



## RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

**Inspection No:** IN018490  
**Establishment ID No:** 1013  
**Name of Establishment:** Pine Lodge  
**Date of Inspection:** 16 October 2014  
**Inspectors' Names:** Helen Daly  
Laura O'Hanlon

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Pine Lodge
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	186 Belmont Road Belfast BT4 2AS
<b>Telephone number:</b>	(028) 9504 3170
<b>E mail address:</b>	anne.doherty@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Belfast Health and Social Care Trust Mr Martin Dillon (Acting)
<b>Registered Manager:</b>	Ms Anne Woods Doherty
<b>Person in charge of the home at the time of inspection:</b>	Ms Anne Woods Doherty
<b>Categories of care:</b>	RC-I
<b>Number of registered places:</b>	40
<b>Number of residents accommodated on day of inspection:</b>	17
<b>Date and time of current medicines management inspection:</b>	16 October 2014 10:30 – 15:30
<b>Name of inspectors:</b>	Helen Daly Laura O'Hanlon (on induction)
<b>Date and type of previous medicines management inspection:</b>	18 July 2011 Unannounced 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 residential care homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

### METHODS/PROCESS

Discussion with Ms Anne Woods Doherty, 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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

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

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

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

**Table 1: Compliance statements**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially compliant</b>	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
<b>5 - Compliant</b>	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**

Pine Lodge is a purpose built facility situated in a quiet residential area of East Belfast. It is managed by the Belfast Health and Social Care Trust.

The home is close to community facilities such as shops, churches, GP surgeries, local parks and public transport systems.

There is a garden for residents' use and car parking availability is adequate for visitors/visiting professionals.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Pine Lodge was undertaken by Helen Daly, RQIA Pharmacist Inspector, who was accompanied by Laura O'Hanlon, RQIA Care Inspector (as part of her induction programme) on 16 October 2014 10:30 and 15:30. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspectors met with Ms Woods Doherty, Registered Manager, and staff on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Pine Lodge are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The three requirements and three recommendations which were made at the previous medicines management inspection on 18 July 2011 were examined. Compliance was noted for all of the requirements and recommendations (See Table 5.0). The registered manager and staff are commended for the progress made.

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

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

There is a programme of medicines management training.

Audit trails were performed on several medicines. The outcomes of these audits showed correlation between prescribed directions, administration records and stock balances of medicines. One audit on the administration of an inhaled medicine produced an unsatisfactory outcome. The registered manager must audit the administration of inhaled medicines.

Medicines were observed to have been out of stock on a number of occasions for one resident. The registered manager must ensure that medicines are available for administration as prescribed on all occasions.

Records had been maintained in a mostly satisfactory manner.

Storage was observed to be tidy and organised. However, the registered manager must ensure that the refrigerator thermometer is reset each day after the maximum and minimum temperatures have been recorded, to ensure that acceptable temperatures are being maintained.

The management of medicines for distressed reactions should be further reviewed and revised as detailed in the report.

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

The inspectors 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 18 July 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The actual dose administered must be recorded on each occasion where medicines are prescribed at a variable dose.</p> <p><b>Stated once</b></p>	<p>The practice was observed on the medication administration records which were examined at this inspection.</p>	Compliant
2	13(4)	<p>The time recorded for the administration of medicines must be accurate.</p> <p><b>Stated once</b></p>	<p>The time recorded for the administration of medicines was observed to be accurate.</p>	Compliant
3	13(4)	<p>An up-to-date photograph should be in place for each resident.</p> <p><b>Stated once</b></p>	<p>Up-to-date photographs were observed to be in place for the majority of residents.</p>	Compliant



NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>An up-to-date medicine reference source should be obtained.</p> <p><b>Stated once</b></p>	<p>An up-to-date medicine reference source was available. In addition, a file containing patient information leaflets is also available.</p>	Compliant
2	31	<p>Two members of staff should verify all medication updates on the personal medication records.</p> <p><b>Stated once</b></p>	<p>Two members of staff had verified all medication updates on the personal medication records reviewed at this inspection.</p>	Compliant
3	33	<p>The system in place for the self-administration of medicines should be reviewed to ensure that each resident:</p> <ul style="list-style-type: none"> <li>• signs to confirm that they will manage their medicines appropriately</li> <li>• signs to acknowledge the receipt of their medicines on all occasions</li> </ul> <p><b>Stated once</b></p>	<p>There were no residents self-administering their medicines on the day of the inspection.</p> <p>The registered manager advised that prior to discharge some residents administer their medicines under close supervision.</p> <p>The registered manager advised that robust systems are in place when residents self-administered their medicines.</p>	Compliant

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**SECTION 6.0**

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

<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>Largely satisfactory arrangements are in place for the management of medicines. The registered manager and staff are commended for their efforts.</p> <p>Audit trails were performed on several medicines. The outcomes of these audits showed correlation between the prescribed directions, administration records and stock balances of medicines. However, one audit on the administration of a Spiriva inhaler produced an unsatisfactory outcome. The registered manager must audit the administration of inhaled medicines. A requirement has been made.</p> <p>The registered manager advised that written confirmation of current medicine regimes is obtained from a health or social care professional for all new admissions and for periods of respite care. This was evidenced for two residents at the inspection.</p> <p>The procedure for ordering prescriptions was reviewed. The registered manager advised that different systems for the ordering of prescriptions are in place for long stay and respite residents. For one long stay resident there had been problems obtaining prescriptions in recent months. This has meant doses have been omitted due to the medicines being out of stock. The registered manager must review the ordering system to ensure that all medicines are available for administration as prescribed. A requirement has been made.</p> <p>The management of warfarin was reviewed for one resident and found to be satisfactory. The revised dosage regimen had been received in writing and transcribed onto a warfarin administration chart. The transcriptions had been signed by two staff. Daily stock balances are maintained. The audits which were completed produced satisfactory outcomes.</p>	<p>Substantially compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p>The management of insulin, medicines for Parkinson's disease and thickening agents was discussed with the registered manager. These medicines are not currently prescribed for any residents.</p>	
<p><b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>The policies and procedures for the management of medicines had been reviewed in April 2014. Standard Operating Procedures for the management of controlled drugs had been updated in September 2014.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Staff attend training on the management and administration of medicines provided by the community pharmacy every two years. The registered manager also completes competency assessments with senior carers. Records of these assessments are maintained in their personnel folders.</p> <p>Care staff are responsible for the administration of some inhaled medicines, eye preparations and external preparations. Records of the training and competency assessments are maintained.</p> <p>There is a list of the names, signatures and initials of senior carers who have been trained and deemed competent to administer medicines. There is also a list of the names, signatures and initials of carers who have been trained and deemed competent to administer inhaled medicines, eye preparations and external preparations.</p>	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager advised that there is annual staff appraisal and that there are regular staff supervisions. A sample of records was provided for examination. The registered manager advised that medicines management is discussed at the monthly staff meetings; records are maintained in the minutes of these meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>Staff do not currently administer medicines using invasive procedures.</p>	Not applicable
<p><b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager advised that medication errors and incidents would be reported, in accordance with procedures, to the appropriate authorities. The incidents which had been reported to RQIA had been managed appropriately.</p>	Compliant
<p><b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager advised that out of date and discontinued medicines are returned to the community pharmacy.</p>	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	<b>COMPLIANCE LEVEL</b>
<p data-bbox="91 264 1731 304"><b>Inspection Findings:</b></p> <p data-bbox="91 344 1731 488">Audit trails are performed on a range of medicines at approximately monthly intervals. The most recent audit had occurred in July 2014 however the senior carer advised that an audit was planned for the day of the inspection. A review of these audits indicated that satisfactory outcomes had been achieved. As stated in Criterion 30.1, the registered manager must monitor the administration of inhaled medicines.</p> <p data-bbox="91 528 1731 600">The community pharmacist carries out a pharmacy advice visit at approximately quarterly intervals. There was evidence that action had been taken based on the outcomes of these advice visits.</p> <p data-bbox="91 639 1731 743">In order to facilitate a clear audit trail, it is the expected practice that the date of opening is recorded on both the container and medication administration records however some omissions were observed. The registered manager agreed to discuss this finding with staff for corrective action.</p>	<p data-bbox="1731 344 2148 376">Substantially compliant</p>

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p data-bbox="1731 861 2148 893">Substantially compliant</p>

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice.**

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The personal medication records and medication administration records were observed to have been maintained in a satisfactory manner. The areas identified for improvement at the previous medicines management inspection had been addressed. The registered manager and staff are commended for their efforts.</p> <p>Records of the administration of medicines by care staff had also been appropriately maintained.</p> <p>The records for medicines requested and received, medicines transferred out of the home and medicines disposed of which were reviewed at this inspection had been maintained in a satisfactory manner.</p>	Compliant

## STANDARD 31- MEDICINE RECORDS

<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The receipt, administration and disposal of all Schedule 2 controlled drugs and Schedule 3 controlled drugs are recorded in a controlled drug record book. One omission was observed and corrected during the inspection.	Substantially compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

**STANDARD 32 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

**Criterion Assessed:**

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

**COMPLIANCE LEVEL**

**Inspection Findings:**

Medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions.

The current, maximum and minimum refrigerator temperatures are monitored and recorded each day; temperatures within the accepted range (2°C – 8°C) were observed. However, the consistent recordings for the maximum and minimum temperatures indicate that the thermometer is not being reset each day. In order to ensure that the temperature range is maintained between 2°C – 8°C the thermometer must be reset each day. A requirement has been made.

The temperature of the room where the medicines trolleys are stored is monitored each day. Temperatures below 25 °C were observed.

Substantially compliant



## STANDARD 32 - MEDICINES STORAGE

<p><b>Criterion Assessed:</b> 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The keys to the medicines cupboards and trolleys are held by the person who has been assigned responsibility for administering the medicines during each shift.</p> <p>The key to the controlled drug cupboard is held separately from all other keys.</p> <p>The registered manager has access to a spare set of keys.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled once daily on each occasion when responsibility for safe custody is transferred. Records of the balance checks were observed to be accurate.</p>	<p>Compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>

## 7.0 OTHER AREAS EXAMINED

### Management of distressed reactions

The management of 'when required' anxiolytic medicines for the management of distressed reactions was reviewed for one resident.

The parameters for administration were recorded on the personal medication record and records of administration had been recorded on the medication administration record.

Senior carers were able to describe the circumstances which would lead to the administration of the medicine but this had not been detailed in a care plan. The reason for and outcome of each administration had not been recorded.

It is recommended that the management of medicines prescribed to be administered 'when required' for distressed reactions is reviewed and revised to ensure that:

- detailed care plans are in place
- there is a regular review of these medicines if they are being administered frequently
- the reason for and outcome of each administration is recorded

## 8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service.

These details were discussed with **Ms Anne Woods Doherty, 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**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



**QUALITY IMPROVEMENT PLAN**

**RESIDENTIAL CARE HOME**  
**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**PINE LODGE**

**16 OCTOBER 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Anne Woods Doherty, 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.

**STATUTORY REQUIREMENTS**

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

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered manger must audit the administration of inhaled medicines.  <b>Ref: Criteria 30.1 and 30.8</b>	One	New aduit system now in place and will be reviewed regularly.	17 November 2014
2	13(4)	The registered manager must review the ordering system to ensure that all medicines are available for administration as prescribed.  <b>Ref: Criterion 30.1</b>	One	Reviewed and contact made with pharmacy and GP practice in attempt to resolve and prevent any further delays in receiving medication required. Manager will continue to monitor.	17 November 2014
3	13(4)	The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum and minimum temperatures have been recorded.  <b>Ref: Criterion 32.1</b>	One	All senior staff now aware the need to press reset when checking the daily temperature. New monitoring sheet now in place to reflect this.	17 November 2014

**RECOMMENDATION**

This recommendation is based on the Residential Care Homes Minimum Standards (2011), 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	30	The registered manager should review and revise the management of distressed reactions as detailed in the report.  <b>Ref: Section 7.0</b>	One	This has been discussed with all senior staff and guidelines in place to ensure proper management and good practice in relation to administration of when required medications which are given for the management of distressed reaction.	17 November 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Anne W Doherty .
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillion Acting Chief Executive

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	16 December 2014
B.	Further information requested from provider				