NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN017444**
Establishment ID No:	**1215**
Name of Establishment:	**The Graan Abbey**
Date of Inspection:	**4 November 2014**
Inspectors' Names:	**Helen Mulligan and Rachel Lloyd**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	The Graan Abbey
Type of home:	Nursing home
Address:	Derrygonnelly Road Enniskillen BT74 5PB
Telephone number:	(028) 6632 7000
E mail address:	graanabbey@yahoo.co.uk
Registered Organisation/ Registered Provider:	Carewell Homes Ltd Mrs Carol Kelly
Registered Manager:	Mrs Mary Reid
Person in charge of the home at the time of Inspection:	Ms Pamela Fivey (registered nurse)
Categories of care:	RC-MP, RC-MP(E), RC-I, RC-PH NH-MP, NH-MP(E), NH-DE, NH-I, NH-PH
Number of registered places:	86
Number of patients accommodated on day of inspection:	80
Date and time of current medicines management inspection:	4 November 2014 10:10 to 15:00
Names of inspectors:	Helen Mulligan Rachel Lloyd
Date and type of previous medicines management inspection:	1 June 2010 (The Cloisters) 27 September 2011 (Inishview) Unannounced inspections

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

This is the inspection report of an unannounced medicines management inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

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

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

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

METHODS/PROCESS

Discussion with staff on duty and by telephone with Ms Mary Reid (registered manager) on 10 November 2014
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

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

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

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

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

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

The Graan Abbey nursing home is situated in its own grounds off the main Enniskillen to Derrygonnelly Road in Co. Fermanagh.

The home comprises:

- The Inishview unit which has 39 single en-suite bedrooms. There is one main sitting room, kitchen and dining room, bathroom, shower and toilet facilities, a nurses' station, a laundry, a designated smoking area for patients, a staff room and treatment room.

- The Cloisters unit which has 35 single and six double en-suite bedrooms. There are a number of sitting rooms, a quiet room, main kitchen, dining room, bathrooms, toilets, nurses' station, laundry, and staff accommodation. Contained within this unit is the Primrose unit which provides care for up to 20 patients diagnosed with dementia.

The two units were re-registered with RQIA on 13 June 2013 as a single registration. The home is registered to provide care for up to 86 patients and residents.

The home is registered for the following categories of care:

- Nursing - I, PH 44 patients
- Nursing- DE 20 patients (Primrose unit)
- Nursing - MP, MP(E) seven patients
- Residential-MP, MP(E) six residents
- Residential-I, PH nine residents

The grounds around the home are beautifully landscaped and provide secure, secluded areas to enable patients to relax in tranquil surroundings.

There are adequate car parking facilities at the front of the home.

The registered manager of the home is Mrs Mary Reid. Mrs Reid has held the post of registered manager for one year.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Graan Abbey was undertaken by Helen Mulligan and Rachel Lloyd, RQIA Pharmacist Inspectors, on 4 November 2014 between 10:10 and 15:00. This summary reports the position in the home at the time of the inspection.

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

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

During the course of the inspection, the inspectors met with the registered nurses/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 in The Graan Abbey are substantially compliant with legislative requirements and best practice guidelines. No areas of significant concern were noted during the inspection although some areas where improvements are necessary were highlighted and noted during the inspection.

The requirement and recommendations made at the previous medicines management inspections on 1 June 2010 (The Cloisters unit) and 27 September 2011 (Inishview unit) were examined during the inspection. Compliance with the requirement and four of the six recommendations was noted. Full compliance with the remaining two recommendations was not achieved and these recommendations are re-stated in the report. The inspectors' validation of compliance is detailed in Section 5.0 below.

Written policies and procedures for the management of medicines are in place. Medicines are audited by staff on a regular basis. There was evidence that staff have been trained and deemed competent to administer medicines. The results of the majority of medicine audits undertaken during the inspection produced satisfactory results. Medicine records are generally well-maintained and facilitated the audit process.

Improvements are necessary in the admissions procedure for medicines and the registered manager must investigate the management of medicines for one patient recently admitted to the home.

Improvements are necessary in the management of medicines for external use and the management of anxiolytic medicines prescribed on an "as required" basis for distressed reactions.

Improvements are necessary in the storage arrangements for oxygen

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

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 1 June 2010 (The Cloisters unit):

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Policies and procedures for the management of anticoagulant medicines prescribed on a weekly basis must be reviewed and revised to ensure that they are administered in strict accordance with the prescribers' instructions. **Stated once**	Audits undertaken during this inspection confirmed that these medicines are being administered in accordance with the prescribers' instructions.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Records of the training of care staff and competency assessments with respect to the administration of medicines should be available for inspection. The sample signature list should include the names and sample signatures and initials of care staff that have been deemed competent to administer medicines. **Stated once**	Care staff training records are in place and were reviewed during the inspection. The staff sample signature list includes the names and sample signatures and initials of care staff who are trained and competent to administer medicines.	**Compliant**
2	39	Adequate signage should be in place in all areas where oxygen is stored or in use. **Stated once**	Oxygen signage was not in place in the Inishview unit. **This recommendation is re-stated**.	**Not compliant**
3	40	Records of the transfer of supplies of medicines to patients for self-administration should be maintained and the arrangements for self-administered medicines should be monitored and reviewed on a regular basis. **Stated once**	No patients were responsible for self-administering any medicines at the time of the inspection. The written policies and procedures for the management of self-administered medicines have been reviewed and revised to include guidance on maintaining records of the transfer of supplies of medicines to patients and the procedures for reviewing their management on a regular basis.	**Compliant**

Issues arising during previous medicines management inspection on 27 September 2011 (Inishview unit):

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	Policies and procedures for the management of medicines supplied to patients for periods of home leave should be reviewed and revised to ensure records of the supply are adequately maintained and supplies are appropriately packaged and labelled. **Stated once**	The management of home leave medicines was discussed with staff on duty. Staff members confirmed that any medicines supplies for periods of home leave are appropriately packaged and labelled and records of supply are maintained.	**Compliant**
2	38	Records of the administration of thickening agents by care staff should be monitored and signed by the nursing staff on a weekly basis. **Stated once**	There was evidence that nursing staff check these records on a weekly basis.	**Compliant**
3	39	Masks for oxygen cylinders and spacer devices should be kept covered when not in use. **Stated once**	The oxygen mask in the Inishview unit was not covered. **This recommendation is re-stated.**	**Not compliant**

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
The management of medicines was generally satisfactory. Appropriate arrangements are in place for the management of anticoagulant medicines. The admissions procedure with respect to the management of medicines was reviewed for two patients recently admitted to the home. Written confirmation of current medication regimes had been obtained for one patient admitted to the Cloisters unit. Written confirmation had not been obtained for the patient admitted to the Inishview unit. The admissions procedure must be robust and staff must ensure written confirmation of current medication regimes is obtained for each patient admitted to the home. A requirement is made. A sample of medicines in each of the three units was audited during the inspection. The majority of these audits produced satisfactory results, indicating that medicines are being administered as prescribed. However, the following issues/discrepancies were noted: • An excess of five quetiapine 25mg tablets for Patient A; the dose of this medicine was two twice a day, records would suggest that on a number of occasions only one had been administered. The registered manager should continue to monitor the management of this medicine and any further discrepancies must be investigated and reported to RQIA. • Some doses of Madopar for Patient B had been omitted. During the inspection, staff on duty were advised that medicines prescribed for the management of Parkinson's Disease must be administered in accordance with the prescriber's instructions and within 15 minutes of the prescribed time.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

• The management of medicines for one patient (Patient C) admitted to the Inishview unit in October 2014 must be reviewed. Records of the receipt of medicines for this patient were incomplete. Supplies of medicines were not being used in strict date order. The medicines received on admission were dispensed in a monitored dosage cassette; staff had not recorded the name and quantity of each medicine received and administered. The management of this patient's medicines must be investigated. A report of the findings must be forwarded to RQIA. A requirement is made.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines are in place; these were reviewed during the inspection. There was evidence that these policies have been reviewed and updated since the last medicines management inspection. Standard Operating Procedures for controlled drugs are in place.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff receive training on the management of medicines as part of the induction process for new staff and as a regular update. Records of staff training are maintained. Medicines management training was provided on 13 May 2014. Staff attended training on subcutaneous fluids and syringe drivers on 6 August 2014. There was evidence that care staff have been trained and deemed competent to administer external medicines, thickening agents and nutritional supplements.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff competency is reviewed on an annual basis and records of assessments are maintained.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
No errors or incidents involving medicines have been reported to RQIA since the last inspection. The procedure for managing errors is posted in the treatment room.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines for disposal are collected by a licensed waste disposal company. Controlled drugs are denatured by two home staff prior to their disposal.	Compliant
Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are audited on a regular basis. No significant discrepancies were noted in the audit records reviewed during the inspection. Additional auditing and monitoring arrangements are in place for warfarin tablets, medicines prescribed on an "as required" basis and nutritional supplements. This is good practice.	Compliant

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

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicine records were generally well-maintained and facilitated the audit process.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Samples of the above medicine records were reviewed. These records were generally well-maintained, in accordance with DHSSPS guidance. Records of the administration of thickening agents and external medicines by care staff are maintained.	Compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of records in the controlled drugs record book in the Inishview and Cloisters units was reviewed; these records were adequately maintained.	Compliant

INSPECTORS' OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

STANDARD 39 - MEDICINE STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are stored safely and securely. Arrangements are in place for monitoring the room temperature of medicine storage areas and refrigerator temperatures. No out of stock medicines were noted during the inspection. Storage space for medicines in the Cloisters and Primrose units was noted to be limited. Some re-constituted liquid antibiotics were not stored at the correct temperature and some had exceeded their shelf-life. These were removed for disposal during the inspection. Staff are reminded that these medicines should be refrigerated and have a limited shelf- life once they have been re-constituted. Staff are also reminded that all supplies of ProCal liquid in use must be refrigerated. Some external medicines were stored at the wrong temperature. Some external medicines were unlabelled. Some excess stocks of external medicines were noted. One supply of Versatis patches in use had not been re-sealed. Some discrepancies were noted in the entries on personal medication records for external medicines. The management of external medicines must be reviewed and revised to address these issues. A requirement is made. Appropriate arrangements are in place for testing blood glucose meters. Oxygen cylinders in the Inishview unit were not chained to the wall. This should be addressed. A recommendation is made.	Substantially compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
Arrangements for key control in the home are appropriate.	Compliant

Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Records show that these controlled drugs are checked twice daily, at each handover of responsibility.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

The use of anxiolytic medicines prescribed on an “as required” basis for the management of distressed reactions was reviewed for two patients in the Primrose unit. There was evidence that the management of these medicines is reviewed on a regular basis by home staff, the prescriber, the psychiatrist and the community psychiatric nursing team. Care plans for the management of distressed reactions for both of these patients were in place; one was detailed and comprehensive, the second should be updated to ensure it details the appropriate management of the patient’s medicine. Daily notes and behaviour sheets are in place. These were generally adequately maintained. However, they should be reviewed to ensure all staff adopt a uniform approach to their maintenance. These issues should be addressed. A recommendation is made.

During the inspection, it was noted that the prescription for an anxiolytic medicine for a third patient in the Primrose unit had recently been changed from an “as required” dosage to a regular, twice daily dose. Records show this medicine is still being administered on an “as required” basis. During the inspection, it was agreed that this would be reviewed and no further action is required at this time.

8.0 QUALITY IMPROVEMENT PLAN

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

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

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

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

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

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

Enquiries relating to this report should be addressed to:

Helen Mulligan
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

THE GRAAN ABBEY
4 NOVEMBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Mary Reid, Registered Manager**, following 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 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 manager must ensure that written confirmation of current medication regimes is obtained each time a patient is admitted to the home. **Ref: Criterion 37.1**	One	This was addressed immediately with all nurisng staff following the inspection.	30 days
2	13(4)	The registered manager must investigate the management of medicines for Patient C and forward a report of the findings to RQIA, Omagh office. **Ref: Criterion 37.1**	One	This has been investigated and a report forwarded to Helen Mulligan today 04 December 2014.	30 days
3	13(4)	The registered manager must review and revise the management of medicines prescribed for external use to address the issues highlighted for improvement. **Ref: Criterion 39.1**	One	The policy has been reveiwed and rewritten and is available for all nurses to read and sign.	30 days

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	39	Adequate signage should be in place in all areas where oxygen is stored or in use. **Ref: Section 5.0**	Two	This was addressed immediately on 04 November 2014.	30 days
2	39	Masks for oxygen cylinders and spacer devices should be kept covered when not in use. **Ref: Section 5.0**	Two	This was addressed immediately on 04 November 2014.	30 days
3	39	The registered manager should ensure that oxygen cylinders are chained to the wall when not in use. **Ref: Criterion 39.1**	One	This was addressed by maintenance on 05 November 2014.This was revew	30 days
4	37	The registered manager should review and revise the management of medicines prescribed on an “as required” basis for the management of distressed reactions. **Ref: Section 7.0**	One	This has been reveiwed and revised. in November 2014.	30 days

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	Carol Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Carol Kelly

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Mulligan	7/12/2014
B.	Further information requested from provider		No		