



The Regulation and
Quality Improvement
Authority

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	18447
Establishment ID No:	1380
Name of Establishment:	The Martin Residential Trust
Date of Inspection:	8 July 2014
Inspector's Name:	Rachel Lloyd

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:	The Martin Residential Trust
Type of home:	Nursing Home
Address:	48 Ballyclare Road Glengormley BT36 5HL
Telephone number:	(028) 9034 2365
E mail address:	nigel@mrtrust.org.uk
Registered Organisation/ Registered Provider:	The Martin Residential Trust/ Rev James Martin
Registered Manager:	Mrs Penny McCanny
Person in charge of the home at the time of Inspection:	Mrs Penny McCanny
Categories of care:	NH-LD, NH-LD(E)
Number of registered places:	19
Number of patients accommodated on day of inspection:	19
Date and time of current medicines management inspection:	8 July 2014 11:00 – 15:00
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	3 February 2012 Unannounced inspection

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 Mrs Penny McCanny, Registered Manager, and registered nurses 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 Nursing Homes Minimum Standards (2008).

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 Martin Residential Trust is situated on the outskirts of the village of Glengormley, convenient to public and local amenities.

It is a two storey, purpose built nursing home, providing patient accommodation on the ground floor. Bedroom accommodation is provided in one double and 17 single rooms. Overhead moving and handling equipment has been installed in many of the bedrooms, as assessed appropriate. There are two communal lounges, a dining room, bath / shower / toilet facilities, a Jacuzzi and a multi-sensory room. Offices and stores are located on the first floor.

A purpose built day centre has recently been added to the home. This area includes a multisensory room, kitchen, day area, activity room and toilets. An enclosed courtyard with raised beds is to the rear of the day centre.

Access to the nursing home is at ground level via the car park. Entrance to the grounds of the home is shared by Fold accommodation and a church.

The home is registered to provide accommodation for 19 persons over and under the age of 65 with learning disabilities.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of The Martin Residential Trust was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 8 July 2014 between 11:00 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 inspector 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 inspector met with the registered manager of the home, Mrs Penny McCanny and the registered nurses on duty. 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 The Martin Residential Trust are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The three requirements and seven recommendations made at the previous medicines management inspection on 3 February 2012 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5 of this report. One of the

three requirements was assessed as compliant and two requirements were assessed as substantially compliant. Four of the recommendations were assessed as compliant and three as substantially compliant

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

The management of medicines is controlled in a largely satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection. The registered manager and staff are commended for their efforts.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs have been developed and implemented. All of these are currently in the process of being reviewed and revised as necessary by the registered manager.

There is a programme of training in the home. There is a system of supervision and appraisal and there are regular medicines management competency assessments for registered nurses and designated care assistants undertaking delegated medicines tasks.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines indicating that the majority of medicines had been administered in accordance with the prescribers' instructions.

Medicine records are well maintained. However, two designated staff should sign the record of the disposal/destruction of medicines, new additions to personal medication records and handwritten entries on medication administration record sheets.

Arrangements in place for the management of controlled drugs were largely satisfactory, however controlled drugs must be denatured prior to disposal in accordance with legislative requirements and DHSSPS guidelines.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. Storage areas were clean, tidy and organised.

The inspection attracted a total of one requirement and two recommendations. These are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 3 February 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Medicine administration records must be fully and accurately maintained. Stated twice	Medicine administration records were maintained in a largely satisfactory manner.	Substantially compliant
2	13(4)	The registered manager must put robust arrangements in place to ensure that personal medication records are fully and accurately maintained at all times. Stated once	Personal medication records were maintained in a largely satisfactory manner. Some minor areas for attention were highlighted and discussed.	Substantially compliant
3	27(2)	The registered manager must review the security of the new clinical room to ensure the windows and doors are upgraded as necessary. Stated once	The security of the clinical room was found to be satisfactory. All doors are kept locked and window restrictors have been fitted.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Audits should be further developed to include all prescribed medicines. Stated twice	A range of medicines is incorporated into medicine audits, the registered manager agreed to ensure that the number of liquid medicines included reflects the number of liquid medicines prescribed.	Substantially compliant
2	37	Authorisation from the general practitioner for the administration of medicines via a PEG tube should be obtained. Stated twice	Authorisation from the prescriber was in place for those medicines prescribed for administration via this route examined during the inspection.	Compliant
3	37	The registered manager should develop and implement a robust auditing system for all nutritional supplements. Stated once	Daily stock counts are in use for nutritional supplements prescribed as individual doses. The registered manager agreed to include multiple dose nutritional supplements in these audits e.g. Calogen. Staff were also reminded that these products should be marked with the date of opening on every occasion; to facilitate audit.	Substantially compliant
4	37	The registered manager should confirm that the new guidance regarding the disposal of medicines from nursing homes has been implemented and policies have been updated. Stated once	The registered manager confirmed that the supplying pharmacy, to which all unwanted medicines are returned, holds a waste disposal license. The registered manager was reminded that waste medicines must be kept in secure waste containers prior to collection. All medicine policy and procedure documents were in the process of being further reviewed and revised at the time of the inspection and this was evidenced.	Substantially compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	38	The registered manager should closely monitor the process for the receipt of medicines to ensure that a record of all incoming medicines is fully maintained on every occasion. Stated once	Records of incoming medicines were found to be satisfactorily maintained and facilitated audit.	Compliant
6	39	The registered manager should ensure that the controlled drug cabinet is affixed to a solid wall as per Safe Custody Regulations. Stated once	The controlled drug cabinet is affixed to a solid wall.	Compliant
7	39	The registered manager should ensure that oxygen signage is affixed to the clinical room door. Stated once	Oxygen signage is affixed to the clinical room door.	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 registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.

The outcomes of audit trails, performed on a range of randomly selected medicines, showed that these medicines had been administered in accordance with the prescribers' instructions. These results correlate with the results of medicine audits undertaken on a regular basis within the home.

The admissions process with respect to medicines was reviewed during the inspection. It was noted that written confirmation of current medication regimes is obtained for patients on admission.

The process for the ordering and receipt of medicines was examined. All prescriptions are received into the home and checked against the order before being forwarded to the community pharmacy for dispensing. This is in accordance with Health and Social Care Board recommendations. A copy the current prescription for each patient is kept in the home.

Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings: <p>Policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. These were in the process of being reviewed and revised as necessary at the time of the inspection and this was evidenced.</p> <p>Specialist care plans for the management of epilepsy and the administration of medicines via enteral feeding tube were observed at the inspection.</p>	Compliant
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: <p>The registered manager confirmed that registered nurses who manage medicines are trained and competent. Records of training are maintained and were available for inspection.</p> <p>Training on the management of enteral feeding tubes and the administration of medicines via this route was undertaken most recently by registered nurses in 2013.</p> <p>Evidence that designated care assistants are trained on the administration of external preparations, dysphagia and thickening fluids was available. The most recent dysphagia training took place for all relevant staff on 13 May 2014 and was provided by a Speech and Language Therapist from the Trust. The registered manager confirmed that the deputy manager is responsible for cascade training and updating staff on medicines management issues.</p> <p>A list of the names, sample signatures and initials of registered nurses authorised to administer medicines is in place. The registered manager was advised to add designated care assistants to this list.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
<p>The registered manager confirmed that the competency of registered nurses and designated care assistants, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and appraisal, and that records are maintained. This was evidenced during the inspection.</p>	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager confirmed that medication errors and incidents are reported to RQIA, in accordance with procedures.</p>	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Discontinued or expired medicines are stored in a separate cupboard and records are maintained. This waste is periodically uplifted by staff from the supplying pharmacy, which possesses a waste disposal license. The registered manager was reminded that waste medicines must be stored in the available secure waste containers prior to collection. The record of disposal was signed by one registered nurse. Two designated staff should sign the record of disposal on each occasion. A recommendation is stated.</p> <p>Controlled drugs are not all currently denatured by two registered nurses prior to disposal in line with DHSSPS guidance and legislative requirements e.g. buccal midazolam and rectal diazepam. Controlled drugs must be denatured prior to disposal in accordance with legislative requirements and DHSSPS guidelines. A requirement is stated.</p>	Moving towards compliance

STANDARD 37 - MANAGEMENT OF MEDICINES

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:	
<p>Management complete an audit tool specific to medicines on a regular basis. Registered nurses perform audits on medicines not supplied in the monitored dosage system on a daily basis. Audits are also performed by a representative from the community pharmacy. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. The registered manager agreed to ensure that the number of liquid medicines included reflects the number of liquid medicines prescribed.</p> <p>The audit process is readily facilitated by the good practice of recording the date and time of opening on most medicine containers.</p>	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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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: The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were generally noted to be maintained in a manner that facilitates audit activity (see 38.2). Obsolete records had been securely archived and these records were readily retrievable for inspection.	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • 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 records is maintained in the home. A sample was selected for examination and these were generally found to be satisfactory. The good standard of record keeping was acknowledged. Two designated staff should sign new entries on personal medication records and handwritten entries on medication administration record sheets to ensure accuracy in transcription. A recommendation is stated. Records of the disposal of medicines were generally well maintained, however these were not always signed by two designated staff who should sign the record of disposal on each occasion. A recommendation is stated (see 37.6).	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

Records of the administration of external preparations and thickening agents by designated care assistants were maintained in a satisfactory manner.	
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:	
No Schedule 2 controlled drugs were prescribed or held in stock at the time of the inspection.	Not applicable

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

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Medicines were found to be stored securely under conditions that conform to statutory and manufacturers' requirements. There was sufficient storage space on the medicine trolley and in medicine cupboards and storage areas were clean, tidy and well organised.</p> <p>Oxygen is stored appropriately and appropriate signage is in place.</p> <p>Arrangements for monitoring the medicines refrigerator temperature were examined; temperatures are recorded on a daily basis and were found to be within the accepted range during the inspection. Some small deviations above the maximum accepted temperature of 8°C were noted; registered nurses were reminded to reset the refrigerator thermometer after recording temperatures.</p> <p>The temperature of the treatment room was found to be satisfactory during the inspection. The registered manager agreed to monitor and record this on a regular basis.</p> <p>Dates and times of opening were routinely recorded on the majority of medicines; registered nurses were reminded that Calogen liquid should routinely be marked with the date of opening on every occasion to facilitate audit and disposal at expiry.</p>	Substantially compliant

STANDARD 39 - MEDICINES 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:	
The controlled drug cabinet key and other medicine cupboard keys are held by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard keys.	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:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility. Records of balance checks were inspected and found to be satisfactory.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of 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 Penny McCanny, 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:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

THE MARTIN RESIDENTIAL TRUST

8 JULY 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 **Mrs Penny McCanny, Registered 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 the requirement 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 REQUIREMENT

This section outlines the action 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 controlled drugs are denatured by two registered nurses prior to disposal. Ref: Criterion 37.6	One	<i>Kit received from dispensing pharmacy. Policy updated to include this procedure and all nursing staff made aware.</i>	6 August 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that two designated staff sign the record of the disposal of medicines on each occasion. Ref: Criterion 37.6	One	<i>Now in place and all nursing staff are aware of practice.</i>	6 August 2014
2	38	The registered manager should ensure that two designated staff sign new entries on personal medication records and handwritten entries on medication administration record sheets. Ref: Criterion 38.2	One	<i>Medication records checked and all entries now signed by 2 nurses as per policy.</i>	6 August 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: JS Martin

NAME: REV. J. S. MARTIN
Registered Provider

DATE 15th August 2014

SIGNED: Penny M'Canny

NAME: PENNY M'CANNY
Registered Manager

DATE 15th August 2014

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		R Lloyd	22/9/14
B.	Further information requested from provider		no		