NURSING HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020401**
Establishment ID No:	**1501**
Name of Establishment:	**The Retreat Care Centre**
Date of Inspection:	**20 August 2014**
Inspectors' Name:	**Frances Gault**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	The Retreat Care Centre
Type of home:	Nursing Home
Address:	62 Drumilly Road Armagh BT61 8RH
Telephone number:	(028) 3889 1202
E mail address:	heather.maxwell@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Mrs Heather Maxwell (registration pending)
Person in charge of the home at the time of Inspection:	Mark Jackson (Registered Nurse) Mrs Maxwell from 12.30pm
Categories of care:	NH-DE, NH-MP, NH-MP(E)
Number of registered places:	40
Number of patients accommodated on day of inspection:	22
Date and time of current medicines management inspection:	20 August 2014 10.15am – 3.00pm
Names of inspector:	Frances Gault
Date and type of previous medicines management inspection:	9 April 2014 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 monitoring 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 previous medicines management inspection of this home on 9 April 2014 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. Following the previous inspection a serious concerns meeting was held with the registered person on 17 April 2014. At that meeting it was agreed that a period of time would be given to allow the newly appointed manager to address the issues. An assurance was received that the concerns would be addressed. The purpose of this visit was to determine what progress had been made in addressing the 14 requirements and two recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines, could be assured.

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 Heather Maxwell, Manager (registration pending), and the 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 steps being taken to address the requirements and recommendations made at 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

Standard 40: Administration of Medicines
Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

An outcome level was identified to describe the service's performance against each standard that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

The Retreat Care Centre provides care for up to 40 male patients who require care under the following categories:

Nursing Care (MP) - Mental disorder excluding learning disability or dementia

Nursing Care MP (E) - Mental disorder excluding learning disability or dementia - over 65 years

Nursing (DE) - Dementia

The home is located approximately two miles from the village of Loughgall and comprises 37 single bedrooms, two double bedrooms, two sitting rooms, a visiting room, a designated smoke room, two dining rooms, a kitchen, a laundry, toilet / washing facilities, staff accommodation and offices.

Larchwood Care Homes (NI) Ltd has been the registered provider since December 2013. The manager, Mrs Heather Maxwell, is currently undergoing the registration process with RQIA.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of The Retreat Care Centre was undertaken by Frances Gault, RQIA Senior Pharmacist Inspector, on 20 August 2014 between 10.15am and 3.00pm. This summary reports the position in the home at the time of the inspection.

Following the previous inspection a serious concerns meeting was held with the registered person on 17 April 2014. At that meeting it was agreed that a period of time would be given to allow the newly appointed manager to address the issues. The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Nursing Homes and to determine if the safety of patients, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for the medicines management within the home and focused on the four medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage
- Standard 40: Administration of Medicines

During the course of the inspection, the inspector met with the manager of the home, Mrs Heather Maxwell (registration pending) and with the registered nurses on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines are moving towards compliance with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though areas for improvement were noted.

The 14 requirements and two recommendations made at the previous medicines management inspection on 9 April 2014 were examined during the inspection. Ten of the 14 requirements were assessed as compliant, and four were assessed as moving towards compliance. The two recommendations were assessed as compliant. Three of the requirements and part of one requirements are restated. While it was acknowledged there was improvement in the systems in place it was disappointing to note that this was limited and further improvements were required in several areas including the management of external preparations, thickening fluids and the maintenance of accurate records.

Additional training had been provided in the management of medicines but the evidence seen indicates that this is not embedded into the practice of the registered nurses. Further improvement is necessary in order to ensure that the standards in place are maintained in accordance with legislative requirements and minimum standards.

The management of the use of thickening agents was discussed in detail. It is essential that care plans are in use which identify the use of these products; highlight any refusal of patients regarding this treatment and identify the steps taken by the registered nurses to minimise the risks involved. Registered nurses must be aware of their accountability when tasks are delegated to care staff.

Further improvement in the administration of external medicines by care assistants is still required. The records of administration of these medicines were observed to require improvement and the registered nurses should have oversight of this delegated task.

Further improvement is required in some aspects of the record keeping and the registered person should continue to monitor the completion of the records.

Storage was observed to be tidy and organised. However, the registered person must ensure that the temperature range of the medicine refrigerators is maintained between 2ºC – 8ºC.

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

The inspector would like to thank the 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 9 April 2014:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(1)(a)	The registered person must investigate the management of diabetes for Patient A between 28 March 2014 and 4 April 2014. This investigation should include: • The management of raised blood sugar levels • The unavailability of prescribed medicines • The administration of Metformin MR tablets • The completion of the daily progress notes over this period **Stated once**	This had been investigated by the manager and the outcome forwarded to RQIA.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	16(1)	The registered person must ensure that an appropriate care plan is in place for the management of diabetes for Patient A, which directs the care required and action to be taken by the registered nurses if elevated blood sugars are noted. **Stated once**	The evidence seen during the inspection indicated that a care plan is now in place which directs the care being delivered with regard to the management of diabetes.	Compliant
3	13(1)(a)	The registered person must investigate the non-administration of the prescribed skin care regime to Patient B. **Stated once**	This had been investigated. However, the evidence seen during the inspection indicates improvements are still required in the standard of record keeping for the administration of external preparations. While it was acknowledged that some of the preparations are prescribed 'as required', the medicine administration records evidenced that there were only 33 entries of administration/non administration recorded instead of an expected 56 (for a 28 day period) for an external preparation prescribed with a twice daily dosage regime. (see requirement 4 below)	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	13(4)	The registered person must review and revise the management of external medicines to ensure that they are being administered as prescribed. **Stated once**	There was little evidence of the recording of the administration of external preparations. There was no evidence to demonstrate that the administration of external preparations was being monitored by the registered nurses. It was acknowledged that a new recording folder was in the process of implementation but it was disappointing to note the lack of progress in addressing this requirement (see requirement no.3 above). **This requirement is restated**	Moving towards compliance
5	13(4)	The registered person must investigate the discrepancies noted in the remaining stock balances of Epilim Liquid and ferrous fumarate syrup prescribed for Patient C. **Stated once**	This had been investigated. The audits undertaken during the inspection indicated that current supplies of these medicines are being administered as prescribed.	Compliant
6	13(4)	The registered person must investigate the non-administration of tiotropium capsules to patient D between 26 and 31 March 2014. **Stated once**	This had been investigated. The audits undertaken during the inspection evidenced that current supplies of these medicines are being administered as prescribed.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	20(1)(a)	The registered person must ensure that all staff are trained and competent to meet the health needs of the patients. **Stated once**	The manager and registered nurses on duty advised of the training and competency assessments they had undertaken in recent months. The community pharmacist is involved in the training. The manager provided evidence of the competency assessment undertaken by nurses.	Compliant
8	20(1)(a)	The registered person must ensure that all staff receive additional training to include: • Management of diabetes • Management of respiratory illnesses • Management of skin conditions • Management and administration of medicines The manager must implement systems to ensure that this training is embedded in practice. Records must be maintained to evidence this. **Stated once**	The evidence seen during the inspection indicates that the training of staff has not been completed. Care staff had received training on the management of skin conditions but as the inspection found there was little evidence of accurate record keeping in relation to the administration of these preparations (see requirements no. 3 & 4 above). The registered person must ensure that the training is embedded into practice. It was disappointing to note the lack of progress in relation to providing training on the management of diabetes and respiratory illnesses. **Part of this requirement is restated+**	Moving towards compliance

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
9	30(1)(d)	The registered person must implement a robust system that ensures that any incident which adversely affects the wellbeing or safety of any patient is appropriately reported. **Stated once**	Three medicine incidents have been reported to RQIA since the previous inspection. These had been managed appropriately.	Compliant
10	13(4)	The registered person must ensure that there is a robust audit system in place. **Stated once**	The manager undertakes a monthly medicine audit. The evidence seen indicates that an action point is written for each shortfall identified. The inspector had noted that some photographs were missing from the personal medication record and the manager was able to demonstrate that this had been identified earlier in the month and they were due to be taken later in the week.	Compliant
11	13(4)	The registered person must ensure that personal medication records are up to date. **Stated once**	The evidence seen during the inspection indicated that some of the personal medication records required attention (see section 6.2). **This requirement is restated**	Moving towards compliance

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
12	13(4)	The registered person must ensure that medicine administration records are fully and accurately completed. **Stated once**	The evidence seen during the inspection indicated that some of the medicine administration records were not completed accurately (see requirement no.3 above). **This requirement is restated**	Moving towards compliance
13	13(7)	The registered person must ensure that medicines are stored in accordance with infection control guidelines. **Stated once**	No infection control concerns were noted in relation to the storage of medicines	Compliant
14	13(4)	The registered person must review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. **Stated once**	The care plans sampled during the inspection identified the administration of the medicine. There was evidence of the administration in the medicine administration records and daily progress notes.	Compliant

NO.	MINIMUM STANDARD	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered person should review the systems in place for supervision and appraisal of staff. **Stated once**	The manager advised that the systems had been reviewed and staff appraisals were currently underway.	Compliant
2	38	The registered person should ensure that medicines records are filed in a manner which facilitates retrieval. **Stated once**	All records were available for inspection.	Compliant

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

Some improvement in the management of medicines was noted since the previous inspection, however, further sustained improvement is required in relation to record keeping and training to ensure compliance with legislation and minimum standards.

The audits completed during this inspection indicated that the vast majority of the sampled medicines are administered as prescribed. The manager undertakes a monthly medicine audit. The evidence seen indicates that an action point is written for each shortfall identified. The inspector noted that some photographs were missing from the personal medication records and the manager was able to demonstrate that this had been identified earlier in the month and these were due to be taken later in the week. However, the audit system should be further developed to ensure that it covers all aspects of the management of medicines. In particular, the lack of improvement in the management of external preparations had not been identified by the current auditing system. A recommendation is made.

The management of thickened fluids was discussed in detail with the manager. These are prescribed following an assessment by the speech and language therapist and have been deemed as necessary for the safety and well-being of identified patients. The manager advised that one patient regularly refused food thickeners. However there was little evidence of this in the care plan or care notes. In addition, there was no written documentation available of any steps taken by the registered nurses to seek advice on the risks the refusal posed to the well-being of the patient. The management of thickening agents should be reviewed and revised. A recommendation has been made.

Registered nurses on occasion record the administration of thickened fluids on the medicine administration record; however there were no records completed by care staff when they undertake this task. When registered nurses delegate this task to care staff, the manager must ensure that records of administration are maintained and signed by the member of care staff responsible. The registered person must ensure all registered nurses are aware of their accountability when tasks are delegated to care staff. A requirement has been made and another restated.

It was disappointing to note the lack of progress in addressing the training needs of the staff. The outcome of the inspection in April 2014 identified that staff required additional training. While it was acknowledged that some training has been provided, training on the management of diabetes and respiratory illnesses has still to be delivered. The manager advised that this would be completed by the end of September 2014. The inspector did not raise any concerns in relation to these conditions during this inspection. The requirement in relation to training has been partially restated.

COMPLIANCE LEVEL: Moving towards compliance

6.2 Medicine Records

Standard Statement - Medicine records comply with legislative requirements and current best practice

The following records were examined:

- Personal medication record
- Medicines administered (MARs)

Personal medication record

The following improvements are required:

- The entries on the personal medication record should correspond with those on the medicine administration record. Several anomalies were noted which were discussed with the manager
- Medicines must be discontinued from the personal record when they are no longer prescribed. This was raised at the previous inspection
- The records should clearly identify when an injection is next due
- Records should be legible. One of the records sampled had been typewritten but two entries in relation to warfarin had been spelt incorrectly
- Patients may be known by more than one name. Staff should ensure that this is reflected in the information on the personal medication record
- Missing photographs should be replaced on the personal medication records.

The requirement in relation to personal medication records has been restated.

Patients may share a common first name. This could pose a risk when administering medicines. Registered nurses should consider highlighting these medicine records as a reminder to staff.

Medicines administered (MARs)

With the exception of external preparations and thickening agents, registered nurses maintain an accurate medicine administration record and document an explanation for the non - administration of medicines. As has been previously stated the records in relation to external preparations require improvement (see section 5.0 and 6.1). The requirement in relation to this has been restated.

COMPLIANCE LEVEL: Moving towards compliance

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

The majority of medicines were being appropriately stored during the inspection.

The manager advised that there have been difficulties with the arrangements for cool storage. It was noted that the temperature records for both of the medicine refrigerators showed deviation from the expected range of 2ºC – 8ºC. The records evidenced that staff had been in regular contact with the supplier. The temperature range of the medicine refrigerators must be maintained between 2ºC – 8ºC. A requirement was made.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that, in the majority of instances, a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. As stated in Section 6.1, improvement is required in the standards in place for the recording and management of external preparations and thickening agents.

COMPLIANCE LEVEL: Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

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

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

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of patients and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to patients and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Mrs Heather Maxwell, manager (registration pending)** 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:

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

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

THE RETREAT CARE CENTRE
20 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. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Heather Maxwell, Manager (registration pending)**, either during or after 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 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 review and revise the management of external medicines to ensure that they are being administered as prescribed. **Ref: Section 5.0, 6.1, 6.2 and 6.4**	Two	The management of external medicines has been revised. Files and recording mechanisms reviewed.	18 September 2014
2	20(1)(a)	The registered person must ensure that all staff receive additional training to include: • Management of diabetes • Management of respiratory illnesses The manager must implement systems to ensure that this training is embedded in practice. Records must be maintained to evidence this. **Ref: Section 5.0 and 6.1**	Two	All nursing staff will have completed additional training in Management of Diabetes and the Management of Respiratory illnesses by 30.9.14	30 September 2014
3	13(4)	The registered person must ensure that personal medication records are up to date. **Ref: Section 5.0 and 6.2**	Two	All residents have up to date photographs within medication records except for 2 who refused. This is documented	18 September 2014

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 Nursing Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
4	13(4)	The registered person must ensure that medicine administration records are fully and accurately completed. **Ref: Section 5.0, 6.1 and 6.2**	Two	Medication records monitored and presently fully and accurately completed. All staff required to maintain this standard.	18 September 2014
5	13(1)	The registered person must ensure robust systems are in place to monitor the role of care staff when delegated tasks by registered nurses. **Ref: Section 5.0 and 6.1**	One	New recording mechanisms in place which include body maps. Registered nurses and Senior Carers to review files daily .	18 September 2014
6	13(4)	The registered person must ensure that the medicines refrigerators are being maintained within the range of 2ºC – 8ºC at all times. **Ref: Section 5.0 and 6.1**	One	Medicine refridgerators replaced. Fridge temperature probes faulty. Static thermometers in use and evidencing temperatures being maintained within required range..	18 September 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	40	The registered person should ensure that care plans and daily notes reflect any patient's reluctance and refusal to have fluids thickened and the steps being taken to minimise the potential risk to the patient. **Ref: Section 5.0 and 6.1**	One	The care plans reflect any reluctance and refusal to have fluids thickened. Staff have been instructed to report on this in the daily notes.	18 September 2014
2	37	The registered person should review the current audit system to ensure that it encompasses all aspects of the management of medicines. **Ref: Section 5.0 and 6.1**	One	The systems have been reviewed	18 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	Heather Maxwell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Frances Gault	29/9/14
B.	Further information requested from provider				