RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020515**
Establishment ID No:	**11109**
Name of Establishment:	**Mulhern Close Residential Home**
Date of Inspection:	**4 September 2014**
Inspectors' Names:	**Helen Daly** **Judith Taylor**

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:	Mulhern Close Residential Home
Type of home:	Residential Care Home
Address:	58 Coolnagard Avenue Omagh BT78 1GA
Telephone number:	(028) 8225 0382
E mail address:	w.morrow@beaconwellbeing.org
Registered Organisation/ Registered Provider:	Inspire Wellbeing Limited Prof Peter Arthur James McBride
Registered Manager:	Mr William Morrow (registration pending)
Person in charge of the home at the time of Inspection:	Mr Kevin Miley
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	12
Number of residents accommodated on day of inspection:	11
Date and time of current medicines management inspection:	4 September 2014 10:15 – 16:00
Name of inspectors:	Helen Daly Judith Taylor
Date and type of previous medicines management inspection:	14 April 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 residential care 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 14 April 2014 had shown that robust systems for some aspects of the management of medicines were not in place; improvements were needed in the standards for the management of medicines. Since the previous inspection concerns regarding the management of medicines have also been raised in anonymous whistleblowing correspondence received by RQIA.

The purpose of this inspection was to determine what progress had been made in relation to these concerns, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes (2011) and to determine if the safety of residents, with respect to the administration of medicines, could be assured.

METHODS / PROCESS

Discussion with Mr Kevin Miley, Person in Charge, 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 steps being taken to improve the standards in place for the management of medicines and address the concerns raised at the previous medicines management inspection. The issues raised by the anonymous whistle blower were also examined.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage
Standard Statement - Medicines are safely and securely stored

Standard 33: 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 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

Mulhern Close Residential Home is a newly built one storey facility which provides residential care for up to 12 persons in single bedroom accommodation. The home is a series of four purpose built bungalows interlinked by a walkway. The home was first registered with RQIA in May 2010.

The home is registered to provide care under the following categories:
RC - LD Learning Disability
RC - LD (E) Learning Disability - over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Mulhern Close Residential Home was undertaken by Helen Daly and Judith Taylor, RQIA Pharmacist Inspectors, on 4 September 2014 between 10:15 and 16:00. 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 concerns raised at the previous medicines management monitoring inspection had been addressed, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines could be assured. The issues raised by the anonymous whistle blower were also examined.

The inspectors examined the arrangements for medicines management within the home and focused on the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage
- Standard 33: Administration of Medicines

During the course of the inspection, the inspectors met with the person in charge of the home, Mr Kevin Miley, and with the staff on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines are substantially compliant with legislative requirements and best practice guidelines. The outcome of this medicines management inspection found no significant areas of concern however some areas for improvement were identified. The five requirements and three recommendations made at the previous medicines management inspection on 14 April 2014 were examined during the inspection. One of the requirements was assessed as compliant, and one as substantially compliant. Two of the requirements were assessed as moving towards compliance. One requirement was assessed as not compliant. One requirement has been restated and two revised requirements have been made. Two of the recommendations were assessed as compliant and one recommendation was assessed as substantially compliant.

On the day of the inspection no evidence was found to substantiate the concerns raised by the anonymous whistle blower regarding the management of medication incidents, 'when required' medicines, diabetes and epilepsy.

Policies and procedures for the management of medicines had been reviewed and revised following the previous inspection. However, they still do not cover covert administration, thickening agents, nutritional supplements and external preparations. This must be addressed by the registered person.

Standard operating procedures for the management of controlled drugs are in place.

There is a system of staff training and competency assessment.

The outcomes of the audits which were completed at this inspection on oral medicines indicated that these medicines are being administered as prescribed. However, improvements in the management of external medicines are necessary. The registered person must ensure that records for the prescribing and administration of external medicines are accurately maintained in order to provide evidence that these medicines are being administered in accordance with the prescribers' instructions. Records of all audit activity must be maintained.

All medicines were available for administration on the day of the inspection. However, there was evidence that one medicine had recently been out of stock. The registered person must ensure that medicines are available for administration as prescribed on all occasions.

Records had been maintained in a mostly satisfactory manner, however, some improvements are necessary. The registered person must ensure that records for the prescribing and administration of bisphosphonate medicines accurately reflect practice. Records of the prescribing and administration of external medicines must be accurately maintained. The consistency level for thickening agents should be recorded on the administration records. Records of the outcome of the administration of medicines for the management of distressed reactions should be maintained on all occasions.

The majority of medicines were observed to be stored safely and securely at the time of this inspection. However, the registered person must ensure that external medicines are stored securely and that the oxygen masks are covered and appropriate signage is in place.

The inspection attracted a total of six requirements and three recommendations which are detailed in the Quality Improvement Plan.

The inspectors would like to thank the person in charge 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 14 April 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Written policies and procedures for the management of medicines must be reviewed and, where necessary, revised to ensure that they cover each of the activities concerned with the management of medicines in the home. **Stated twice**	The policies and procedures were updated in May 2014. However, they still do not cover covert administration, thickening agents, nutritional supplements and external preparations. **Following discussion with the senior management team in RQIA it was decided that this requirement would be revised and a more specific requirement has now been made.**	Not compliant
2	13(4)	The registered manager must increase the level of audit activity on all medicines which are not contained within the blister pack system. **Stated once**	Team leaders advised that they audit medicines which are not contained within the blister pack system at weekly intervals. However, records of this audit activity are no longer being maintained. Running stock balances are now being maintained for medicines which are prescribed to be administered when required for distressed reactions. These medicines are also reconciled at shift changes. **This requirement is restated.**	Moving towards compliance

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager must investigate the apparent discrepancy in the administration of prednisolone 5mg tablets to Resident A. Advice must be sought from the prescriber if necessary. The outcome of the investigation and action taken to prevent a recurrence must be forwarded to RQIA. **Stated once**	The investigation was completed and forwarded to RQIA.	Compliant
4	13(4)	The registered manager must review the recording systems in place for all residents who are prescribed 'when required' antipsychotics, anxiolytics and analgesics. A clear audit trail must be maintained to evidence that these medicines are being administered as prescribed. **Stated once**	Detailed care plans and accurate records of prescribing were in place. Records of administration which include the reason for administration are recorded on the reverse of the medication administration records (MARs). The outcome of the administration had not been recorded on all occasions. **A recommendation has been made.**	Substantially compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The registered manager must ensure that records of administration of nutritional supplements, thickening agents and external preparations are accurately maintained and contain the necessary detail. **Stated once**	Improvements in the records of administration of nutritional supplements and thickening agents were observed. However, accurate records for the prescribing and administration of external preparations are not in place. This must be addressed. **A revised requirement and a new recommendation have been made.**	Moving towards compliance

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The date of opening and quantity carried forwarded to the new medication cycle should be recorded for all medicines which are not contained within the blister pack system. **Stated once**	The date of opening and quantity carried forwarded to the new medication cycle had been recorded for the majority of medicines which are not contained within the blister pack system.	Substantially compliant
2	30	The registered manager should review the systems in place for the covert administration of medicines to ensure that best practice is followed. **Stated once**	Two care plans for the covert administration of medicines were reviewed; satisfactory systems are in place.	Compliant
3	30	The registered manager should ensure that Standard Operating Procedures for the management of controlled drugs, specific to Mulhern Close Residential Home, are developed and implemented. **Stated once**	Standard Operating Procedures are now in place for the management of controlled drugs. These include details of the: ordering, transport and receipt; safe storage; administration; disposal; record keeping and management of errors and incidents.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

This inspection evidenced that the management of medicines is substantially compliant with legislative requirements and best practice guidelines. However, some areas for improvement were identified as detailed in the report.

The policies and procedures were updated in May 2014. However, they still do not cover covert administration, thickening agents, nutritional supplements and external preparations. Although not directed by written policies and procedures, the management of covert administration, thickening agents and nutritional supplements had been reviewed and revised following the previous inspection and is now satisfactory. As detailed below, the management of external preparations requires further review. The previous requirement has been revised and made more specific. The registered person must submit the following policies to RQIA:

- management of covert administration
- management of thickening agents
- management of nutritional supplements
- management of external preparations

Standard Operating Procedures are now in place for the management of controlled drugs. These include details of the: ordering, transport and receipt; safe storage; administration; disposal; record keeping and management of errors and incidents.

Records of the training and competency assessments which are provided for team leaders and support staff on the management of medicines were available for inspection.

The outcomes of the audits which were completed at this inspection on oral medicines indicated that these medicines are being administered as prescribed. However, improvements in the management of external medicines are necessary. Some entries on the personal medication records (PMRs) were either missing or inaccurate. Complete records of administration had not been maintained. The registered person must ensure that records for the prescribing and administration of external medicines are accurately maintained in order to provide evidence that these medicines are being administered in accordance with the prescribers' instructions. A requirement has been made.

The management team completes an audit on the management of medicines at monthly intervals; records of the resultant action plans are maintained. Running stock balances are maintained for medicines which are prescribed for the management of distressed reactions; a review of these balances indicated that they had been maintained in a satisfactory manner. The deputy manager advised that team leaders audit medicines which are not contained within the blister pack system at weekly intervals however records of this activity are no longer maintained. The requirement with regard to auditing which was made at the previous inspection is restated.

Two residents have their medicines administered covertly. Care plans and risk assessments are in place. It is detailed in the risk assessments that the general medical practitioner (GP), consultant psychiatrist and care manager have agreed this practice at the annual review.

Details of the methods of administration are recorded in the care plans. Records of the community pharmacist advice are also maintained. The records indicate that the community pharmacist is consulted for further guidance when new medicines are prescribed for these residents.

The deputy manager advised that medicines for the management of distressed reactions are prescribed for several residents. The records in place for four residents were reviewed. Detailed care plans are in place. The parameters for administration were recorded on the personal medication records. Records for administration, including the reason, were recorded on the MARs. The outcomes of the administration had not been recorded on all occasions. The registered person should ensure that the outcome of the administration of medicines for the management of distressed reactions is recorded on all occasions. A recommendation has been made.

The person in charge and deputy manager confirmed that all medication related incidents are investigated and reported to the appropriate authorities. A review of the incidents file indicated that all medication related incidents had been managed appropriately and reported to RQIA.

Detailed epilepsy management plans and diabetes management care plans were observed to be in place. The samples provided for examination were satisfactory.

COMPLIANCE LEVEL: Substantially compliant

6.2 Medicine Records

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

Samples of the following records were examined:

- Personal medication record (PMRs)
- Medicines administered (MARs)
- Records of incoming medicines

Personal medication records

The personal medication records are reprinted at approximately six monthly intervals. They are signed by the GP. Hand-written updates are verified and signed by two members of staff. As stated in Section 6.1, records for the prescribing of some external medicines had not been maintained in a satisfactory manner. In addition, some personal medication records were 'overcrowded' which made them difficult to read. It was agreed that when necessary a second personal medication record would be brought into use which would be clearly referenced e g 1 of 2, 2 of 2.

Medication administration records (MARs)

The MARs had been maintained in a mostly satisfactory manner. Hand-written updates had been verified and signed by two members of staff. As stated in Section 6.1, records for the administration of external preparations must be accurately maintained. In addition, the outcome of the administration of medicines which are prescribed for the management of distressed reactions should be recorded.

Staff advised that bisphosphonate medicines are administered at least 30 minutes before the first medicines, food or drink of the day. The time recorded for the prescribing and administration of these medicines does not evidence this practice. The registered person must ensure that records for the prescribing and administration of bisphosphonate medicines accurately reflect practice. A requirement has been made.

Team leaders record the administration of thickening agents on the MARs. A separate sheet to record the administration by support workers is also in use. The required consistency level had not been recorded on all records of administration. Whilst it is acknowledged that the required consistency level is recorded on the personal medication records and in residents' medicine cupboards, it is recommended that the required consistency level is also recorded on the administration records.

COMPLIANCE LEVEL: Substantially compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Storage of medicines was observed to be tidy and organised. Individual medicine cupboards are available for all residents. Two external medicines were observed in a bathroom. External medicines must be stored securely. A requirement has been made.

Oxygen is available in one bedroom. The mask was not covered and signage was not in place. The storage of oxygen should be reviewed and revised to ensure that masks are covered and signage is in place. A recommendation has been made.

The keys to all medicines cupboards and the controlled drug cabinets are held by one team leader during each shift.

The person in charge advised that secure storage is available for medicines which require cold storage; medicines which require cold storage were not prescribed on the day of the inspection.

Dates of opening had been recorded on all medicine containers examined at this inspection. The person in charge was advised that most eye preparations must be disposed of 28 days after opening.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

With the exception of external preparations, the outcomes of the audit trails which were carried out at this inspection evidenced that the sampled residents had been getting their medication as prescribed.

All medicines were available for administration as prescribed on the day of the inspection. However, one medicine (cetirizine) had recently been out of stock for six days. This finding was discussed in detail with the person in charge and deputy manager. The registered person must ensure that prescribed medicines are available for administration on all occasions. Records of the action taken if medicines are out of stock must be maintained. A requirement has been made.

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 residents and to bring about sustained improvements in the quality of service provision.

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

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mr Kevin Miley, Person in charge,** as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

Helen Daly
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

MULHERN CLOSE RESIDENTIAL HOME
4 SEPTEMBER 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mr Kevin Miley, Person in charge,** 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 all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must increase the level of audit activity on all medicines which are not contained within the blister pack system. **Ref: Sections 5.0 and 6.1**	Two	The current system has been reviewed and from week commencing 6th October 2014 audit activity has increased to two days per week for all Resident's medications not contained in blister packs.	6 October 2014
2	13(4)	The registered person must submit the following policies to RQIA: • Policy for the management of covert administration • Policy on the management of thickening agents • Policy for the management of nutritional supplements • Policy for the management of external preparations. **Ref: Sections 5.0 and 6.1**	One	Medication Policy has been reviewed and includes * Management of covert medication * Management of thickening agents * Managerment of Nutritional supplement * Management of External Preparations Staff have received training from Boots on Administration of Creams and Gels, Oxygen, Supplements and Thickening Agents.This training will be renewed annually. Training is scheduled to be completed by 20th November 2014	27 November 2014
3	13(4)	The registered person must ensure that records for the prescribing and administration of external medicines are accurately maintained. **Ref. Sections 5.0, 6.1, 6.2 and 6.4**	One	Staff have received training by Boots on administration on external medications. All external medicines will be administered by a qualified staff member. All records are audited on a twice weekly basis.	6 October 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered person must ensure that records for the prescribing and administration of bisphosphonate medicines accurately reflect practice. **Ref: Section 6.2**	One	Records have been amended to ensure that administration of bisphosphonate medicines reflecting directions of medication from 22.9.14	6 October 2014
5	13(4)	The registered person must ensure that external medicines are stored securely. **Ref: Section 6.3**	One	All external medicines are stored securely from week commencing 6.10.14	6 October 2014
6	13(4)	The registered person must ensure that prescribed medicines are available for administration on all occasions. **Ref: Section 6.4**	One	Currently medications are being reviewed for all Resident's and it is hoped to implement the Boots Medisure administration system. A meeting has been held with the supplying pharmacist, Boots, on 15th October, 2014 to discuss the issue of medicines not being available when prescriberd by service users GPs. Boots will take appropriate steps to address this matter and will monitor the situation and Manament staff within Mulhern will further occurance of the matter immediately to the Pharmacy Manager within Boots and steps will be taken to secure another more reliable pharmacy supplier should the matter occur again.	6 October 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	30 31	The registered person should ensure that the outcome of the administration of medicines for the management of distressed reactions is recorded on all occasions. **Ref: Sections 5.0 and 6.1**	One	The outcome of the administration of medicines for the management of distressed reactions are now being recorded from week commencing 6th October 2014. This is monitored through the weekly management auditing system within Mulhern.	6 October 2014
2	31	The registered person should ensure that the consistency level for thickening agents is recorded on the records of administration. **Ref: Section 6.2**	One	Consistency level for thickening agents is recorded, since 30.9.14, on the following: * Medication Kardex * MARR Sheet * Recording Sheets for staff Guidelines on the consistency level of thickening agents have been supplied by Speech and Language therapy and have added to the Administrations of Medicines Policy and procedures. The guidelines for the use of thickening agencts have been circulated to all staff within Mulhern and all staff have been retrained in the use of thickening agencts.	6 October 2014

3	32	The registered person should review the storage of oxygen to ensure that masks are covered and signage is in place. **Ref: Section 6.3**	One	Signage for oxygen and covering of masks have been in place from date of inspection. This is also monitored through the audit system.	6 October 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 and return to pharmacists@rqia.org.uk

Name of Registered Manager Completing QIP	Susan McBride
Name of Responsible Person / Identified Responsible Person Approving QIP	Peter McBride

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	Yes	Helen Daly	2/12/14
Further information requested from provider			