NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN020981**
Establishment ID No:	**1385**
Name of Establishment:	**Ladyhill Lodge**
Date of Inspection:	**27 November 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:	Ladyhill Lodge
Type of home:	Nursing Home
Address:	40 Creevery Road Antrim BT41 2LQ
Telephone number:	(028) 9446 6905
E mail address:	ladyhillmanager@supanet.com
Registered Organisation/ Registered Provider:	Adarra Developments Ltd Mrs Mary McGoldrick
Registered Manager:	Mrs Valerie Reynolds (registration pending)
Person in charge of the home at the time of Inspection:	Registered Nurse Susan Hamill
Categories of care:	NH-LD, NH-LD(E)
Number of registered places:	31
Number of patients accommodated on day of inspection:	26
Date and time of current medicines management inspection:	27 November 2014 10:40 – 14:25
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	11 May 2012 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 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 Susan Hamill, registered nurse and the 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 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

Ladyhill Lodge is a nursing home located in the rural townland of Creevery near to Antrim town.

The building is single storey and was originally a private house which has been extended and adapted to meet the requirements of a registered nursing home.

The accommodation comprises 19 single and six double bedrooms, a range of toilets, bathrooms and shower facilities, two communal lounges and a dining room. A dedicated activity centre which is equipped with materials to provide stimulation and recreation for the patients accommodated and a separate room for multisensory activity are also provided.

The home is registered to accommodate a maximum of 31 persons requiring nursing care within the categories LD (learning disability) and LD(E) (learning disability over 65 years of age).

The manager, Mrs Valerie Reynolds has been in post since July 2014.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ladyhill Lodge was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 27 November 2014 between 10:40 and 14:25. 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 nurse in charge of the home, Susan Hamill and with the staff 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 Ladyhill Lodge 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 two requirements and five recommendations made at the previous medicines management inspection on 11 May 2012 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5.0 of this report. One of the requirements was assessed as compliant and one as substantially compliant. Two of the recommendations were assessed as substantially compliant, one as moving towards

compliance and one as not compliant. The latter two recommendations are restated. One recommendation was not applicable at the time of the inspection and will be examined at the next medicines management inspection.

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 satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection as detailed in the report.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs should be developed; this was raised at the previous medicines management inspection.

There is a programme of medicines management training in the home for registered nurses. There is a system of supervision and appraisal and there are regular medicines management competency assessments. Care assistants undertaking delegated tasks should receive training and a competency assessment in the management of dysphagia and the administration of external preparations.

The manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal.

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 medicines examined had been administered in accordance with the prescribers' instructions.

The medicine records available for inspection were generally well maintained. The manager should ensure that a second designated member of staff witnesses and signs the record of disposal of medicines and that when entries on medication administration sheets are handwritten, that these are checked and signed by two designated members of staff to ensure accuracy in transcription.

The manager should ensure that the reason for and effect of the administration of 'when required' medicines, prescribed for distressed reactions, are recorded on every occasion.

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

The inspection attracted a total of one requirement and six recommendations (one of which is carried forward from the previous inspection). These are detailed in the Quality Improvement Plan.

The inspector would like to thank the manager and her 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 11 May 2012:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must put robust arrangements in place for the management of medicines for patients receiving respite care. **Stated once**	Robust arrangements were observed to be in place for those patients receiving respite care at the time of the inspection. Satisfactory records of medicines received and transferred out of the home are maintained.	**Compliant**
2	13(4)	The registered manager must put robust arrangements in place for the management of external preparations to ensure records are fully and accurately maintained on every occasion. **Stated once**	Records of administration by registered nurses are appropriately maintained. Separate medicine administration records are in place for external medicines applied by care assistants delegated with this task. Very few records of administration were in place, whilst it is acknowledged that many of these preparations are prescribed for use 'when required', staff were reminded that the administration of any preparation must be recorded on each occasion.	**Substantially compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should develop and implement written Standard Operating Procedures for controlled drugs. **Stated once**	Standard Operating Procedures specific to and covering all areas of the management of controlled drugs in Ladyhill Lodge have not been developed and implemented. **This recommendation is restated**	**Not compliant**
2	37	The registered manager should ensure that two nurses are involved in the disposal of medicines, with each nurse's signature recorded on the disposal record. **Stated once**	Examination of the disposal of medicines record indicated that two trained members of staff are not always involved in the disposal of medicines. In accordance with best practice two designated members of staff should be involved in the disposal of medicines on every occasion. **This recommendation is restated**	**Moving towards compliance**
3	38	The registered manager should continue to closely monitor the standard of maintenance of personal medication records. **Stated once**	The standard of maintenance of personal medication records examined was largely satisfactory. A few discrepancies were highlighted for attention during the inspection.	**Substantially compliant**
4	39	The registered manager should closely monitor the storage arrangements for in-use insulin pens. **Stated once**	Insulin was not prescribed for any patient at the time of the inspection. **This recommendation is carried forward**	**Not applicable**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	39	The registered manager should ensure that the required consistency level of thickened fluid is recorded on the personal medication record and administration records. **Stated once**	The required consistency level of thickened fluid was recorded on two of the three the personal medication records examined, a care plan and a Speech and Language Therapist (SALT) report was in place for each patient. The required consistency level was recorded on the relevant administration records used by designated care assistants.	**Substantially 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:	
Most areas of the management of medicines are maintained 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. Suitable arrangements are in place for obtaining medicine information for new and respite patients and medicines from the community pharmacist. The management of 'when required' anxiolytic medicines in the management of distressed reactions was examined. The parameters for administration are recorded on the personal medication record and a care plan is in place. The reason for the administration of the medicine and effect of the administration are recorded on some but not all occasions. This should be recorded on every occasion. A recommendation is stated. Satisfactory arrangements were in place for management of thickened fluids.	Substantially 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:	
Written policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs should be developed; this was raised at the previous medicines management inspection. A recommendation is restated.	Substantially 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:	
A record of medicines management training is kept in the home, including records of induction training. Update medicines management training is provided through the completion of e-learning modules and attendance at training courses. This year training has included the management of medicines administered via enteral feeding tubes and first aid including the emergency management of seizures for registered nurses. The competency of registered nurses in medicines management is assessed annually. Care assistants undertaking delegated tasks should receive training and a competency assessment in the management of dysphagia and the administration of external preparations. A recommendation is stated. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Substantially 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:	
Medicines management training is reviewed through annual appraisal, staff competency assessment, the outcomes of audit trails and supervision of practice. Records are maintained. The registered manager advised that team meetings are also used to highlight medicines management issues.	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:	
Medication errors and incidents are reported to RQIA, in accordance with procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are stored in a secure waste container and records are maintained. This waste is periodically uplifted by a licensed waste contractor and waste transfer notes are kept on file. Examination of the disposal of medicines record indicated that two registered nurses or designated members of staff are not always involved in the disposal of medicines. In accordance with best practice two registered nurses or designated members of staff should be involved in the disposal of medicines on every occasion. A recommendation made at the previous inspection is restated. Schedule 2 and 3 controlled drugs and most Schedule 4 (Part 1) controlled drugs are denatured by two registered nurses prior to disposal. However, there was no evidence that diazepam liquid and medicines recently added to Schedule 4 (Part 1) e.g. zopiclone are denatured appropriately before disposal. A requirement is stated.	Moving towards compliance
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:	
The system to audit medicines management includes records of running stock balances for several medicines which are not supplied in the 28 day blister packs. This is good practice. An overarching audit is completed by the manager on a regular basis; a representative from the community pharmacy also completes an audit every quarter. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. The good practice of recording the date and time of opening on medicine containers was acknowledged. This readily facilitates the audit process.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

INSPECTOR'S OVERALL ASSESSMENT OF 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:	
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 maintained in a manner that facilitates audit activity. Obsolete records were securely archived and well organised. Areas of good practice were acknowledged and included the following: • two members of staff are involved in the writing and updating of personal medication records • reminder alerts for the administration of bisphosphonate medicines are in place • stock balances are carried forward for medicines not supplied in the monitored dosage system • the use of body maps to ensure rotation of patch application and/or injection site.	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:	
Each of the above records is maintained in the home. A sample was selected for examination and these were generally found to be satisfactory. When entries on medication administration sheets are handwritten, these should be checked and signed by two designated members of staff to ensure accuracy in transcription. A recommendation is stated.	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

Records of medicines e.g. thickening agents and external preparations, administered by designated care assistants undertaking these delegated tasks were largely satisfactorily maintained and a system is in place which oversees the records completed by designated care assistants. The registered nurses were reminded to ensure that records regarding the application of external preparations are accurately completed on every occasion.	
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:	
The receipt, administration and disposal of all Schedule 2 controlled drugs were appropriately recorded in the controlled drug register.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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 were found to be stored securely under conditions that conform to statutory and manufacturers' requirements. There is limited storage space on the medicine trolleys and in medicine cupboards. Storage areas were clean and tidy. Oxygen was stored appropriately and signage was in place. Arrangements for monitoring the medicines refrigerator temperature and treatment room temperature were examined; temperatures are monitored and recorded daily. Records were examined and found to be satisfactory.	Compliant
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 separately by the registered nurse in charge of the shift. The 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

STANDARD 39 - MEDICINE STORAGE

INSPECTOR'S OVERALL ASSESSMENT OF COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	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 **Susan Hamill, Registered Nurse,** 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

LADYHILL LODGE
27 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 **Susan Hamill, Registered Nurse** during the the inspection.

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 manager must ensure that all Schedule 4 (Part 1) controlled drugs are denatured appropriately before disposal. **Ref: Criterion 37.6**	One	A monthly schedule for the denaturing of Controlled drugs is now in place. All nurses have been advised of correct procedure for same to include two nurses	29 December 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	**39**	The registered manager should closely monitor the storage arrangements for in-use insulin pens. **Ref: Section 5 (carried forward)**	One	There are currently no patients on insulin residing in the home. Storage systems will be arranged should the need arise. Pens in use will be stored in the medicines trolley. Pens not in use will be stored in clinical room fridge.	Ongoing
2	**37**	The registered manager should develop and implement written Standard Operating Procedures for controlled drugs. **Ref: Section 5 & Criterion 37.2**	Two	Standard Operating Procedures for the management of Controlled Drugs have been developed and are now in use. All Nursing staff are aware of same.	29 December 2014
3	**37**	The registered manager should ensure that two nurses are involved in the disposal of medicines, with each nurse's signature recorded on the disposal record. **Ref: Section 5 & Criterion 37.6**	Two	All nurses have been advised of the need for two signatures on drug disposal records	29 December 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	**37**	The manager should ensure that the reason for and effect of the administration of 'when required' medicines, prescribed for distressed reactions, are recorded on every occasion. **Ref: Criterion 37.1**	One	All nurses have been advised of the need to consistantly document the reason for " when required medicines "	29 December 2014
5	**37**	The manager should ensure that care assistants undertaking delegated tasks receive training and a competency assessment. **Ref: Criterion 37.3**	One	A competency format has been devised to assess care assistants on the use of external medicines following training in this area. Care Assistants received Dysphagia training July 2014. Competency assessments are now being carried out in this area. Basic Controlled drugs training is being carried out by a Boots Pharmacist 27/1/15 to enable Care assistants to sign for reconciliation of controlled drugs.	29 December 2014
6	**38**	The manager should ensure that when entries on medication administration sheets are handwritten, these are checked and signed by two designated members of staff to ensure accuracy in transcription. **Ref: Criterion 38.2**	One	All nurses have been made aware of the need for two signatures to clarify and confirm transcription.	29 December 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	Valerie Reynolds
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mary McGoldrick

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	yes		RLloyd	13/1/15
B.	Further information requested from provider		no	RLloyd	13/1/15