



NURSING HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN018449
Establishment ID No:	1414
Name of Establishment:	Glenkeen House
Date of Inspection:	19 August 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:	Glenkeen House
Type of home:	Nursing Home
Address:	100 Glenkeen Church Road Randalstown BT41 3JX
Telephone number:	(028) 9447 9794
E mail address:	jackiemcshane@hutchinsonhomes.co.uk
Registered Organisation/ Registered Provider:	Hutchinson Homes Ltd/ Ms Naomi Carey and Ms Janet Montgomery
Registered Manager:	Mrs Jacqueline McShane
Person in charge of the home at the time of inspection:	Ms Preshela Baguio (Registered Nurse)
Categories of care:	NH-I, NH-PH, NH-LD, RC-I, RC-MP(E), RC-PH(E)
Number of registered places:	40
Number of patients accommodated on day of inspection:	40
Date and time of current medicines management inspection:	19 August 2014 10:50 – 14:45
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	22 September 2011 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 Ms Preshela Baguio, Registered Nurse, during the inspection and with Mrs Jacqueline McShane, Registered Manager, by telephone following the inspection

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

Glenkeen House is a purpose built, two storey nursing home, situated in a residential area on the outskirts of Randalstown. The home was first registered to provide nursing care in 1991 and re-registered in January 2000 to provide both nursing and residential care. The home was subject to a further re-registration on 31 May 2005 due to a change of ownership to its present owners, Hutchinson Homes Ltd.

Mrs Jacqueline McShane is the registered manager of the home and has been registered manager for over 10 years.

The home is entered via an entrance hall and reception area which leads to the lounge, dining facilities and office accommodation. Bedrooms are located on both floors and comprise 40 single bedrooms. Toilet facilities, showers and bathrooms are located throughout the home. The first floor is accessed by either stairs or passenger lift.

The home is surrounded by well-maintained landscaped gardens and ample car parking is provided within the grounds of the home.

The home is registered to accommodate 40 persons under the following categories of care:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
LD	Learning disability (1 identified patient)

Residential Care

I	Old not falling within any other category
MP (E)	Mental disorder excluding learning disability or dementia over 65 years
PH (E)	Physical disability other than sensory impairment over 65 years

The home is also approved to provide day care for up to five persons. No day care was provided at the time of this inspection.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Glenkeen House was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 19 August 2014 between 10:50 and 14:45. 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 senior nurse in charge of the home, Ms Preshela Baguio. 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. The inspector also provided feedback to the registered manager of the home, Mrs Jacqueline McShane, by telephone following the inspection.

This inspection indicated that the arrangements for the management of medicines in Glenkeen House 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 three recommendations made at the previous medicines management inspection on 22 September 2011 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5.0 of this report. Two of the three requirements were assessed as compliant and one as substantially compliant. Two of the recommendations were assessed as compliant; one recommendation is not currently applicable.

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 as detailed in the report.

At the time of the inspection, the senior nurse in charge did not have access to all of the necessary records. The registered manager must ensure that records are available for inspection at all times.

Following the inspection, the registered manager confirmed that policies and procedures for the management of medicines are in place and that Standard Operating Procedures for controlled drugs have been developed and implemented.

The registered manager confirmed that 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.

The arrangements in place for the management of controlled drugs are satisfactory.

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.

The medicine records available for inspection were generally well maintained. However, two designated staff should sign new additions to personal medication records. Prescribed thickeners and the required consistency should be recorded on the personal medication record and the consistency of all thickened fluids administered should be recorded.

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 nurse in charge 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 22 September 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must increase the level of audit activity, in order to ensure that medicines are being administered to patients and residents in accordance with the prescribers' instructions. In particular, the administrations of lactulose, macrogol and asthma treatment inhaler preparations must be closely monitored.</p> <p>Stated once</p>	<p>The level of audit activity in general has been increased and each patient prescribed lactulose and/or a macrogol preparation has an audit sheet on which a running balance is maintained. A sample of these was examined and satisfactory correlation with prescribed directions, administration records and stock balances was observed. No recent audit activity was observed for inhaler preparations, however no significant discrepancies were observed during the inspection. It was agreed that a range of medicine formulations should be regularly audited.</p>	<p>Substantially compliant</p>
2	13(4)	<p>Lactulose and macrogol preparations must be administered to patients from their own prescribed supply.</p> <p>Stated once</p>	<p>This was evidenced during the inspection.</p>	<p>Compliant</p>
3	13(4)	<p>Bisphosphonates must be administered in accordance with the manufacturers' instructions.</p> <p>Stated once</p>	<p>Medicine records and discussion with the registered nurse in charge indicate that this has been satisfactorily addressed.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	<p>In order to facilitate audit activity, the date of opening should be routinely recorded on all lactulose and macrogol containers.</p> <p>Stated once</p>	<p>The date of opening was recorded on most of these medicines examined and additionally on the individual audit sheet for each preparation prescribed.</p>	<p>Compliant</p>
2	38	<p>The removal of lidocaine patches should be recorded.</p> <p>Stated once</p>	<p>This medicine was not prescribed for any patient at the time of the inspection, however the registered nurse in charge and the Quality Improvement Plan received on 14 December 2011 confirmed that this is the procedure followed.</p>	<p>Not applicable</p>
3	39	<p>The controlled drugs cabinet should be reserved solely for the storage of controlled drugs.</p> <p>Stated once</p>	<p>This was evidenced during the inspection.</p>	<p>Compliant</p>

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:	
<p>The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Compliant</p>
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The registered manager confirmed following the inspection that up to date policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager confirmed following the inspection that registered nurses who manage medicines are trained and competent and that records of training are maintained. Training records were not available for inspection as the registered nurse in charge had no access to these records (see 38.1).</p> <p>The registered nurse in charge confirmed that medicines management training is provided for relevant staff on an annual basis by the supplying pharmacist.</p> <p>The registered nurse in charge stated that training on dysphagia and thickening fluids is provided for relevant staff by a representative from the pharmaceutical company.</p> <p>A list of the names, sample signatures and initials of registered nurses authorised to administer medicines is in place.</p>	Substantially compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The registered manager confirmed following the inspection that the competency of registered nurses, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and annual appraisal, and that records are maintained. These records were not available for examination at the time of the inspection.</p>	Substantially compliant
<p>Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Medication errors and incidents are reported to RQIA, in accordance with procedures.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>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. The record of disposal is signed by two registered nurses.</p> <p>Controlled drugs are denatured by two registered nurses prior to disposal in line with DHSSPS guidance and legislative requirements.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The senior nurse in charge completes medicine audits on a regular 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. It was agreed that a range of medicine formulations should be audited including liquid medicines, inhaler preparations and external preparations.</p> <p>The audit process is readily facilitated by the good practice of recording the date of opening on most medicine containers.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

<p>Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>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.</p> <p>Obsolete records had been securely archived; however these records were not readily retrievable for inspection. The registered nurse in charge had no access to archived medication administration records; completed records of medicines received or staff training and competency assessment records. The registered manager must ensure that records are available for inspection at all times. A requirement is stated.</p>	<p align="center">Substantially compliant</p>
<p>Criterion Assessed: 38.2 The following records are maintained:</p> <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Each of the above records is maintained in the home. A sample was selected for examination and these were generally found to be satisfactory.</p> <p>However, some new entries on personal medication records had not been checked and signed by two designated members of staff and several spelling errors were observed in medicine names which may lead to confusion. Two designated staff should sign new entries on personal medication records to ensure accuracy in transcription and</p>	<p align="center">Substantially compliant</p>

STANDARD 38 – MEDICINE RECORDS

<p>spelling. A recommendation is stated.</p> <p>No evidence of the consistency of thickened fluids administered to relevant patients was observed. Prescribed thickeners and the required consistency should be recorded on the personal medication record and the consistency of all thickened fluids administered should be recorded. A recommendation is stated.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>No Schedule 2 controlled drugs were prescribed or held in stock at the time of the inspection.</p>	Not applicable
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	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 largely 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 was stored appropriately and appropriate signage was 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 deviations above the maximum accepted temperature of 8°C were noted; registered nurses were reminded to reset the refrigerator thermometer on every occasion after recording temperatures.</p> <p>The temperature of the treatment room was found to be satisfactory at the time of the inspection.</p> <p>Dates of opening were routinely recorded on the majority of medicines; registered nurses were reminded that Calogen and Pro-Cal liquids should be marked with the date of opening on every occasion to facilitate audit and disposal at expiry.</p>	<p align="center">Substantially compliant</p>

STANDARD 39 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The controlled drug cabinet key and other medicine cupboard keys are held separately by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>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.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

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 **Ms Preshela Baguio, Registered Nurse** and **Mrs Jacqueline McShane, 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

GLENKEEN HOUSE

19 AUGUST 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Preshela Baguio (Registered Nurse)**, during the inspection visit and with **Mrs Jacqueline McShane, Registered Manager**, by telephone following the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that 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	19(3)(b)	The registered manager must ensure that records are available for inspection at all times. Ref: Criteria 37.3, 37.4 and 38.1	One	When the registered manager is not available or on leave the senior nurse or nurse in charge will have access to all records which are stored in the manager's office	17 September 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	38	The registered manager should ensure that two designated staff sign new entries on personal medication records to ensure accuracy in transcription and spelling. Ref: Criterion 38.2	One	This will have immediate effect and a staff nurse will sign the medication records with the nurse manager to ensure accuracy in transcription and spelling	17 September 2014
2	38	The registered manager should ensure that prescribed thickeners and the required consistency are recorded on the personal medication record and that the consistency of all thickened fluids administered is recorded. Ref: Criterion 38.2	One	Prescribed thickeners and the required consistency are recorded on the resident's personal medication record and the consistency of all thickened fluids administered is recorded	17 September 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	Jacqueline Mc Shane
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Naomi Carey/Janet Montgomery

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	17/9/14
B.	Further information requested from provider		no		