NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018400**
Establishment ID No:	**1461**
Name of Establishment:	**Hamilton Court**
Date of Inspection:	**6 October 2014**
Inspector's Name:	**Paul Nixon**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 GENERAL INFORMATION

Name of home:	Hamilton Court
Type of home:	Nursing Home
Address:	45 Hamiltonsbawn Road Armagh BT60 1HW
Telephone number:	(028) 3752 8523
E mail address:	hamilton.court.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care / Mr James McCall
Registered Manager:	Mr Anthony Hart
Person in charge of the home at the time of Inspection:	Ms Verminda Nagac (Deputy Manager)
Categories of care:	NH-DE, RC-DE
Number of registered places:	35:
Number of patients accommodated on day of inspection:	34
Date and time of current medicines management inspection:	6 October 2014 10:00 – 13:50
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	5 July 2011 Unannounced Medicines Management 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 the deputy manager, Ms Verminda Nagac
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

Hamilton Court consists of two units, the Navan and Gosford Suites.

The home is situated on the outskirts of Armagh city and comprises 35 single bedrooms, sitting rooms and dining rooms. There is a kitchen, laundry, toilet / bathroom / shower facilities, staff accommodation and offices.

There are well maintained gardens and grounds including an enclosed courtyard with raised flower/vegetable beds to enable the patients and residents to pursue their gardening interests.

Adequate car parking facilities are provided at the front of the home.

The registered manager is Mr Anthony Hart, who has held this position since July 2013.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Hamilton Court was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 6 October 2014 between 10:00 and 13:50 hours. 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 deputy manager of the home, Ms Verminda Nagac. 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 Hamilton Court 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 one requirement which was made at the previous medicines management inspection, on 5 July 2011, was examined during the inspection. It is assessed as compliant.

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

Areas of good practice were noted and highlighted during the inspection and the members of staff are commended for their efforts. These include the robust arrangements for staff medicines management training and competency assessments, the recording of the dates and times of opening of medicine containers in order to facilitate audit, the additional

monitoring arrangements for diazepam and warfarin preparations and the double signing of handwritten entries on the personal medication record sheets (PMRs) and medication administration record sheets (MARs).

There is a programme of staff training in the home. There are annual medicines management competency assessments for staff members who manage medicines.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that medicines had broadly been administered in accordance with the prescribers' instructions. However, two audits on antibiotic courses produced unsatisfactory outcomes. The registered person must ensure that antibiotic doses are administered in accordance with the prescribed instructions.

In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of administration should be routinely recorded.

Two designated members of home staff should witness medicines being placed in the medicines disposal bin and should sign the disposal record.

Medicine records had been maintained in a largely satisfactory manner. On the PMRs, discontinued medicine entries should routinely have a straight line drawn through and the date of discontinuation recorded.

The recording of controlled drugs must be in accordance with the organisation's Standard Operating Procedures for the management of controlled drugs. The designated staff members should always cross reference the stock balances specified in the controlled drug record book with the actual stocks during each controlled drug stock reconciliation check.

Medicines were generally being stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions. The temperatures of medicine storage areas should be monitored regularly to ensure they are maintained at or below 25°C. Oxygen cylinders should be chained to the wall. Glucometer quality control checks should be performed in accordance with the manufacturers' instructions and the results recorded.

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

The inspector would like to thank the deputy 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 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The times of administration of medicines must be accurately recorded on the medication administration record. **Stated once**	This practice was observed.	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:	
A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Two audits on antibiotic courses produced unsatisfactory outcomes. The registered person must ensure that antibiotic doses are administered in accordance with the prescribed instructions. A requirement is stated. The outcome of an audit on furosemide 50mgs/5mls solution, prescribed for one patient, was discussed with the deputy manager, who agreed to closely monitor the medicine's administration. The deputy manager advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. Evidence of the confirmation of dosage regimes was examined for one recently admitted patient. The process for obtaining prescriptions was reviewed. The deputy manager advised that prescriptions are reviewed by the home before being sent to the pharmacy for dispensing. The current written confirmation of warfarin dosage regimes was held on the file and a separate warfarin administration record is made. A daily running balance of warfarin tablets is maintained. The records in place for the use of 'when required' anxiolytic medicines in the management of distressed reactions were examined for three patients. Each of the three patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient,	Substantially compliant

the parameters for administration were recorded on the PMR and records of administration had been maintained on the MARs. However, the reasons for administration and outcomes had not always been recorded. In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of administration should be routinely recorded. A recommendation is stated. There were several laxatives and topical medicines that the prescribers should be requested to review. This matter was discussed with the deputy manager.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
There are written policies and procedures detailing the arrangements for the management of medicines. These were not examined in detail during the inspection. There are Standard Operating Procedures for the management of controlled drugs.	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:	
There is a programme of staff medicines management training in the home. The deputy manager confirmed that staff who manage medicines are trained and competent. A sample of the staff competency assessments was examined and was observed to have been appropriately completed. A record of the medicines management training and development activities completed by the staff is maintained.	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:	
There are medicines management competency assessments for staff members who manage medicines. Competencies are updated annually for all relevant staff.	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.	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 placed into designated medicines disposal bins by nursing staff. The bins are removed by a waste disposal contractor. The deputy manager and registered nurses on duty advised that, whilst two nurses denature controlled drugs, only one nurse disposes of other pharmaceutical waste into the disposal bins. Two designated members of home staff should witness all medicines being placed in the medicines disposal bin and should sign the disposal record. A recommendation is stated.	Substantially 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:	
There was recorded evidence that practices for the management of medicines are audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary. The dates and times of opening are recorded on the medicine containers in order to facilitate the audit activity. This good practice is commended.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S 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 were observed to have been largely constructed and completed in a manner that facilitates audit activity.	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:	
A randomly selected sample of the above medicine records was assessed. These records had been maintained in a largely satisfactory manner. The PMRs examined broadly contained the required information and the entries had been signed by two registered nurses. However, a significant number of discontinued medicines had not been cancelled in the recognised manner by drawing a straight line through the entry and recording the date of discontinuation. On the PMRs, discontinued medicine entries should routinely have a straight line drawn through and the date of discontinuation recorded. A recommendation is stated. Two entries on the PMRs that needed to be updated with the current dosage directions (buprenorphine patch and mementine solution, each pescribed for one patient) were drawn to the attention of the deputy manager. The MARs examined had been completed in a satisfactory manner.	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

The record of receipts of medicines contained the necessary information. As detailed in Criterion 37.6, two designated members of home staff should witness medicines being placed in the medicines disposal bin and should sign the disposal record. The need to ensure that only the current warfarin dosage instruction form is kept on the medicine kardex file was discussed.	
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:	
On 5 September 2014, the applications of transdermal opioid patches to two patients had not been recorded in the controlled drug record book. There were a significant number of occasions when only one staff member had signed the entry in the controlled drug record book. The disposals of the remaining contents of ampoules of diamorphine hydrochloride injection, prescribed for one patient, had not been recorded. Several disposals of controlled drugs had not been recorded in the disposal of medicines record book. The recording of controlled drugs must be in accordance with the organisation's Standard Operating Procedures for the management of controlled drugs. A requirement is stated.	Moving towards compliance

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

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines were generally being stored safely and securely, in accordance with legislative requirements and the manufacturers' instructions. There was sufficient storage space for medicines in the medicine trolleys and medicine cupboards. The temperature range of the medicine refrigerators are monitored and recorded each day. Temperatures had been maintained within the recommended ranges. The temperatures of medicine storage areas are not monitored. These areas should be monitored regularly to ensure they are maintained at or below 25°C. A recommendation is stated. Three oxygen cylinders were observed to be freestanding in the middle of the Navan Suite medicine storage room. Oxygen cylinders should be chained to the wall. A recommendation is stated. There was no evidence that glucometer quality control checks are performed. Glucometer quality control checks should be performed in accordance with the manufacturers' instructions and the results recorded. A recommendation is stated.	Substantially compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
In each unit, the medicine keys were observed to be in the possession of the registered nurses on duty. The controlled drug cabinet key was observed to be carried by the designated registered nurse, separately from the other medicine 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:	
The observations detailed under criterion 38.3 indicate that the registered nurses do not cross refence the controlled drug record book stock balances with the actual stocks at each controlled drug stock reconciliation check. Otherwise the stock balance discrepancies, due to the non recording of the administrations of two opioid transdermal patches on 5 September 2014, would have been immediately identified. The registered nurses should always cross reference the stock balances specified in the controlled drug record book with the actual stocks during each controlled drug stock reconciliation check. A recommendation is stated. Stocks of diazepam are reconciled at each handover of responsibility. This good practice is commended.	Moving towards compliance

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

7.0 ADDITIONAL AREAS EXAMINED

None

8.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of 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 Verminda Nagac (Deputy Manager), during the inspection, 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:

Paul Nixon
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

HAMILTON COURT
6 OCTOBER 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 Verminda Nagac (Deputy 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 REQUIREMENT

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 Nursing Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	13(4)	The registered person must ensure that antibiotic doses are administered in accordance with the prescribed instructions. **Ref: Criterion 37.1**	One	Detailed individual supervision with all registered nurses has been undertaken by the registered person highlighting the need for administration of antitbiotics in accordance with prescribed instructions.	6 November 2014
2	13(4)	The registered person must ensure that recording of controlled drugs is in accordance with the organisation's Standard Operating Procedures for the management of controlled drugs. **Ref: Criterion 38.3**	One	Two signatures for the application of transdermal patches has been implemented with immediate effect. Two nurses signatures for the disposal of 'controlled drugs' in the disposal of medicines record book has been implemented with immediate effect .	6 November 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	In an instance where a patient is prescribed 'when required' medication for distressed reactions, the reason for and outcome of administration should be routinely recorded. **Ref: Criterion 37.1**	One	The reasons for administration and outcomes has been discussed through supervision with all registered nurses to ensure all instances of administration are recorded.	6 November 2014
2	37	Two designated members of home staff should witness medicines being placed in the medicines disposal bin and should sign the disposal record. **Ref: Criteria 37.6 and 38.2**	One	Two nurses signatures for witnessing the disposal of 'controlled drugs' in the disposal of medicines record book has been implemented with immediate effect .	6 November 2014
3	38	On the personal medication record sheets, discontinued medicine entries should routinely have a straight line drawn through and the date of discontinuation recorded. **Ref: Criterion 38.2**	One	This has been implemented from the date of inspection by the deputy manager.	6 November 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The designated staff members should always cross reference the stock balances specified in the controlled drug record book with the actual stocks during each controlled drug stock reconciliation check. **Ref: Criterion 38.3**	One	Implemented with immediate effect and all registered nurses administering medication have received instruction and individual supervision.	6 November 2014
5	39	The temperatures of medicine storage areas should be monitored regularly to ensure they are maintained at or below 25°C. **Ref: Criterion 39.1**	One	The temperature of the medicine storage areas is monitored and recorded daily from the date of inspection.	6 November 2014
6	39	Oxygen cylinders should be chained to the wall. **Ref: Criterion 39.1**	One	Excess Oxygen cylinders have been returned to the supplier and remaining cylinders are now chained to the wall.	6 November 2014
7	39	Glucometer quality control checks should be performed in accordance with the manufacturers' instructions and the results recorded. **Ref: Criterion 39.1**	One	Control solution ordered and upon receipt a record of the quality control checks shall be maintained.	6 November 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 and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Tony Hart
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall DIRECTOR OF OPERATIONS 3.11.14.

	QIP Position Based on Comments from Registered Persons	Yes	No	Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	**05/11/14**
B.	Further information requested from provider		X	Paul W. Nixon	**05/11/14**