NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020808**
Establishment ID No:	**1073**
Name of Establishment:	**Clifton Nursing Home**
Date of Inspection:	**24 February 2015**
Inspectors' Names:	**Rachel Lloyd** **Judith Taylor**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

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:	manager.clifton@runwoodhomes.co.uk
Registered Organisation/ Registered Provider:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran
Registered Manager:	Miss Nicola Scovell (Registration Pending)
Person in charge of the home at the time of Inspection:	Miss Nicola Scovell
Categories of care:	NH-PH, NH-DE, NH-I
Number of registered places:	100
Number of patients accommodated on day of inspection:	94
Date and time of current medicines management inspection:	24 February 2015 10:10 – 16:50
Names of inspectors:	Rachel Lloyd Judith Taylor
Date and type of previous medicines management inspection:	2 October 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 monitoring inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The previous medicines management inspection of this home on 2 October 2014 had shown that robust systems were not in place for some areas of the management of medicines.

The purpose of this inspection was to determine what progress had been made in addressing the four requirements and seven recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes (2008) and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

The 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 Miss Nicola Scovell, Manager (Registration Pending) and the registered nurses on duty
Mr Raden Mauremootoo, a director of Runwood Homes Ltd, Ms Sue Smith, Peripatetic Manager, and Ms Amparo Macalua, Deputy Manager, joined the inspectors for discussion and feedback
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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

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

An outcome level was identified to describe the service's performance against each standard 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, Donegal 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, 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 Runwood Homes Ltd in January 2014. The manager, Miss Nicola Scovell, was appointed in September 2014 and registration is pending.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Clifton Nursing Home was undertaken by Rachel Lloyd and Judith Taylor, RQIA Pharmacist Inspectors, on 24 February 2015 between 10:10 and 16:50. This summary reports the position in the home at the time of the inspection.

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

The inspectors examined the arrangements for the medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspectors met with the manager of the home, Miss Nicola Scovell and with the registered nurses on duty. In addition, Mr Raden Mauremootoo, a director of Runwood Homes Ltd, Ms Sue Smith, Peripatetic Manager, and Ms Amparo Macalua, Deputy Manager, joined the inspectors for discussion and feedback. All three of the suites in the home were inspected.

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 are moving towards compliance with legislative requirements and best practice guidelines. The outcome of the medicines management inspection management inspection found that although some progress has been made, there are some continuing areas of concern, some further areas of concern and several areas where improvement is necessary. Following discussion with the RQIA Senior Pharmacy Inspector, Frances Gault, it was agreed that the management of the home would be given a period of time to address the issues raised. A further medicines management monitoring inspection will take place. If improvement in the areas of concern is not observed at this inspection, enforcement action may be taken.

The four requirements and seven recommendations made at the previous medicines management inspection on 2 October 2014 were examined during the inspection. The inspectors' validation of compliance can be observed in the tables following this summary. Two requirements were assessed as compliant and two as moving towards compliance. One recommendation has been assessed as compliant, two as substantially compliant, three as moving towards compliance and one as not compliant. These outcomes have resulted in two requirements and four recommendations being restated in the quality improvement plan (QIP). It is of concern that two of the requirements made at the previous medicines management inspection have been restated as a result of this inspection, since RQIA had received confirmation of compliance from the registered persons when they returned the completed QIP from the previous inspection. The benefit of reviewing the QIP from previous inspections as part of the audit process, to ensure sustained improvement, was discussed.

Policies and procedures for medicines management and standard operating procedures for the management of controlled drugs are in place.

There is no evidence of an effective auditing system for medicines. There is an auditing process in place, however this process is not robust and does not include audit of the correlation of medicine records or compliance with prescribers' instructions for the administration of medicines. This is particularly concerning as the supplying pharmacy has been changed recently and a new medicine supply system has been introduced and the audit process during this period was not robust. Given the inspection findings, management must ensure that robust governance arrangements for medicines are developed and implemented. Strong leadership and management are essential in ensuring there is accountability regarding practice and relevant legislative requirements. A robust auditing system for the management of medicines must be implemented and the action taken recorded, when unsatisfactory outcomes are observed. A requirement is stated.

The audit process is facilitated by the practice of recording the date of opening on most medicine containers; however it was not recorded on insulin pen devices in use or on some inhalers and liquid medicines. The date of opening should be recorded on all medicine containers to facilitate audit and prevent use after expiry. A recommendation is stated. The management stated that an audit of all records would take place in the week following the inspection and that a summary of results would be sent to the inspector; this was received by RQIA on 26 February 2015, reflecting an audit completed in two of the three suites and a list of the areas identified for improvement was provided.

The outcomes of the audit trails which were performed on a variety of randomly selected medicines during the inspection indicated that most medicines had been administered in accordance with the prescriber's instructions. However, some significant discrepancies were observed for medicines not included in the monitored dosage system e.g. external preparations, inhaler preparations and liquid medicines including nutritional supplements.

Medication administration record sheets (MARs) indicated that these medicines had been administered as prescribed, however the outcomes of audits indicate that these records are not always accurate. Registered nurses stated that in some cases patients regularly refuse medicines, however this was not appropriately recorded. Medicines must be administered according to the prescriber's instructions and medicine administration records must be accurately maintained. The administration of external medicines by designated care assistants must be recorded. Regular refusal of prescribed medicines must be recorded and reported to the prescriber for advice. One requirement is partially restated and two further requirements are stated.

The reason for and the outcome of the administration of 'when required' anxiolytic medicines, in the management of distressed reactions, is not always recorded. A care plan for the use of these medicines is not always in place. This information should be routinely recorded. A recommendation made at the previous medicines management inspection is restated.

Medicine records were examined and some areas for improvement were evidenced. On the occasions where handwritten entries are necessary on printed medication administration records, these records had not usually been signed by a registered nurse and witnessed by a second registered nurse or designated member of staff to ensure accuracy in transcription. With regard to the disposal of medicines, two registered nurses or a registered nurse and a second designated member of staff should be involved and both should sign the record of the disposal. Records indicate that only one registered nurse is currently involved. Two recommendations made at the previous medicines management inspection are restated.

Some of the personal medication records and printed MARs did not correlate and reflect the prescriber's most recent instructions. A requirement made at the previous medicines management inspection is restated.

The medicines records for two recently admitted patients were examined. For both patients not all medicines had been receipted. For Patient A, medicines had been received from both another nursing home and the patient's home. There was no evidence that staff had confirmed the prescribed medicines with the general practitioner, and one discrepancy was found which required investigation. For Patient B conflicting information had been received which had not been clarified with the discharging hospital. The manager agreed to confirm the prescribed doses with the general practitioner and details were forwarded to RQIA on 26 February 2015. All incoming medicines must be recorded appropriately and confirmation of current medication regimes must be obtained for all new admissions. Two requirements are stated.

Most medicines are stored safely and securely. Medicine refrigerator temperature records were examined. New medicine refrigerators had been put into place the week prior to the inspection and temperature records since this date were found to be satisfactory. However, two of the three medicine refrigerators are overfull and bottles of liquid medicines are not being stored upright. The cold storage of medicines should be reviewed to ensure that sufficient storage space is available for those medicines requiring cold storage. A recommendation is stated.

The inspection attracted a total of seven requirements, two of which are restated and six recommendations, four of which are restated. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 2 October 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
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. **Stated once**	This has been satisfactorily addressed. Training on delegated tasks has taken place and records maintained. A competency assessment is completed annually for these staff and records are maintained.	**Compliant**
2	13(4)	The registered provider must ensure that Schedule 3 and Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal. **Stated once**	This has been satisfactorily addressed. The procedure was confirmed with the registered nurses on duty, denaturing kits were observed to be available and records indicate that these medicines had been denatured prior to disposal in the examples examined.	**Compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
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. **Stated once**	The recording of the administration of thickening agents by care assistants has improved since the previous inspection. Records are maintained on fluid balance charts and a dietary requirement list is available for reference. It was agreed that the consistency required for each individual patient should be recorded on the fluid balance chart. A new system of recording the administration of external preparations has been made available in recent weeks, this has yet to be implemented within the home and no records of administration have been maintained since the previous medicines management inspection. **The element of this requirement in relation to external preparations is restated**	**Moving towards compliance**
4	13(4)	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. **Stated once**	Although many personal medication records have been rewritten since the previous medicine management inspection, several discrepancies were observed in the sample of records examined during the inspection. A robust system of audit is not in place. **This requirement is restated**	**Moving towards compliance**

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
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. **Stated once**	Although prescriptions are not received directly, copies of all prescriptions are received into the home and checked against the order before dispensing. This is supported by the supplying pharmacy issuing a list of 'potential missing items' to the home for investigation.	**Substantially compliant**
2	37	The registered provider should ensure that daily stock balance records of anticoagulant medicines are maintained. **Stated once**	Daily stock balance records were in place for all examples of warfarin examined. It was advised that this should additionally take place when anticoagulant injections are prescribed, although these had recently been prescribed, none were in use on the day of inspection.	**Substantially compliant**
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. **Stated once**	Appropriate records and documentation for the use of these medicines was not always in place in those examples examined during the inspection. **This recommendation is restated**	**Moving towards compliance**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	37	The registered provider should ensure that standard operating procedures for controlled drugs are reviewed and revised to ensure that they reflect actual procedures. **Stated once**	Written Standard Operating Procedures are in place for the management of controlled drugs; these had been reviewed since the previous inspection and were found to be satisfactory. The manager was advised to review these on a regular basis to ensure that they reflect current procedures and legislative requirements.	**Compliant**
5	37	The registered provider should review procedures for the disposal of medicines to ensure that suitable arrangements are in place. **Stated once**	The manager stated that the procedure for the disposal of medicines was reviewed following the previous inspection. However, with the exception of controlled drugs, only one nurse currently signs the record of disposal. A second registered nurse or designated witness should be involved in the disposal of medicines and should countersign the record of disposal. **This recommendation is restated**	**Moving towards compliance**
6	38	The registered provider should ensure that when medication administration records are handwritten, two registered nurses sign to confirm accuracy in transcription. **Stated once**	This was not evidenced on most of the handwritten records examined during the inspection. **This recommendation is restated**	**Not compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
7	38	The registered provider should ensure that prescribed thickening agents and the required consistency of thickened fluids are recorded on the personal medication records. **Stated once**	This information is not always recorded on the personal medication record which forms the complete reference list of prescribed medicines. **This recommendation is restated**	**Moving towards compliance**

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 **Miss 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
Pharmacy 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 MONITORING INSPECTION

CLIFTON NURSING HOME
24 FEBRUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Miss Nicola Scovell, Manager (Registration Pending),** during the inspection.

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

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

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

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

STATUTORY REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered provider must ensure that the administration of external preparations by designated care assistants is accurately recorded on every occasion. **Ref: Sections 4.0& 5.0**	Two	Topical cream charts have been introduced for individual residents where required for care assistants to complete when prescribed creams are applied. Registered Nurses check and countersign each shift to ensure complaince	26 March 2015
2	13(4)	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. **Ref: Sections 4.0 & 5.0**	Two	The home has obtained up to date medical report from the GP for individual resident. The Kardex has been re-written and this also reflects on individual MAR Sheet	26 March 2015
3	13(4)	The responsible individual must ensure that a robust auditing system for the management of medicines is implemented and demonstrate the action taken when unsatisfactory outcomes are observed. **Ref: Section 4.0**	One	Pharmacy audits are undertaken by Home Manager/Deputy Manager/Unit Manager. An action plan is implemented where shortfalls are identified	26 March 2015

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The responsible individual must ensure that medicines are administered according to the prescriber's instructions and that medicine administration records are accurately maintained. **Ref: Section 4.0**	One	All Registered Nurses have been instructed to aministered mediaction as prescribed. Medecation competency for Nurses are being reviewed.	26 March 2015
5	13(4)	The responsible individual must ensure that regular refusal of prescribed medication is recorded and reported to the prescriber. **Ref: Section 4.0**	One	Registered Nurses have been instructed that when resident refuses prescribed medications , the GP must be informed and refusal of medication to be recorded on back of Mar Charts. Managers are monitoring though pharmacy audits.	26 March 2015
6	13(4)	The responsible individual must ensure that a record of all incoming medicines is maintained. **Ref: Section 4.0**	One	All medications received in the Home are now recorded in individual Mar Charts Records are being kept of sll medication received in the home	26 March 2015
7	13(4)	The responsible individual must ensure that confirmation of current medication regimes is obtained for all new admissions. **Ref: Section 4.0**	One	An up to date medical report are now being requested from the GP for all newly admitted resident	26 March 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	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: Sections 4.0 & 5.0**	Two	The reason for administration of 'When Require' is now recorded on the back of individual Mar Charts. Individualised care plans have been devised for patients prescribed 'When Required' medication	26 March 2015
2	37	The registered provider should review procedures for the disposal of medicines to ensure that suitable arrangements are in place. **Ref: Sections 4.0 & 5.0**	Two	The company policy and procedure for disposal of medication has been reviewed. PHS has been contracted to collect dispose medications. Records are being mantained and contersigned	26 March 2015
3	38	The registered provider should ensure that when medication administration records are handwritten, two registered nurses sign to confirm accuracy in transcription. **Ref: Sections 4.0 & 5.0**	Two	All handwritten entries on medication administration records are countersigned by two registered nurses	26 March 2015

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The registered provider should ensure that prescribed thickening agents and the required consistency of thickened fluids are recorded on the personal medication records. **Ref: Sections 4.0 & 5.0**	Two	Prescribed thickening agents and required consistency of thickened fluids are now recorded on individual resident's Kardex	26 March 2015
5	37	The responsible individual should ensure that the date of opening is recorded on all medicine containers. **Ref: Section 4.0**	One	Registered nurses have been instructed to record the date of opening on all medicine containers. These are being monitored though medication audits	26 March 2015
6	39	The responsible individual should review the cold storage of medicines and ensure that sufficient storage space is available. **Ref: Section 4.0**	One	New fridges have been delivered from Boots and more space is now available	26 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Raden Mauremootoo
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan 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	16/4/15
B.	Further information requested from provider		No	R Lloyd	16/4/15