 February 2015
Inspector's Name:	Helen Daly

1.0 GENERAL INFORMATION

Name of home:	Whiteabbey
Type of home:	Nursing
Address:	104-106 Doagh Road Whiteabbey BT37 9QP
Telephone number:	028 9085 3021
E mail address:	whiteabbey@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Dr Maureen Claire Royston
Registered Manager:	Mrs Aleyamma George
Person in charge of the home at the time of inspection:	Mrs Aleyamma George
Categories of care:	RC-I, NH-I, NH-PH, NH-PH(E)
Number of registered places:	59 (46 effective beds)
Number of patients accommodated on day of inspection:	43
Date and time of current medicines management inspection:	16 February 2015 10:35 – 15:35
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	17 January 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 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 Aleyamma George, 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 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

Whiteabbey is a purpose built, two storey facility situated on the Doagh Road, Newtownabbey, within easy reach of shops and other amenities, public transport and the M2/M5 motorway.

Accommodation is provided on both floors in 44 single and two double bedrooms. There is a passenger lift for access to the first floor.

Communal lounges, dining areas and sanitary facilities are provided on both floors. Spacious car parking facilities are provided at the front and side of the home, with landscaped gardens enclosed by a wooden perimeter fence.

Respite care can be provided if a bed is available.

The registered manager has been in position for approximately four years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Whiteabbey was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 16 February 2015 between 10:35 and 15:35.

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 inspector 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, Mrs Aleyamma George, 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 Whiteabbey are substantially compliant with legislative requirements and best practice guidelines. The outcomes of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The five requirements and four recommendations which were made at the previous medicines management inspection on 17 January 2012 were examined during the inspection. Compliance was noted for all requirements and recommendations. The inspector's validation of compliance is detailed in Section 5.0.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The registered manager and staff are commended for their continuing efforts.

Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

Several audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines.

Medicines records had been maintained in a satisfactory manner.

Storage was observed to be tidy, organised and secure. The registered manager should ensure that oxygen cylinders are stored safely at all times and that the refrigerator thermometers are reset each day.

The management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions should be further reviewed and revised.

The inspection attracted one recommendation which is detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 17 January 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The necessary improvements are required in the standard of personal medication records. These records must be fully and accurately maintained.</p> <p>Stated twice</p>	<p>The areas identified for improvement at the previous inspections had been addressed in a satisfactory manner.</p> <p>The personal medication records which were reviewed at this inspection had been fully and accurately maintained.</p>	Compliant
2	13(4)	<p>The registered manager must further review the management of eye drops to ensure robust arrangements are in place and each eye drop is administered in strict accordance with the prescriber's instructions.</p> <p>Stated once</p>	<p>The management of eye preparations is included in the audit process.</p> <p>Dosage directions had been clearly recorded on the personal medication records and satisfactory records of administration were observed at this inspection.</p>	Compliant
3	13(4)	<p>The registered manager must closely monitor the administration of liquid medicines and calcium tablets. Any further discrepancies must be investigated and reported to RQIA.</p> <p>Stated once</p>	<p>Liquid medicines are included in the audit process. Stock balances of calcium tablets are counted after each administration.</p> <p>Satisfactory audit outcomes were observed for the audits which were completed on liquid medicines and calcium tablets at this inspection.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	<p>The registered manager must investigate the observations made in the administration records regarding saline nebulas. A report of the findings and action taken must be forwarded to RQIA.</p> <p>Stated once</p>	<p>The registered manager completed the investigation and a report of the findings and action taken was forwarded to RQIA.</p>	<p>Compliant</p>
5	13 (4)	<p>The regular administration of zopiclone tablets prescribed for one patient must be reported to the prescriber for guidance.</p> <p>Stated once</p>	<p>The registered manager advised that the regular administration of zopiclone tablets for the identified patient was reported to the prescriber for review.</p> <p>The registered manager advised that the use of medicines which are prescribed to be administered 'when required' is now referred to the prescriber after seven days of regular use.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	<p>The administration of medicines process should be reviewed to ensure this includes observation of the personal medication record and medicine label.</p> <p>Stated twice</p>	<p>Correlation was noted for the personal medication records and labels at this inspection.</p>	Compliant
2	38	<p>The registered manager should closely monitor the process for the receipt of medicines to ensure that a record of all incoming medicines is fully maintained on every occasion.</p> <p>Stated once</p>	<p>The registered manager advised that she regularly monitors the records of medicines received into the home.</p> <p>Accurate records of medicines received were observed at this inspection.</p>	Compliant
3	37	<p>The registered manager should further develop the home's audit process for medicines to ensure single dose nutritional supplements are included.</p> <p>Stated once</p>	<p>Running stock balances are now maintained for single dose nutritional supplements.</p> <p>The audits which were completed at this inspection produced satisfactory outcomes.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	37	<p>The registered manager should confirm that designated care staff who are responsible for the administration of external preparations are trained and records of this training and competency have been completed.</p> <p>Stated once</p>	<p>Records of the training and competency assessments which had been completed in May 2014 were provided for examination.</p> <p>The registered manager advised that external preparations are administered under the direct supervision of the registered nurses.</p>	Compliant

SECTION 6.0

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

Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings: Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The registered manager and staff are commended for their ongoing efforts. Several audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Although two registered nurses are involved in the administration of insulin a minor audit discrepancy in the administration of insulin was observed for one patient. The registered manager advised that this finding would be discussed with all registered nurses and that the administration of insulin would be closely monitored. The registered manager advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home; this was evidenced for two patients during the inspection. The process for obtaining prescriptions was reviewed. The registered manager advised that although prescriptions are not received into the home and checked against the home's order before being forwarded to the pharmacy for dispensing, a photocopy of all current prescriptions is available for staff to check against the order prior to delivery of the monthly medicines. The management of warfarin and medicines prescribed for Parkinson's disease was examined and found to be satisfactory. A number of patients are prescribed medicines to be administered 'when required' for the management of	Substantially compliant

distressed reactions. The records for two patients were reviewed. Dosage directions had been clearly recorded on the personal medication records but detailed care plans were not in place. There had been no recent administrations for one patient. For the second patient there had been one recent administration. The reason for the administration and subsequent outcome had not been recorded. In the interests of safe practice the registered manager should ensure that when medicines are prescribed to be administered 'when required' for management of distressed reactions:

- a detailed care plan is in place
- the reason for and outcome of each administration are clearly recorded

A recommendation has been made.

Several patients are prescribed thickening agents. The records for one patient were examined. The thickening agent had been recorded on the personal medication record. A detailed care plan and speech and language assessment were in place. Records of administration by care staff are recorded in the food and fluid intake booklets. The required consistency level had not been recorded on this booklet; staff advised that this was an oversight and it was updated during the inspection.

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>Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, were available in the treatment rooms. The registered manager advised that a copy of the home's policy and procedures is provided for all registered nurses as part of their induction.</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>The registered manager advised that update training on the management of medicines is provided for all nursing staff annually. Records of the annual training and competency assessments which had been completed in 2014 were provided for inspection.</p> <p>Records of the training which care staff had completed on the management of thickening agents and external preparations, in May 2014, had also been maintained.</p> <p>A list of the names, signatures and initials of nursing staff authorised to administer medicines was observed.</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>The registered manager confirmed that there is annual staff appraisal and regular supervision for all registered nurses.</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 advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. A number of medication related incidents had been reported to RQIA since the last medicines management inspection. They had been addressed in a satisfactory manner.</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>The registered manager confirmed that discontinued or expired medicines are returned to a pharmacy that holds an appropriate waste management licence and that controlled drugs are denatured in the home prior to their disposal.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
<p>The registered manager carries out spot checks on all aspects of the management of medicines at weekly intervals. In addition the registered manager completes the Four Seasons Health Care monthly audit tool. Copies of completed audits were provided for inspection. The registered manager advised that any areas identified for improvement at her audits are addressed immediately with the registered nurses.</p> <p>The registered nurses carry out audit trails on the administration of medicines each day and at the end of each container of medicine.</p> <p>Running stock balances are maintained for controlled drugs, warfarin, nutritional supplements, calcium tablets and inhaled medicines. A review of these stock balances indicated that they had been accurately maintained.</p> <p>Dates and times of opening are recorded on medicine containers to facilitate audit and disposal at expiry.</p>	<p>Compliant</p>
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Substantially compliant</p>

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

Criterion Assessed:	COMPLIANCE LEVEL
38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	
Inspection Findings:	
Medicine records had been constructed and completed in a mostly satisfactory manner.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	
Inspection Findings:	
<p>The personal medication records which were reviewed at the inspection had been maintained in a satisfactory manner. They are verified and signed by two registered nurses at the time of writing and at each update. Entries on the personal medication records correlated with the medicine labels. The strength and dosage directions for medicines had been accurately recorded.</p> <p>The records of medication administered, requested and received, transferred out of the home and disposed of which were examined at this inspection had been maintained in a satisfactory manner. Two registered nurses are involved in the disposal of medicines and both sign the records of disposal. The disposal records for controlled drugs indicate that they are denatured prior to their disposal.</p> <p>The registered manager advised that care staff are no longer responsible for the administration of emollient preparations.</p>	Compliant

STANDARD 38 – MEDICINE RECORDS

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:	
Observation of the controlled drug record book indicated that it had been maintained in a satisfactory manner.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

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

Criterion Assessed:

39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.

COMPLIANCE LEVEL

Inspection Findings:

Storage was observed to be tidy, organised and secure.

The maximum and minimum refrigerator temperatures are monitored and recorded each day. Satisfactory recordings were observed for the medicines refrigerator on the ground floor indicating that the temperature is being maintained between 2°C and 8°C. On the first floor the consistent recordings for the maximum and minimum temperatures of the two medicine refrigerators indicate that the thermometers are not being reset each day after the temperatures have been recorded. The registered manager advised that this would be addressed with the registered nurses without delay. The registered nurses on duty were reminded that EpiPen and Glucogel should not be stored in the refrigerator.

The temperature of the treatment rooms is monitored and recorded each day; satisfactory recordings were observed indicating that the temperature is maintained below 25°C.

Several oxygen cylinders were available in the home on the day of the inspection. They were stored in the treatment rooms, signage was in place and masks were covered. A number of the cylinders had not been securely chained to a wall. A chain was available and the registered manager secured the cylinders during the inspection.

A number of AeroChambers were available in the home. They were not individually labelled and there was a build-up of medication observed on some of these devices. The registered manager confirmed that labelled replacements would be obtained without delay.

Substantially compliant

STANDARD 39 - MEDICINES STORAGE

<p>Criterion Assessed: 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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The keys to the medicine rooms, medicine cupboards and the medicine trolleys were observed to be in the possession of the registered nurses on duty. The keys to the controlled drugs cabinets are held separately from all other medicine keys.</p>	<p>Compliant</p>
<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 which are subject to safe custody requirements are reconciled twice daily at each handover of responsibility.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

7.0 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 Aleyamma George, 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:

Helen Daly
Pharmacist Inspector
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
WHITEABBEY

16 FEBRUARY 2015

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 **Mrs Aleyamma George, Registered Manager**, during the inspection. The timescales for completion commence from the date of inspection.

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

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

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

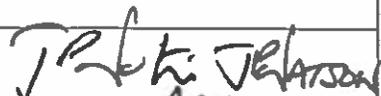
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that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

RECOMMENDATION

This recommendation is 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	<p>The registered manager should ensure that the management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions is reviewed and revised as detailed in the report.</p> <p>Ref: Criterion 37.1</p>	One	<p>The prescribed medicine which are to be administered 'when required' are written in the Kardex including the direction clearly recorded. This is reflected in detailed careplan. The reason for administration is documented and out come are monitored and recorded.</p>	30 March 2015

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	Aleyamma George
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 20/3/15

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		Helen Daly	29/4/15
B.	Further information requested from provider				