RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18313**
Establishment ID No:	**1347**
Name of Establishment:	**Carnmoyne**
Date of Inspection:	**12 May 2014**
Inspector's Name:	**Judith Taylor**

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

1.0 GENERAL INFORMATION

Name of home:	Carnmoyne
Type of home:	Residential Care Home
Address:	38 Church Street Ahoghill BT42 2PA
Telephone number:	(028) 2587 1439
E mail address:	carnmoyne@yahoo.co.uk
Registered Organisation/ Registered Provider:	Mr Benjamin Logan (Acting)
Registered Manager:	Mr Benjamin Logan (Acting)
Person in charge of the home at the time of Inspection:	Ms Emily Gamble (Assistant Manager)
Categories of care:	RC-I ,RC-MP(E) ,RC-PH (E), RC-DE
Number of registered places:	16
Number of residents accommodated on day of inspection:	16
Date and time of current medicines management inspection:	12 May 2014 11:00 – 13:55
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	18 April 2011 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 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 residents 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 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 Emily Gamble (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 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 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

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

Carnmoyne is a residential care home which is located within the boundaries of the village of Ahoghill. It is a two storey building which provides care for 16 residents.

Bedroom accommodation is available on both the ground floor and first floor and comprises three double and 10 single bedrooms.

There are adequate car parking spaces available in the grounds of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Carnmoyne was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 12 May 2014 between 11:00 and 13:55. 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 residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of 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

During the course of the inspection, the inspector met with the assistant manager of the home, Ms Emily Gamble. The inspector 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 Carnmoyne are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The two requirements and four recommendations made at the previous medicines management inspection on 18 April 2011 were examined during the inspection. The outcomes can be observed in the tables following this summary in Section 5.0 of the report. One requirement and one recommendation have been assessed as substantially compliant. One requirement has been assessed as not compliant and is restated. One recommendation has been assessed as moving towards compliance. The two remaining recommendations are no longer applicable.

Since the previous inspection RQIA has monitored the management of medicines in the home through discussion with other inspectors.

Areas of good practice were noted throughout the inspection as detailed in the report.

Written policies and procedures for medicines management are in place and had been reviewed in 2012. These should be further developed to include standard operating procedures for controlled drugs.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited infrequently. This activity should be undertaken on at least a monthly basis and include all aspects of medicines management. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in accordance with the prescribers' instructions. The acting manager and staff are commended for their efforts. However, one audit trail produced an unsatisfactory outcome and the responsible person must investigate the observations made in latanaprost eye drops and forward a written report of the findings and action to RQIA.

The majority of medicine records which were selected for examination had been maintained in the required manner. The drug allergy status was not recorded on each resident's personal medication record, this should be addressed. The administration records pertaining to external preparations should be reviewed.

Medicines are stored safely and securely. The temperature monitoring for medicines storage areas requires review. Key control was appropriate.

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

The inspector would like to thank the assistant manager for her assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 18 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Personal medication records must be kept up to date and accurate at all times. **Stated once**	The majority of personal medication records which were selected for examination had been maintained in the required manner. Some areas for improvement were highlighted at the inspection.	**Substantially compliant**
2	13(4)	Suitable arrangements must be put in place to ensure maximum and minimum refrigerator temperatures are recorded and maintained in the accepted range of +2^{o}C to +8^{o}C. **Stated once**	The maximum and minimum medicines refrigerator temperatures are not recorded on a daily basis and the thermometer is not reset each day. Only the current temperature was recorded. **This requirement has been restated**	**Not compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	When a new medicine is prescribed, two staff should initial the entry on the resident's personal medication record. A copy of the prescription for the new medicine should be kept in the home. **Stated twice**	Examination of added medicine entries to personal medication records indicated that two staff are usually involved in recording new medicine details onto personal medication records. A copy of acute prescriptions is kept in the home.	**Substantially compliant**
2	30	Policies and procedures for the management of medicines should be further updated to ensure these are specific to this home and include the management of hypoglycaemia. **Stated once**	Since the previous medicines management inspection, there had been no insulin dependent diabetics or residents at risk of hypoglycaemia.	**No longer applicable**
3	30	Staff should receive training on the recognition of symptoms and management of hypoglycaemia. **Stated once**	Since the previous medicines management inspection, there had been no insulin dependent diabetics or residents at risk of hypoglycaemia.	**No longer applicable**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	30	The frequency of audit trails performed on the management of medicines should be increased to monthly. The maintenance of personal medication records and refrigerator temperatures should be included. **Stated once**	The management of medicines is audited infrequently. The last audit trail had been performed in January 2014. The audit focuses on the administration of medicines only. An improvement was evidenced in the management of personal medication records. **Part of this recommendation is restated**	**Moving towards compliance**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
A largely satisfactory system for the management of medicines was observed at this inspection. Practices are generally maintained in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice included: • the transcribing of medicine details on personal medication records usually involves two staff • the date and time of opening is recorded on medicines to facilitate the audit process The outcomes of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. However, the audit trail on latanaprost eye drops produced an unsatisfactory outcome and was discussed with the assistant manager at the inspection. It was agreed that the assistant manager would report the outcomes of the audit trail to the resident's prescriber after the inspection. The responsible person must investigate the observations made in the administration of latanaprost eye drops and forward a written report of the findings and action taken to RQIA. A requirement has been made. The assistant manager confirmed that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. The process for the ordering and receipt of medicines was reviewed. Prescriptions are received into the home and checked against the order before dispensing. An up to date copy of prescriptions is kept in the home. Staff have access to up to medicine reference sources.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicines management policy and procedures covered most areas relating to the use and control of medicines. This had been updated in 2012. In order to comply with Regulation 9 of the Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009, written Standard Operating Procedures must be available for the management of controlled drugs. The following areas of the management of controlled drugs should be covered in the Standard Operating Procedures: - ordering, transport and receipt - safe storage - administration - disposal - record keeping - management of errors and incidents. Guidance on Standard Operating Procedures for the safer management of controlled drugs in registered facilities is available on RQIA website. A recommendation has been made.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The assistant manager provided evidence to indicate that records of the medicines training completed by staff are maintained. Staff had received update training in the last month. Training on the use of thickening agents in the management of dysphagia had been provided by the speech and language therapist. A record of this training had not been maintained. It was agreed that this would be recorded at the earliest opportunity. Staff competency in medicines management is assessed annually. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Substantially compliant
Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The impact of medicines management training is assessed through annual staff appraisal and competency assessment. Supervision sessions are held with staff throughout the year as needed. Team meetings are also used to raise any medicine related issues.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff are not responsible for the administration of any medicines which require training in specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home. The assistant manager advised that there had been no reportable medicine related incidents since the previous medicines management inspection.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 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:	
The management of medicines is not audited on a regular basis. The last medicines management audit had been undertaken in January 2014. The records of the audits were examined and it was noted that the audits focus mainly on oral medicines. The audits should include all medicine formulations and all aspects of medicines management and be undertaken on at least a monthly basis. Part of the recommendation made at the previous medicines management inspection has been restated. It was acknowledged that the outcomes of the internal audits showed that satisfactory outcomes had been achieved. Staff are commended for their efforts.	Moving towards compliance

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Overall, medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Obsolete records were securely archived and readily retrievable for inspection.	Compliant
Criterion Assessed: 31.2 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:	
Each of the above medicines records are maintained in the home. A sample was selected for examination and were found to be mostly satisfactory. The good standard of record keeping was acknowledged. A number of personal medication records did not state the resident's drug allergy status. This must be recorded. The responsible person must ensure that this is routinely on each resident's personal medication record. A requirement has been made. The records pertaining to the administration of external preparations indicated that there were some omissions. The assistant manager confirmed that staff would have administered the external preparation. The need for full records of administration was discussed. It was recommended that the audit process should also include external preparations.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
At the time of this inspection, Schedule 2 controlled drugs were not prescribed for any residents or held in stock.	Not applicable

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are stored safely and securely and in accordance with the manufacturer's instructions. The temperature of the clinical room was slightly raised during the inspection. It was recommended that the room temperature of the clinical room should be monitored on a regular basis to ensure the temperature does not exceed 25^{o}C. A recommendation has been made. The current medicine refrigerator temperature was recorded each day. However, the maximum and minimum temperatures were not recorded and the thermometer was not reset each day. This was discussed and as the issue had been raised at the previous medicines management inspection; the requirement is restated. There was sufficient storage space for medicines in the medicine trolley and medicine cupboards. Areas were tidy and organised. Appropriate arrangements are in place for the stock control of medicines. Although the date of opening was recorded for one limited shelf life medicine, (latanaprost eye drop), the stock had passed the expiry date in March 2014. It was advised that eye drops should be included in the audit process. A new supply was brought into stock at the inspection. Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cupboard.	Substantially compliant

Criterion Assessed:	**COMPLIANCE LEVEL**

STANDARD 32 - MEDICINES STORAGE

32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	
Inspection Findings:	
The controlled drug cupboard is secured by a key pad and is located in the clinical room. The key pad code is known to designated staff only and the key of the clinical room is held by the person in charge. Appropriate arrangements are in place for the management of spare keys.	Compliant
Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs were not prescribed for any residents at the time of the inspection. Schedule 3 controlled drugs which are subject to safe custody requirements are reconciled at each handover of responsibility and records are maintained. These records were inspected and were found to be satisfactory.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for Parkinson's disease

One resident is prescribed medicines for Parkinson's disease. The need to ensure that the administration of these medicines is not delayed for more than 15 minutes was discussed.

Thickening agents

One resident is prescribed a thickening agent for dysphagia. A record of the prescribing, receipt and administration were in place. Although a care plan had been developed, this did not reflect the most recent information from the speech and language therapist. It was agreed that this would be addressed after the inspection.

The prescribed consistency level is not recorded on the personal medication record and this was advised.

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 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 Emily Gamble (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:

Judith Taylor
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 INSPECTION

CARNMOYNE

12 MAY 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 **Ms Emily Gamble, Assistant 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)	Suitable arrangements must be put in place to ensure maximum and minimum refrigerator temperatures are recorded and maintained in the accepted range of +2^{o}C to +8^{o}C. **Ref: Section 5.0 & Criterion 32.1**	Two	Due to stock in fridge being able to be stored at room temperature the fridge is not in use at present. If fridge is required for any other medications this record has been reviewed and will be properly maintained.	13 June 2014
2	13(4)	The responsible person must investigate the observations made in the administration of latanaprost eye drops and forward a written report of the findings and action taken to RQIA. **Ref: Criterion 30.1**	One	See attached document	13 June 2014
3	13(4)	The responsible person must ensure that the resident's drug allergy status is routinely on the resident's personal medication record. **Ref: Criterion 31.2**	One	All resident's drug allergies have been recorded in Kardex with red pen.	13 June 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	The frequency of audit trails performed on the management of medicines should be increased to monthly. The refrigerator temperatures should be included. **Ref: Section 5.0 & 30.8**	Two	The medicines audit have been increased and will be carried out at least monthly. At present there is no fridge in place due to not being required. If/when the situation arises fridge temperature will be included	13 June 2014
2	30	The responsible person should develop and implement standard operating procedures for controlled drugs. **Ref: Criterion 30.2**	One	The guidelines for the safe management of controlled drugs have been printed for referral in the Home. Our own guidelines have been developed and implemented and will be readily available for inspection. All staff will be made aware of SOP's.	13 August 2014
3	31	The responsible person should review the audit process to ensure the administration of eye drops and external preparations are included. **Ref: Criterion 30.8,31.2 & 32.1**	One	The monthly audits now include the eye drops and the external preparations. This will be ongoing.	13 June 2014
4	32	The responsible person should monitor the temperature of the clinical room on a regular basis to ensure the temperature does not exceed 25^{o}C. **Ref: Criterion 32.1**	One	A thermometer is now in place in the clinical room and is checked on a daily basis to ensure the temperature does not exceed 25 degrees. If this is the case a fan will be put in place.	13 June 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	Ben Logan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ben Logan

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	17/6/14
B.	Further information requested from provider				