



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Establishment ID No: 11155

Name of Establishment: Seeconnell Private Village

Date of Inspection: 4 June 2014

Inspectors' Names: Cathy Wilkinson and Frances Gault

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:	Seeconnell Private Village
Type of home:	Residential Care
Address:	119 Clanvaraghan Road Castlewellan BT31 9LA
Telephone number:	(028) 43771412
E mail address:	corriewood@btconnect.com
Registered Organisation/ Registered Provider:	Corriewood Private Clinic Limited Ms Maria Therese McGrady
Registered Manager:	Mrs Mary Imelda McGrady
Person in charge of the home at the time of inspection:	Mrs Collette Mackin (Assistant Manager)
Categories of care:	RC-LD
Number of registered places:	21
Number of residents accommodated on day of inspection:	18
Date and time of current medicines management inspection:	4 June 2014 11:00 – 14:00
Names of inspectors:	Cathy Wilkinson and Frances Gault
Date and type of previous medicines management inspection:	7 November 2013 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 7 November 2014 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. The purpose of this visit was to determine what progress had been made in addressing the four requirements and one recommendation 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 Residential Care Homes and to determine if the safety of residents, 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 Residential Care Homes Regulations (Northern Ireland) 2005

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

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

METHODS/PROCESS

Discussion with Ms Collette Mackin assistant manager and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the steps being taken to improve the standards in place for the management of medicines since the previous medicines management inspection.

HOW RQIA EVALUATES SERVICES

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

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

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

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely stored

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 standard that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Seeconnell Private Village is located off the main A1 Belfast to Dublin Road and is signposted from the nearby town of Castlewella. The town of Castlewella has a variety of shops and restaurants, a library, and a National Trust park. The home is situated in a rural area designated as an area of outstanding natural beauty and is approximately five miles from Dromara and is within easy travel distance of Newcastle, Banbridge, Hillsborough, Downpatrick and Dromore.

The building consists of five named areas which are named as follows: - the Clanvaraghan Suite situated on ground level, the Slieveniskey Suite situated on ground level, the Backaderry Suite situated on the upper ground level, the Slieve Croob Activity Centre situated on the lower ground level and the Branney Cottage situated on the ground level. The Branney Cottage will be solely for staff accommodation.

Seeconnell is a multi-level building which was a former hotel with upper, ground and lower level access. The home offers bright and spacious accommodation for a maximum of 15 persons requiring residential care in single en-suite bedrooms. One en-suite is shared and is specifically designed for siblings. Any changes to this arrangement will require the approval of RQIA. On the upper ground level, in the Slieveniskey wing, rooms 20 and 21 are accessed only by a small set of stairs therefore residents have to be fully mobile.

The single bedrooms each have en-suite shower facilities with sensor operated lighting. Furnishings include a bed, a bedside lamp, a lockable bedside locker, drawers and wardrobes. Wall mounted televisions are to be fitted in each bedroom and a telephone socket and nurse call system is provided to enable residents to summon assistance from staff.

The home has three communal lounges of varying sizes which are equipped with seating and occasional tables. Two of the lounges enjoy views of the mountain range. The dining room is situated on the ground floor and overlooks the courtyard.

The kitchen, laundry and the majority of service facilities including staff facilities are located on the ground floor.

In addition to the en-suite facilities, a range of fully equipped assisted bathrooms and shower facilities and toilets are located throughout the building.

A visitor's room with a small equipped kitchen is available on the upper floor.

There is a vehicle on the premises to assist the residents to get about. The local translink bus, the Rural Rover, stops outside Seeconnell.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Seeconnell Private Village was undertaken by Frances Gault, RQIA Senior Pharmacy Inspector and Cathy Wilkinson, Pharmacist Inspector, on 4 June 2014 between 11:00 and 14:00. 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 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 Residential Care Homes and to determine if the safety of residents, 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 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 inspector met with the assistant manager of the home, Ms Collette Mackin 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 some of the arrangements for the management of medicines are not compliant with legislative requirements and best practice guidelines.

The requirements and recommendations made at the previous medicines management inspection on 7 November 2014 were examined during the inspection. The four requirements and one recommendation made at the previous medicines management monitoring inspection on 7 November 2013 were examined during the inspection. Of the four requirements, one was moving towards compliance and three were not compliant. With respect to the previous recommendation, this was moving towards achieving compliance. The inspectors' validation of compliance is included in Section 5.0 below.

It is concerning that all of the requirements made at the previous inspection have been restated as a result of this inspection. RQIA had received confirmation of compliance from the registered persons when they submitted the completed Quality Improvement Plan in relation to the inspection.

The outcome of this inspection indicated that improvement was required in the management of medicines. The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. However, several discrepancies were noted. An urgent actions letter detailing two requirements which needed investigation was left with the assistant manager at the end of the inspection.

The management of pain for those residents with limited or no verbal communication was discussed at the previous two medicines management inspections. The inspectors expressed concern that these care plans had still not been completely implemented into the practice of staff. In the absence of an assessment of how an adult with a learning disability, who doesn't use verbal communication, expresses symptoms of pain or where the resident lacks the ability to report pain, there is a risk that pain goes unidentified by care staff and consequently isn't treated or addressed appropriately. Failure by management to address these concerns could be considered a breach of the resident's human rights. Staff were advised that care plans should be in place identifying how residents may express feelings of pain and the action taken to manage this appropriately. The requirement has been restated for a third time. The registered manager must ensure that all prescribed medicines are documented on the personal medication records and that records of administration of medicines are fully and accurately maintained.

The care planning and administration of medicines prescribed for use 'when required' in the management of distressed reactions must be reviewed. The rationale for the administration of 'when required' anxiolytic medicines should be detailed in the relevant care plan. All relevant staff should know under what circumstances they should be administered.

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

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

Due to the findings of this inspection, a serious concerns meeting was held with Ms Marie McGrady (Responsible Individual) and Mrs Imelda McGrady (Registered Manager) and the assistant managers. This meeting was held in RQIA Belfast office on 11 June 2014. Frances Gault (RQIA Senior Pharmacy Inspector), Cathy Wilkinson (Pharmacist Inspector) and Marie Marley (Care Inspector) were in attendance. The findings of the inspection were discussed. The management of Seeconnell Private Village outlined their proposed action plan to address the issues detailed in the draft quality improvement plan which had been issued to them following the inspection. A further medicines management monitoring inspection has been planned. Failure to address the on-going issues may lead to enforcement action.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 7 November 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered person must ensure care plans are in place which identifies how each resident (with limited or no verbal communication) experiences pain and the action taken to relieve their symptoms. Stated twice	This has not been completed for all residents. This requirement has been restated.	Not compliant
2	13(4)	The registered manager must ensure that all prescribed medicines are documented on the personal medication records. Stated once	Some medicines had not been recorded on these records and some medicines that had been discontinued had not been deleted. This requirement has been restated.	Not compliant
3	13(4)	The registered manager must ensure that records of administration of medicines are fully and accurately maintained. Stated once	It was observed that there were some gaps in these records where no record of administration or non-administration was made. This requirement has been restated.	Not compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	<p>The registered manager must ensure that where medicines are prescribed on a 'when required' basis for the management of distressed reactions, parameters of use are clearly defined in the residents' care plans.</p> <p>Stated once</p>	<p>A separate file has been compiled for residents who require 'when required' medicines. This file details the medicine prescribed, dosage and indication for use. However, it was noted that the details on this file for one resident did not correspond with the details on the personal medication record and MAR sheet.</p> <p>This requirement has been restated.</p>	<p>Moving towards compliance</p>

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	<p>Management should ensure that the dates of commencement of supplies of medicines are documented in order to facilitate the audit process.</p> <p>Stated twice</p>	<p>The date of opening was recorded on most medicines, however, it had not been recorded on some boxed medicines or any of the liquid medicines. These medicines could not be audited.</p> <p>This recommendation has been restated</p>	<p>Moving towards compliance</p>

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

The system for the management of medicines in the home was found to be unsatisfactory. Management must address the concerns raised during the inspection in order to ensure that satisfactory standards for the management of medicines are in place. The improvements made must be sustained in order to ensure the safety and well-being of the residents.

The management of pain for those residents with limited or no verbal communication was discussed at the previous two medicines management inspections. The inspectors expressed concern that care plans had still not been completely implemented into the practice of staff. In the absence of an assessment of how an adult with a learning disability, who doesn't use verbal communication, expresses symptoms of pain or where the resident lacks the ability to report pain, there is a risk that pain goes unidentified by care staff and consequently isn't treated or addressed appropriately. Failure by management to address these concerns could be considered a breach of the resident's human rights. Staff were advised that care plans should be in place identifying how residents may express feelings of pain and the action taken to manage this appropriately. The requirement has been restated for a third time.

The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. However, several discrepancies were noted. In particular, audits on lorazepam and quetiapine for two different residents could not be brought to a satisfactory conclusion. The prescribed dosage of carbamazepine for one resident could not be determined at the time of this inspection. The registered manager must investigate the discrepancies noted in these medicines. A written report of the findings must be submitted to RQIA by 13 June 2014 and confirmation of the prescribed dosage of carbamazepine must be obtained by 5 June 2014. An urgent actions letter was left in the home at the end of the inspection regarding these issues.

Some medicines, including all liquid medicines, could not be audited as the date of commencement had not been recorded. The recommendation made in relation to this issue has been restated a third time.

The outcome of this inspection indicates that whilst some of the issues had been identified by the assistant manager, a robust system for auditing medicines is not in place. The registered manager must review the system for auditing medicines to ensure that all areas of the management of medicines are in compliance with regulations and minimum standards.

Due to the number and range of issues raised during this inspection, it is recommended that staff should be provided with further training, and this training should encompass each of the areas detailed in the report. The competency of staff with regards to the management of medicines should be re-assessed. Two recommendations have been made.

COMPLIANCE LEVEL: Not compliant

6.2 Medicine Records

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

A sample of the following records was selected for examination at the inspection:

- Medicines prescribed
- Medicines administered
- Medicines received
- Medicines disposed of
- Controlled drugs.

Personal Medication Records

The personal medication records examined had not been fully and accurately maintained:

- There were several instances when prescribed medicines had not been recorded on this record.
- There were several instances when medicines had been discontinued they had not been cancelled from the record.
- There were instances when the dosage direction of 'when required' medicines did not match that recorded in the 'PRN' file
- On some occasions the preparation recorded on personal medication record did not match that on the MARs sheets eg Natecal D3 was recorded on the personal medication record and Adcal D3 Dissolve on the MARs. Adcal D3 Dissolve was being administered.

These discrepancies have the potential to lead to errors in the administration of medicines. The manager must review personal medication records in the home to address these issues. The registered person must ensure that these records are fully and accurately maintained at all times. The completion of these records was highlighted at the previous medicines management inspection. The requirement made in relation to personal medication records has been restated.

Medication Administration Records

The completion of the MARs sheets requires improvement.

There were unexplained omissions in these records where no record of administration or non-administration had been made. On occasion, some prescribed medicines were not printed on the MARs sheets. The requirement made in relation to medicine administration records has been restated.

Receipt Records

Records of the receipt of medicines are recorded onto the MARs sheets. It was noted during the inspection that the receipt of some medicines had not been recorded. The registered manager must ensure that all medicines are appropriately receipted. A requirement has been made.

COMPLIANCE LEVEL: Not compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Medicines were being stored safely and securely in accordance with the manufacturers' instructions. There was sufficient storage space in the medicine trolleys. The assistant manager was reminded that the medicine trolley in the Slieve suite should be securely attached to the wall.

Three supplies of eye preparations were removed from stock during the inspection as they had passed the date of expiry. The registered manager must ensure that all medicines are removed from stock once the expiry date is reached. A requirement has been made.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

Residents may be prescribed anxiolytic or antipsychotic medicines 'when required' as part of the management of their distressed reactions. Since the previous medicines inspection, a file (PRN file) has been compiled detailing which medicine is prescribed, the dosage to be administered and the indications for administration. The medicines of one resident who is prescribed two medicines on a 'when required' basis were examined in detail. The personal medication record and PRN file specifies which medicine should be used as first line and which should be used second line. There are additional records for the administration of these medicines which indicate the date, reason for administration and the remaining stock balance. Examination of these records indicated that on occasion the second line medicine had been administered rather than the first line medicine. It was also not possible to audit some of these medicines. The registered manager must ensure that medicines are administered as prescribed and the care plan for each resident is adhered to. The requirement made in relation to 'when required' medicines has been restated.

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

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

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

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

Enquiries relating to this report should be addressed to:

Cathy Wilkinson
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

SECONNELL PRIVATE VILLAGE

4 JUNE 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 **Collette Mackin, Acting Manager**, 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 investigate the discrepancies noted during the inspection in lorazepam and quetiapine. A written report of the findings must be submitted to RQIA by 13 June 2014 Ref: Urgent Actions Letter and Section 6.1	One	A written report of the findings of the investigation was submitted to RQIA prior to 13 th June 2014.	13 June 2014
2	13(4)	The registered manager must investigate whether carbamazepine is currently prescribed for one resident. Confirmation that this has been completed must be sent to RQIA by 5 June 2014 Ref: Urgent Actions Letter and Section 6.1	One	Confirmation was given to RQIA on 4 th June 2014 that carbamazepine was no longer prescribed for the identified resident.	5 June 2014
3	13(4)	The registered person must ensure care plans are in place which identifies how each resident (with limited or no verbal communication) experiences pain and the action taken to relieve their symptoms. Ref: Sections 5 & 6.1	Three	Care plans are in place for all residents identifying how each resident experiences pain and actions taken to relieve their symptoms.	4 July 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The registered manager must ensure that all prescribed medicines are documented on the personal medication records. Ref: Sections 5 & 6.2	Two	All personal medication records document the current medication each resident is prescribed.	4 July 2014
5	13(4)	The registered manager must ensure that records of administration of medicines are fully and accurately maintained. Ref: Sections 5 & 6.2	Two	The records of administration of all medication are fully and accurately completed.	4 July 2014
6	13(4)	The registered manager must ensure that where medicines are prescribed on a 'when required' basis for the management of distressed reactions, parameters of use are clearly defined in the residents' care plans. Ref: Sections 5 & 6.4	Two	The parameters for useage of 'when required medicines' is clearly defined within each residents care plan.	4 July 2014
7	13(4)	The registered manager must ensure that all medicines are appropriately receipted. Ref: Section 6.2	One	All medication received into the home is receipted on appropriate documents at all times.	4 July 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
8	13(4)	<p>The registered manager must ensure that all medicines are removed from stock once the expiry date is reached.</p> <p>Ref: Section 6.3</p>	One	Medication will be removed from stock immediately upon reaching its expiry date.	4 July 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	Management should ensure that the dates of commencement of supplies of medicines are documented in order to facilitate the audit process. Ref: Section 6.1	Three	The dates of commencement of all medication is clearly documented on all medication.	4 July 2014
2	30	The registered person should ensure that further training is provided for the management of medicines. Ref: Section 6.1	One	Further training is currently being provided to all staff who administer medication.	4 July 2014
3	30	The registered person should re-assess the competency of staff with regards to the management of medicines. Ref: Section 6.1	One	The assessment of staff competency with regard to the administration of medication is assessed at regular intervals.	4 July 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	Imelda Mc Grady
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Maire Mc Grady

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Frances Gault	5/8/14
B.	Further information requested from provider				