

NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018452
Establishment ID No:	1073
Name of Establishment:	Clifton Nursing Home
Date of Inspection:	2 October 2014
Inspectors' Names:	Rachel Lloyd Judith Taylor

1.0 GENERAL INFORMATION

Name of home:	Clifton Nursing Home
Type of home:	Nursing Home
Address:	2a Hopewell Avenue Carlisle Circus Belfast BT13 1DR
Telephone number:	(028) 9032 4286
E mail address:	N / A
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Nicola Scovell (Registration Pending)
Person in charge of the home at the time of Inspection:	Nicola Scovell
Categories of care:	NH-I, NH-DE, NH-PH
Number of registered places:	100
Number of patients accommodated on day of inspection:	89
Date and time of current medicines management inspection:	2 October 2014 10:00 – 17:00
Name of inspectors:	Rachel Lloyd Judith Taylor

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 Nicola Scovell, Manager (registration pending) 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.

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).

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 inspectors 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

Clifton Nursing Home is a two storey purpose-built nursing home located in central Belfast. It provides accommodation for up to 100 persons in three separate suites, namely Benn, Donegall and Toby Hurst.

Bedroom accommodation is provided in single rooms, all of which have en-suite toilet facilities. In addition there are a range of sitting rooms on both floors, two dining rooms and a snack kitchen; toilet and washing facilities. A large sunroom is available on the ground floor.

A central kitchen, laundry, staff accommodation and offices are also provided.

Landscaped gardens and grounds are well developed.

Car parking is available with an area designated for disabled users and emergency vehicles.

The home was re-registered with a new provider, Runwood Homes Ltd, in January 2014. The new manager, Nicola Scovell, was appointed only a few weeks ago and her registration is pending.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Clifton Nursing Home was undertaken by Rachel Lloyd and Judith Taylor, RQIA Pharmacist Inspectors, on 2 October 2014 between 10:00 and 17:00. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

During the course of the inspection, the inspectors met with the manager of the home, Nicola Scovell and with 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 was the first medicines management inspection of the home following registration as part of Runwood Homes Ltd in January 2014. This inspection indicated that the arrangements for the management of medicines in Clifton Nursing Home are substantially compliant with legislative requirements and best practice guidelines. However, the outcome of the medicines management inspection found some areas of concern and some areas for improvement were noted.

RQIA routinely monitors the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

Areas of good practice were acknowledged during the inspection and are detailed in the report.

Policies and procedures for the management of medicines are in place and Standard Operating Procedures for controlled drugs have been developed and implemented. All procedures are currently under review by the new manager.

There is a programme of training in the home. Medicines management competency assessments are currently underway for registered nurses and a system of supervision and appraisal for registered nurses is currently being established. Care assistants undertaking delegated medicine tasks must be trained and deemed competent to do so.

There are procedures in place to audit the management of medicines. The outcomes of most of the audit trails performed at the inspection showed satisfactory correlation between prescribed directions and stock balances of medicines indicating that medicines had been administered in accordance with the prescribers' instructions.

The management of medicine records was examined and some improvements are necessary. Records of administration of external preparations and thickening agents by designated care assistants must be accurately maintained. A robust system is necessary to ensure that personal medication records and medication administration records correlate and accurately reflect the prescriber's most recent instructions.

Daily stock balance records of anticoagulant medicines should be maintained.

The storage arrangements for medicines are satisfactory.

Schedule 3 and Schedule 4 (Part 1) controlled drugs must be denatured appropriately before disposal. Procedures for the disposal of all medicines should be reviewed to ensure that robust arrangements are in place.

The inspection attracted a total of four requirements and seven recommendations. These are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This was the first medicines management inspection of Clifton Nursing Home following registration as part of Runwood Homes Ltd in January 2014.

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:

The outcomes of audit trails, performed on a range of randomly selected medicines, showed that most medicines had been administered in accordance with the prescribers' instructions. Discrepancies observed were highlighted and discussed.

The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.

The process for the ordering and receipt of medicines was examined. Although photocopies of prescriptions are kept in the home, prescriptions are not received into the home and checked against the medicine order before being forwarded to the community pharmacy for dispensing. This is not in accordance with Health and Social Care Board recommendations. A recommendation is stated.

The arrangements for the management of anticoagulant medicines were examined. Dosage instructions are obtained in writing from the prescriber and a separate warfarin administration record is maintained, however a daily stock balance record is not maintained in all units which is considered safe practice. A recommendation is stated.

The management of 'when required' anxiolytic medicines in the management of distressed reactions was examined. For each patient, the parameters for administration were recorded on the personal medication record; however audit trails indicate that records of administration, which should include the reason for administration and the outcome, are not always maintained. Care plans were not always in place. A recommendation is stated.

Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>On the day of the medicines inspection, it was noted that morning medicines were not complete until after 11.30am in the Benn Suite. Registered nurses expressed concerns that this happens on a regular basis due to staffing levels and interruptions. The manager agreed to review this in the coming weeks.</p>	
<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 are in place. These were not examined in detail on this occasion since the manager intends to review these in the coming months. Standard operating procedures for controlled drugs are in place, these were written and implemented by the previous provider and were due to be reviewed in September 2014. These should be reviewed and revised as necessary to ensure they reflect the current procedures within the home. A recommendation is stated.</p>	<p>Substantially 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 manager provided evidence that registered nurses who manage medicines in the home are trained and competent to do so, competency assessments were last undertaken in 2012 and are currently underway with the new manager. Medicines management training is provided for registered nurses on an annual basis. There was evidence that registered nurses have received training on dysphagia, challenging behaviour and the administration of medicines via PEG tube within the last 3 years. Update medicines management training has been arranged with the supplying pharmacy, to take place in the next month, due to the recent changes in management and registered nurses.</p> <p>No evidence that training on the management of dysphagia and thickening fluids, and the administration of external preparations has been provided for designated care assistants was observed. A requirement is stated.</p> <p>A list of the names, sample signatures and initials of registered nurses authorised to administer medicines is in place. The manager was advised to maintain a similar list for care assistants undertaking delegated tasks.</p>	<p>Substantially compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

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.	COMPLIANCE LEVEL
Inspection Findings:	
The manager stated that her intention is to continue with annual appraisal and bi-monthly supervision of all registered nurses and that records will be maintained. Previous records were available for examination.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Medication errors and incidents are reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>In the Benn suite, discontinued or expired medicines, including Schedule 3 and Schedule 4 (Part 1) controlled drugs, are stored in a container in the treatment room and recorded in the record of disposal by one registered nurse. These medicines are then periodically transferred to the appropriate waste container and the record is signed by the two registered nurses involved, this should take place promptly and at the initial time of disposal. This waste is periodically uplifted by a licensed waste contractor.</p> <p>It was noted that prescribed medicines are often disposed of as overstock across the home. Where possible, currently prescribed medicines should not be disposed of, as this is unnecessary wastage of medicines. The disposal of medicines should be reviewed to ensure that robust arrangements are in place and that systems are consistent across the home. A recommendation is stated.</p> <p>Schedule 2 controlled drugs are denatured by two registered nurses prior to disposal. However, there was no evidence that Schedule 3 or Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal in line with DHSSPS guidance and legislative requirements. A requirement is stated.</p>	Moving towards compliance

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 manager provided evidence that medicine audits are performed on a regular basis. Records of previous auditing activity were observed and it was noted that satisfactory outcomes had been achieved.</p> <p>The audit process is facilitated by the good practice of recording the date of opening on most medicine containers.</p>	Compliant
INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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

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: The medicine records reviewed during the inspection were generally found to be accurate, up-to-date and signed and dated by the person making the entry. Records were generally noted to be maintained in a manner that facilitates audit activity. Obsolete records had been securely archived. However, staff were reminded that medicine administration sheets must remain legible when recording omissions and stock balance counts.	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: Each of the above records is maintained in the home. A sample was selected for examination and these were mostly found to be satisfactory. However, some discrepancies were observed between personal medication records and medication administration records. A robust system must be in place to ensure that these records correlate and accurately reflect the prescriber's most recent instructions. A requirement is stated. Where medication administration records had been handwritten, two registered nurses had not always signed to confirm accuracy in transcription, which is considered good practice. A recommendation is stated. Records of medicines administered by designated care assistants undertaking delegated tasks were not fully and accurately maintained. A requirement is stated.	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

Prescribed thickening agents and the required consistency of thickened fluids were not always recorded on the personal medication records. A recommendation is stated.	
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:	
The controlled drugs record book for each unit was observed to be well maintained.	Compliant
INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 39 - MEDICINE 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 areas were clean and tidy and organised.</p> <p>Arrangements for storing medicines requiring refrigeration were examined and found to be satisfactory.</p> <p>The temperature of the treatment rooms is monitored and recorded daily and was found to be satisfactory at the time of the inspection.</p> <p>Dates of opening were routinely recorded on the majority of medicines; registered nurses were reminded that multi-dose containers of nutritional supplements should routinely be marked with the date of opening to facilitate audit and disposal at expiry.</p>	Substantially compliant
Criterion Assessed:	COMPLIANCE LEVEL
39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	
Inspection Findings:	
The controlled drug cabinet key and other medicine cupboard keys are held separately by the registered nurse in charge of the shift on each unit. The manager is responsible for spare medicine cupboard keys.	Compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of balance checks were inspected and found to be satisfactory.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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 **Nicola Scovell, Manager (registration pending)**, 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:

Rachel Lloyd
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

CLIFTON NURSING HOME

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

The specific actions set out in the Quality Improvement Plan were discussed with **Nicola Scovell, Manager (registration pending)**, during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that the 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 action 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	19(2)	The registered provider must ensure that designated care assistants undertaking delegated tasks are trained and deemed competent to do so, and that a record of the training and competency assessment is maintained. Ref: Criterion 37.3	One	Care Assistants competencies assessments are being updated and further training for the care assistants administering topical applications has been sourced and all care assistants to attend when date confirmed. (Boots providing training)	1 November 2014
2	13(4)	The registered provider must ensure that Schedule 3 and Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal. Ref: Section 37.6	One	Doom kits provided in all units. Also training from the pharmacist given to staff on how to dispose of the liquid medications by use of cat litter and washing up liquid.	1 November 2014
3	13(4)	The registered provider must ensure that the administration of prescribed thickening agents and external preparations by designated care assistants is accurately recorded on every occasion. Ref: Criterion 38.1	One	Thickening agents are now being recorded on the paper copy of the fluid charts. This will ensure all staff have access to the available information	1 November 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	<p>The registered provider must ensure that a robust system is in place to ensure that personal medication records and medication administration records correlate and accurately reflect the prescriber's most recent instructions.</p> <p>Ref: Criterion 38.2</p>	One	All Kardex are re written for all residents within the care home that accurately displays current medications. These are double signed by current staff. All discontinued medications are removed	1 November 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered provider should ensure that prescriptions are received into the home and checked against the medicine order before being forwarded to the community pharmacy for dispensing. Ref: Criterion 37.1	One	Prescriptions are being delivered to the care home prior to the cycle beginning and being checked against the MAR sheet and any discrepancies are forwarded to the pharmacy	1 November 2014
2	37	The registered provider should ensure that daily stock balance records of anticoagulant medicines are maintained. Ref: Criterion 37.1	One	All residents on warfarin medication are being double signed by trained staff and a stock balance being recorded to ensure a clear paper trail	1 November 2014
3	37	The registered provider should ensure that the reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, is recorded on every occasion, and that a care plan for the use of these medicines is in place. Ref: Criterion 37.1	One	All PRN anxiolytics only to be given when required and the reason and outcome recorded every time. If the medication is required for an ongoing reason the trained staff must notify the GP and request a visit or a medication review	1 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	37	<p>The registered provider should ensure that standard operating procedures for controlled drugs are reviewed and revised to ensure that they reflect actual procedures.</p> <p>Ref: Criterion 37.2</p>	One	<p>The policy and procedures for controlled medication have been issued to all units. The staff are able to familiarise themselves with actual procedures.</p>	30 December 2014
5	37	<p>The registered provider should review procedures for the disposal of medicines to ensure that suitable arrangements are in place.</p> <p>Ref: Criterion 37.6</p>	One	<p>All trained staff have been informed of the medication destruction procedure. The medications have to be destroyed when not required and not left to mount up</p>	1 November 2014
6	38	<p>The registered provider should ensure that when medication administration records are handwritten, two registered nurses sign to confirm accuracy in transcription.</p> <p>Ref: Criterion 38.2</p>	One	<p>All trained staff have been informed that hand written records for medication have to be double signed by two nurses to ensure accuracy</p>	1 November 2014
7	38	<p>The registered provider should ensure that prescribed thickening agents and the required consistency of thickened fluids are recorded on the personal medication records.</p> <p>Ref: Criterion 38.2</p>	One	<p>All residents nutritional records are updated to reflect the consistency of thickening agents added to fluids. Also this is reflected on the top of the paper copy of fluid charts for all staff to clearly see and understand</p>	1 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Nicola Scovell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan N logeswaran

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	18/11/14
B.	Further information requested from provider		no	R Lloyd	18/11/14