THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18106**
Establishment ID No:	**1460**
Name of Establishment:	**Ardmaine Care Home**
Date of Inspection:	**9 April 2014**
Inspectors' Names:	**Frances Gault** **Helen Daly**

1.0 GENERAL INFORMATION

Name of home:	Ardmaine Care Home
Type of home:	Nursing
Address:	8 Fullerton Road Newry BT34 2AY
Telephone number:	028 3026 2075
E mail address:	ardmaine@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons (Bamford) Ltd Mr James McCall
Registered Manager:	Mrs Ann Begley
Person in charge of the home at the time of Inspection:	Mrs Ann Begley
Categories of care:	NH-DE ,NH-I ,NH-MP
Number of registered places:	65
Number of patients accommodated on day of inspection:	46
Date and time of current medicines management inspection:	9 April 2014 10:30 – 14:15
Name of inspectors:	Frances Gault Helen Daly
Date and type of previous medicines management inspection:	5 April 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect 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 Ann Begley, 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) and to assess progress with the issues raised during and since the previous inspection.

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

Ardmaine Care Home initially registered in 1986. RQIA registered Southern Cross as the organisation in control in 2007. The home has recently changed ownership - Four Seasons (Bamford) Ltd have been the organisation in control since 1 November 2011.

The home is a two-storey building which has been extensively developed and extended. It is located within close proximity to Newry City.

Facilities include a total of 51 single and seven double bedrooms located on both floors. Communal lounges and dining rooms are also provided on both floors and a hairdressing salon is located on the first floor. A sun lounge and designated activity room are situated on the ground floor.

Toilet, bathing and showering facilities are located throughout the home. Catering and laundry facilities, staff facilities and offices are available on site.

Limited garden space is available; however the home has an enclosed courtyard area. Car parking is to the front of the home.

The registration certificate was on display in the foyer of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ardmaine Care Home was undertaken by Frances Gault, RQIA Senior Pharmacy Inspector, and Helen Daly, RQIA Pharmacist Inspector, on 9 April 2014 between 10:30 and 14:15. This summary reports the position in the home at the time of the inspection.

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

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

During the course of the inspection, the inspectors met with the registered manager of the home, Mrs Ann Begley, and the registered nurses on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Ardmaine Care Home are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The eight requirements and the recommendation which were made at the previous medicines management inspection on 5 April 2011 were examined during the inspection. Six of the requirements are assessed as compliant and two are assessed as substantially compliant. The recommendation is not compliant and is restated.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with the care inspector and any intelligence received from trusts and other sources.

At the outset of the inspection the inspectors discussed the management of recent medication related incidents in the home and the actions being taken to ensure that safe and robust medicines management systems are in place. The inspectors also reviewed the home's remedial action plan which had been developed in collaboration with the regional manager and the Southern Health and Social Care Trust. The pharmacy inspector had received a copy of the action plan in January 2014. This plan is reviewed regularly by the management team and the trust. There is evidence that improvements had been achieved; the need to sustain these improvements was discussed with the registered manager.

Largely satisfactory arrangements were observed to be in place for most areas of the management of medicines.

The Four Seasons (Bamford) Ltd policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

A range of audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. The registered manager should monitor the administration of inhaled medicines as part of the home's audit system.

Medicines records had been maintained in a mostly satisfactory manner. The date of administration of all medicines must be accurately recorded.

Storage was observed to be tidy and organised.

The inspection attracted one requirement and three recommendations which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 5 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administration of those medicines highlighted at this inspection. **Stated once**	A revised auditing system is in place. Satisfactory audit outcomes were observed at this inspection for the majority of medicines sampled. The date of opening had not been recorded on a number of inhaled medicines and so audits could not be completed. The registered manager should include inhaled medicines in the audit process.	**Substantially compliant**
2	13(4)	All medicines must be available for administration as prescribed. **Stated once**	All medicines were available for administration as prescribed on the day of the inspection.	**Compliant**
3	13(4)	Eye preparations must be discarded 28 days after opening. **Stated once**	All eye preparations examined at this inspection were observed to be in date. New supplies are brought into use on the first day of the four week medication cycle.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	Appropriate training and competency assessments must be in place where the administration of external preparations and thickening agents have been delegated to care assistants. The registered manager must ensure that complete records for the administration of these preparations are maintained. **Stated once**	The registered manager confirmed that care assistants had been trained and deemed competent to administer external preparations and thickening agents. Records of the training for external medicines were maintained. It was agreed that records for training on thickening agents would also be maintained. Supplementary recording systems are in place.	**Substantially compliant**
5	13(4)	The necessary improvements must be made in the standard of maintenance of the personal medication records. **Stated once**	The areas identified for improvement had been addressed.	**Compliant**
6	13(4)	The controlled drugs cabinet in the Bronte suite must meet the Misuse of Drugs (Safe Custody) (NI) Regulations 1973 and this must be addressed. **Stated once**	The controlled drugs cabinet in the Bronte suite now meets the Misuse of Drugs (Safe Custody) (NI) Regulations 1973.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	13(4)	The storage of in-use external preparations must be reviewed in order to achieve infection control standards. **Stated once**	In-use external preparations are stored in individual plastic bags.	**Compliant**
8	13(4)	The management of non-prescribed medicines must be reviewed in the Bronte suite. **Stated once**	Letters of authorisation are in place. Records of administration and a stock book are maintained. All non-prescribed medicines were observed to be in date.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	A list of the names, initials and signatures of those care assistants deemed competent to administer external preparations and thickening agents should be maintained. **Stated once**	This list is not is place. **This recommendation is restated.**	**Not compliant**

STANDARD 37 - MANAGEMENT OF MEDICINES
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:	
Largely satisfactory arrangements were observed to be in place for most areas of the management of medicines; these standards must be sustained. A number of areas of good practice were highlighted during the inspection e.g. separate records to record the site of application and removal of transdermal patches, highlighting records for patients with similar names A range audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Audits could not be completed on a number of inhaled medicines (e.g. Spiriva capsules and Seretide evohaler) as the date of opening had not been recorded. The registered manager should audit the administration of inhaled medicines. A recommendation has been made. The registered nurse advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home. This was evidenced for two patients in the Bronte unit. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, photocopied and checked against the home's order before being forwarded to the pharmacy for dispensing. All medicines were available for administration as prescribed on the day of the inspection. The registered nurses confirmed that systems are in place to ensure that supplies of currently prescribed medicines are always available.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

The management of warfarin was reviewed for two patients and found to be satisfactory. Dosage directions are received via facsimile. Administration is recorded on a separate administration chart and the medication administration recording sheets (MARs). Daily running balances are maintained. The records in place for the use of antipsychotic and anxiolytic medicines in the management of distressed reactions were examined for two patients; the findings were discussed in detail with the registered manager. A care plan was in place for each patient. The parameters for administration were recorded on the personal medication record (PMR) for one patient only. Records of administration had been maintained on the MARs. The reason for administration and outcome had been accurately recorded in the daily notes for one patient; some omissions in the daily notes were observed for the second patient. The registered manager should review the recording systems in place for all patients who are prescribed 'when required' antipsychotics and anxiolytics to ensure that: • detailed care plans are in place • parameters for administration are recorded on the PMRs • administration is recorded on the MARs • the reason for and outcome of administration is recorded in the daily notes A recommendation has been made.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that training on the management of medicines had been provided for nursing staff by the community pharmacy in January 2014. Two further dates have been scheduled. In addition nurses are required to complete three e-learning modules before they can administer medication. A revised competency assessment tool is currently being completed with all nursing staff. The registered manager advised that agency staff now receive a comprehensive induction into the home's systems. Training on the use of APO- go pump was provided for nursing staff in December 2013. A further date is to be scheduled for new nursing staff. Training on the use of antipsychotic medication was provided in January 2014. The registered manager confirmed that care staff had been trained and deemed competent to manage thickening agents; however, records had not been maintained. It was agreed that appropriate training records would be maintained. Training on the use of topical administration records (tMARs) had been provided in February 2013. Update training has been scheduled for April 2014. There is a list of the names, signatures and initials of nursing staff who are authorised to administer medicines. A list of the names, initials and signatures of those care assistants deemed competent to administer external preparations and thickening agents is not however maintained. The recommendation which was made at the previous inspection is restated.	Substantially 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:	
The registered manager confirmed that there is annual staff appraisal and that supervisions are taking place frequently at present in order to ensure that all the issues identified in the home's action plan are addressed.	Compliant
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, in accordance with procedures, to the appropriate authorities. A number of recently reported incidents were discussed with the registered manager.	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 returned to a waste management company. Controlled drugs are denatured in the home prior to their disposal.	Compliant

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:	
Daily stock balances are maintained for some medicines which are not contained within the blister pack system. Audit trails are performed on a random selection of medicines at weekly intervals by the nursing staff. The registered manager completes a monthly audit tool. There is evidence that outcomes are discussed with staff and that action plans are developed. Dates and times of opening had been recorded on the majority of containers audited at this inspection. This is good practice.	Compliant

STANDARD 38 – MEDICINE RECORDS

STANDARD 38 - MEDICINE RECORDS **Medicine records comply with legislative requirements and current best practice.**	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicine records had been constructed and completed in a mostly satisfactory manner. The registered manager and staff are commended for their efforts.	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:	
The majority of the personal medication records (PMRs) had been maintained in a satisfactory manner; the areas which had been identified for improvement at the previous inspection had been addressed. The PMRs had been re-written recently as part of the home's action plan. A small number of entries did not correlate with entries on the medication administration records (MARs); these were discussed with the registered manager who agreed that they would be updated without delay. The MARs had been maintained in a mostly satisfactory manner. Two nurses verify and sign all hand-written updates on the MARs sheets; this is good practice. However, the date of administration had not been accurately recorded on hand-written MARs; the month and year had not been detailed. The date of administration must be accurately recorded for all medicines. A requirement has been made. The registered manager was reminded that a delay in the administration of levodopa (by as little as five minutes) may affect symptom control in Parkinson's Disease. She confirmed that she would review each patient's regimen and update the PMRs and MARs to accurately reflect the time of prescribing and administration.	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

The majority of records for medicines received into the home which were examined had been maintained in a satisfactory manner. Records for the disposal of medicines were reviewed. Two nurses are involved in the disposal of medicines and both sign the entry in the disposal book. The signature of the person who collects disposed medicines is obtained.	
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:	
Observation of the controlled drug record books indicated that they had been maintained in a mostly satisfactory manner.	Compliant

STANDARD 39 – MEDICINES STORAGE

STANDARD 39 - MEDICINES 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:	
Storage was observed to be tidy and organised. Satisfactory recordings were observed for the temperatures of the treatment rooms and medicine refrigerators. One blood glucose meter is in use. Control checks are performed weekly and records are maintained. A new supply of control solution was available in the home. Oxygen cylinders were observed to be stored securely and appropriate signage was in place.	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 keys to the controlled drugs cabinet, all other medicine cupboards and the medicine trolleys were observed to be in the possession of the nurse-in-charge of each unit.	Compliant

STANDARD 39 – MEDICINES STORAGE

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 twice daily at each handover of responsibility.	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 Ann Begley (Registered Manager)**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ARDMAINE CARE HOME
9 APRIL 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 Ann Begley, 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 all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.

NO.		REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The date of administration must be accurately recorded for all medicines. **Ref. Criterion 38.2**	One	Hand written MARs are now completed in full to include all the information boxes on the top of the sheets which details: Name; Date of Birth; Address; Allergies; Doctor; Start and End Date which must be completed in full - i.e. day / month / year.	9 May 2014

RECOMMENDATIONS

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

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	A list of the names, initials and signatures of those care assistants deemed competent to administer external preparations and thickening agents should be maintained. **Ref: Section 5.0**	Two	A signature list of Care Assistants has been implemented to include all Care Staff deemed competent to administer external preparations and thickening agents. This list will continue to be up-dated with the recruitment of new staff.	9 May 2014
2	37	The registered manager should audit the administration of inhaled medicines. **Ref: Criterion 37.1**	One	A weekly audit trail has been put in place for completion by the Registered Nurses. In addition as part of the monthly audit the Deputy Manager / Home Manager will review the weekly trails and conduct ramdon audits.	9 May 2014
3	37	The registered manager should review and revise the recording systems for the management of distressed reactions. **Ref: Criterion 37.1**	One	All registered nurses are conducting a review of the their residents who experience distressed reactions to ensure detailed care plans are in place; parameters for administration are recorded on the PMRs; administration is recorded on the MARs; and the reason for and outcome of administration is recorded in the daily notes. The Home Manager / Deputy Manager will keep this under review when conducting Care File Audits.	9 May 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	Ann Begley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall DIRECTOR OF OPERATIONS 13/5/14.

QIP Position Based on Comments from Registered Persons			Inspector	Date
	Yes	No		

A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	20/5/14
B.	Further information requested from provider				