



NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018469
Establishment ID No: 1046
Name of Establishment: Ambassador
Date of Inspection: 2 December 2014
Inspector's Name: Helen Daly

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

Name of home:	Ambassador
Type of home:	Nursing
Address:	462-464 Antrim Road Belfast BT15 5GE
Telephone number:	(028) 9077 1384
E mail address:	ambassador-nh@hotmail.co.uk
Registered Organisation/ Registered Provider:	Amstecos Ltd Mrs Emer Bevan
Registered Manager:	Mrs Amelia Noach
Person in charge of the home at the time of inspection:	Mrs Amelia Noach
Categories of care:	NH-A ,NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of registered places:	48
Number of patients accommodated on day of inspection:	48
Date and time of current medicines management inspection:	2 December 2014 10:45 – 15:40
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	4 March 2014 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 Amelia Noach, 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

Ambassador is a nursing home situated on the Antrim Road close to shops and local amenities.

The facility is a large detached building which has recently been adapted and extended to provide accommodation for 48 patients. The home has 36 single bedrooms and six shared bedrooms. Eighteen of the bedrooms have en suite bathrooms. Facilities are provided over two floors with bedroom accommodation on both levels. Toilet and bathroom facilities are located throughout the home. The upper floor is serviced by a passenger lift. The lounge and dining facilities are situated on the ground floor.

Laundry and kitchen facilities are available within the home. The home is well maintained and features many home comforts. There is adequate car parking provided within the grounds of the home.

The register manager has been in post for approximately six years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ambassador was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 2 December 2014 between 10:45 and 15:40.

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 Amelia Noach, 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 Ambassador 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 requirement and recommendation which were made at the previous medicines management inspection on 4 March 2014 were examined during the inspection. The requirement has been assessed as compliant. The recommendation has been assessed as not compliant and is restated. 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. However, improvements in the management of insulin, inhaled medicines, external preparations and thickening agents are necessary.

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. However, discrepancies in the administration of insulin, Seretide Evohalers and amisulpride 100mg/ml liquid were observed. The registered manager must closely monitor the administration of these medicines.

Medicines records had been maintained in a mostly satisfactory manner. Some improvements in the standard of maintenance of the personal medication records and medication administration records are necessary. Two registered nurses should be involved in the disposal of medicines and both registered nurses should sign the entry in the disposal book. Complete records for the administration of external preparations and thickening agents by care staff must be maintained. The recommendation regarding sequentially numbering the pages in the controlled drug record book is restated.

Storage was observed to be tidy and organised.

The inspection attracted two requirements and two recommendations which are 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 4 March 2014:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The temperature of the medicines' refrigerator must be maintained within the accepted range (2°C and 8°C). Stated once	The maximum and minimum refrigerator temperatures are monitored and recorded each day. Recordings within the accepted range were observed.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	<p>The registered manager should ensure that the pages in the controlled drug record book are sequentially numbered.</p> <p>Stated once</p>	<p>The pages in the controlled drug record book are not sequentially numbered.</p> <p>There was no evidence that any pages had been removed.</p> <p>This recommendation is restated</p>	<p>Not compliant</p>

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. However, improvements in the management of insulin, inhaled medicines, external preparations and thickening agents are necessary.

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. However, discrepancies in three supplies of insulin, two supplies of Seretide Evohalers and one supply of amisulpride 100mg/ml liquid were observed. The registered manager must closely monitor the administration of these medicines. A requirement has been made.

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.

The management of warfarin and medicines prescribed for Parkinson's disease was examined and found to be satisfactory. Medicines to be administered when required for the management of distressed reactions are not currently in use.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place; they are updated annually.</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 registered nurses annually. The most recent training had been provided in June 2014.</p> <p>The registered manager completes competency assessments with the registered nurses following the annual training. The registered manager advised that competency assessments on the administration of insulin, Seretide Evohalers and amisupride 100mg/ml liquid would be completed with the registered nurses following the outcomes of this inspection.</p> <p>Records of the annual training and competency assessments were available for inspection.</p> <p>Records of the training which care staff had completed on the management of thickening agents and external preparations (March 2014, June 2014 and August 2014) had also been maintained.</p> <p>A list of the names, signatures and initials of registered nurses authorised to administer medicines was observed. A similar list is also in place for care staff who have been trained and deemed competent to administer external medicines and thickening agents.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that there is annual staff appraisal and that medication related issues are discussed at the weekly nurse meetings.</p>	Compliant
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. Two incidents have been reported since April 2014, they had been managed appropriately.</p>	Compliant
<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that discontinued or expired medicines are returned to a pharmacy who hold an appropriate waste management licence and that controlled drugs are denatured in the home prior to their disposal.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Audit trails are performed on a random selection of medicines which are not contained within the blister pack system at weekly intervals. These audits are reviewed by the registered manager and discussed with the registered nurses for corrective action when necessary.</p> <p>As stated in Criterion 37.1, the registered manager must closely monitor the administration of insulin, Seretide Evohalers and amisulpride 100mg/ml liquid.</p> <p>Dates and times of opening had been recorded on most of the medicines which were selected for audit at this inspection.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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

Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
Medicine records had been constructed and completed in a mostly satisfactory manner. However, some improvements are necessary as detailed in Criteria 38.2 and 38.3.	Substantially compliant
Criterion Assessed: 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. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records had been re-written by two registered nurses in November 2014. Updates had been verified and signed by two registered nurses. A small number of discrepancies were discussed with the registered manager for corrective action. The date of prescribing had not been recorded for several medicines; the registered manager advised that these medicines had been prescribed prior to the patients' admission.</p> <p>The medication administration records had been maintained in a satisfactory manner. Two registered nurses had verified and signed hand-written updates on these records. The reason for omitted doses had not been clearly recorded on all occasions. The registered manager agreed to discuss this finding with the registered nurses for corrective action.</p> <p>Care staff are responsible for the administration of emollient preparations and thickening agents however they do not record the administration of these medicines. The registered manager must ensure that complete records for the administration of external preparations and thickening agents by care staff are maintained. A requirement has</p>	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

<p>been made.</p> <p>The records for medicines received into the home and disposed of which were examined had been maintained in a satisfactory manner. However, it is recommended that two registered nurses are involved in the disposal of medicines and that both registered nurses sign the entry in the disposal book.</p> <p>Records for denaturing controlled drugs are maintained in a separate book; this practice is commended as it readily facilitates a clear audit trail.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Observation of the controlled drug record book indicated that it had been maintained in a satisfactory manner.</p> <p>The pages of the controlled drug record book should be sequentially numbered. The recommendation which was made at the previous medicines management inspection is restated.</p>	Substantially compliant
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Storage was observed to be tidy and organised.</p> <p>The maximum and minimum refrigerator temperatures are now monitored and recorded each day. Satisfactory recordings were observed indicating that the temperature is being maintained between 2°C and 8°C.</p> <p>The room temperature of the treatment room is monitored and recorded each day; satisfactory recordings were observed indicating that the temperature is maintained below 25°C.</p> <p>Several oxygen cylinders were available in the home on the day of the inspection. They were stored in the treatment room, signage was in place and masks were covered. A number of the cylinders had not been securely chained to a wall. A chain is available and the registered manager advised that this would be addressed.</p> <p>A number of in use insulin pens were available on the medicine trolleys. They were individually labelled and had been marked with the date of opening. The registered manager was reminded that insulin pens must be discarded 28 days after opening. All insulin pens in current use were observed to be in-date.</p>	<p align="center">Substantially compliant</p>

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 room, medicine cupboards and the medicine trolleys were observed to be in the possession of the registered nurses. The keys to the controlled drugs cabinet 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 ADDITIONAL AREAS EXAMINED

Thickening agents

Several patients are prescribed thickening agents.

The records for three patients were examined. The registered manager advised that care plans and speech and language therapist (SALT) assessments are in place for all designated patients. In addition clear guidance on each patient's dietary requirements is available in their bedrooms. Guidelines on how to thicken fluids are also available in each designated bedroom. A table detailing each patient's dietary requirements is also available in the medicines file on each trolley.

Thickening agents are administered by both registered nurses and care staff. The registered manager advised that training on the management of nutrition and thickening agents had been provided for all care staff. Records were available for inspection.

Prescription details for thickening agents had been recorded on the personal medication record for two of the patients only. The registered manager advised that this was an oversight and would be rectified without delay.

Registered nurses and care staff are responsible for the administration of thickening agents. Registered nurses record the administration of thickening agents on the medication administration records. Care staff do not record the administration of thickening agents. The registered manager must ensure that complete records for the administration of thickening agents by care staff are maintained. As noted in Criterion 38.2 a requirement has been made.

8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Amelia Noach, 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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

AMBASSADOR

2 DECEMBER 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 **Mrs Amelia Noach, 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 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)	<p>The registered manager must closely monitor the administration of insulin, Seretide Evohalers and amisulpride liquid.</p> <p>Any future discrepancies must be investigated, referred to the prescriber for guidance and reported to RQIA.</p> <p>Ref: Criteria 37.1 and 37.7</p>	One	<p>All registered nurses have been briefed regarding the outcome of the medicine inspection.</p> <ol style="list-style-type: none">1. The insulin admin tool has been simplified.2. Advice immediately sought from Diabetic Link nurse.3. Please find attached notes following consultation with Diabetic team.4. Insulin, Inhalers, shall be audited weekly.5. Resident now able to swallow medication so medication will be requested in tablet form.6. Administration, insulin , inhalers now form part of medication continuous training.	2 January 2015
2	13(4)	<p>The registered manager must ensure that complete records for the administration of external preparations and thickening agents by care staff are maintained.</p> <p>Ref: Criterion 38.2 and Section 7.0</p>	One	<p>A tool has been developed for care staff to complete after administering thickening agents and external preparations.</p> <p>The daily food/fluid chart has been adjusted to record thickening agents.</p> <p>Please find enclosed copy.</p>	2 January 2015

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 ensure that the pages in the controlled drug record book are sequentially numbered. Ref: Section 5.0 and Criterion 38.3	Two	All pages in the controlled drug book are now sequentialled numbered.	2 January 2015
2	38	The registered manger should ensure that two registered nurses are involved in the disposal of medicines and both registered nurses should sign the entry in the disposal book. Ref: Criterion 38.2	One	All registered nurses have been made aware that two nurses must be involved in the disposal of medicines and two nurses sign in the disposal book.	2 January 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	Amelia Noach
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Emer Bevan

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	19 December 2014
B.	Further information requested from provider				