RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018485**
Establishment ID No:	**1571**
Name of Establishment:	**Ard Cuan**
Date of Inspection:	**11 February 2015**
Inspector's Name:	**Helen Daly**

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:	Ard Cuan
Type of home:	Residential Care Home
Address:	1 Demesne View Portaferry BT22 1QX
Telephone number:	028 4272 8806
E mail address:	framullan@yahoo.ie
Registered Organisation/ Registered Provider:	Ard Cuan Mr James Cardwell and Mr William McClintock
Registered Manager:	Mrs Frances Ann Mullan
Person in charge of the home at the time of Inspection:	Mrs Frances Ann Mullan
Categories of care:	RC-I, RC-DE
Number of registered places:	17
Number of residents accommodated on day of inspection:	15
Date and time of current medicines management inspection:	11 February 2015 10:20 – 13:00
Name of inspector:	Helen Daly (Patricia Galbraith attended as part of her induction)
Date and type of previous medicines management inspection:	9 May 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Frances Mullan, Registered Manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Ard Cuan is situated on the outskirts of Portaferry, close to the town centre. The home is owned and operated by Mr James Caldwell and Mr William McClintock. The registered manager, Mrs Frances Ann Mullan has been in position for several years.

Accommodation for residents is provided in both single and double rooms over two stories. Access to the ground floor is via a stair lift and stairs.

Communal lounge, catering and dining areas are provided on the first floor. Laundry services are on the ground floor. A number of communal sanitary facilities are available throughout the home. There is one large sitting room and a front reception with a seated area on a veranda overlooking the surrounding countryside.

Car parking spaces are available to the rear of the home.

The home is registered to provide care for a maximum of 17 persons under the following categories of care: RC-I, (old age) and RC-DE (dementia), with a condition set of a maximum of 10 residents with a diagnosis of dementia.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Ard Cuan was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 11 February 2015 between 10:20 and 13:00. Patricia Galbraith, Care Inspector, attended the inspection as part of her induction.

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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

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

This inspection indicated that the arrangements for the management of medicines in Ard Cuan 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 three requirements and five recommendations which were made at the previous medicines management inspection on 9 May 2011 were examined. Two of the requirements and all of the recommendations were assessed as compliant. The remaining requirement had been addressed after the previous inspection but is no longer applicable. The inspector's validation of compliance is detailed in Table 5.0.

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.

Policies and procedures for the management of medicines, including controlled drugs, are in place.

There is a programme of medicines management training. The registered manager should ensure that records of competency assessments are maintained.

The satisfactory outcomes of the audits which were carried out at this inspection indicated that medicines are being administered as prescribed. One discrepancy was highlighted to the registered manager who carried out an investigation and reported the incident to the appropriate authorities, including RQIA.

Records had been maintained in a mostly satisfactory manner. A record of all medication orders must be maintained. Two members of staff should verify and sign any transcriptions for warfarin dosage directions.

The management of 'when required' medicines for use in distressed reactions should be reviewed and revised as detailed in the report.

Storage was observed to be organised and secure.

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

The inspectors would like to thank the registered manager and staff on duty 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 May 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must ensure that appropriate signage is in place and that safe handling precautions are observed for cytotoxic medicines. **Stated once**	The registered manager advised that this had been addressed following the previous medicines management inspection. Cytotoxic medicines are not prescribed for any residents at present.	**No longer applicable**
2	13(4)	Staff must receive additional training on the use of the refrigerator thermometer. The refrigerator thermometer must be reset each day immediately after the current, maximum and minimum temperatures have been recorded. **Stated once**	The registered manager advised that all staff had received training on the use of the refrigerator thermometer. Directions on how to record the temperature are displayed for staff. The daily records indicate that the thermometer is being reset each day and that the temperatures are maintained within the accepted range.	**Compliant**
3	13(4)	Medicines must be individually labelled. **Stated once**	Medicines, including inhalers, were observed to be individually labelled.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	The date of opening should be recorded on all medicine containers to facilitate audit and disposal at expiry. **Stated once**	The date of opening had been recorded on all medicine containers.	**Compliant**
2	30	The list of the names and sample signatures of those staff who are authorised to administer medicines should be updated to include the initials of staff. **Stated once**	The list of the names and sample signatures of staff who are authorised to administer medicines now includes their initials.	**Compliant**
3	30	The date of opening and daily running balances should be recorded for Seretide evohaler. **Stated once**	Seretide evohalers are not currently prescribed for any residents. The date of opening had been recorded on all other inhaler devices and running stock balances are maintained.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	31	In accordance with recognised good practice two members of staff should be involved in the administration of Schedule 3 controlled drugs. Both staff should sign the controlled drug record book. **Stated once**	Two members of staff are now involved in the administration of Schedule 3 controlled drugs and both staff sign the controlled drug record book.	**Compliant**
5	32	Quantities of Schedule 3 controlled drugs subject to safe custody requirements should be reconciled on each occasion when responsibility for safe custody is transferred. **Stated once**	Quantities of Schedule 3 controlled drugs are now reconciled on each occasion when responsibility for safe custody is transferred.	**Compliant**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Satisfactory arrangements are in place for most areas for the management of medicines. The registered manager and staff are commended for their continued efforts. The majority of medicines are now supplied in the four weekly monitored dosage system. The medicines supplied correlated with those recorded on the personal medication records and medication administration records indicating that these medicines are being administered as prescribed. The range of audits which were completed on medicines which are not supplied in the monitored dosage system also produced satisfactory outcomes. However, one medication error whereby escitalopram was being administered to one resident instead of the prescribed citalopram, was identified at the inspection. The registered manager investigated the discrepancy and put plans in place to prevent a recurrence of this type of error. An incident report was received by RQIA on 18 February 2015. The registered manager advised that written confirmation of current medicine regimes is obtained for all new admissions. There had been no recent admissions to the home. The procedure for ordering prescriptions was reviewed. The registered manager advised that prescriptions are ordered every four weeks, then received into the home and checked against the residents' personal medication records before being forwarded to the community pharmacy for dispensing.	Substantially compliant

The management of warfarin was examined for one resident. New dosage regimens are received via telephone call. The registered manager confirmed that two staff hear the telephoned directions; the registered manager advised that she has requested written confirmation but this is not in place at present. The dosage directions are transcribed onto a separate warfarin administration chart which is also checked by two staff. It is recommended that the two staff who are involved in receiving and transcribing warfarin dosage directions sign the transcribed directions. Daily stock balances are maintained. The audit which was completed on warfarin at this inspection produced a satisfactory outcome. Thickening agents and medicines which are prescribed for Parkinson's are not currently prescribed for any residents. The management of these medicines was discussed in detail with the registered manager for future reference.	
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines, including controlled drugs, are in place.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.3 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 annual update training on the management of medicines is provided by the community pharmacist in January each year. Records of the most recent training were still with the community pharmacist but were going to be delivered to the home on the evening of the inspection. A new monitored dosage system had been brought into use within the last year; the registered manager advised that all senior carers had received training on this system prior to its implementation. The registered manager advised that competency assessments on the management of medicines are completed with senior carers each year. Records of these assessments should be maintained; a recommendation has been made. There is a list of the names, signatures and initials of senior carers who have been trained and deemed competent to administer medicines.	Substantially compliant
Criterion Assessed: 30.4 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 advised that there is annual appraisal for all senior care staff. Medicines are also discussed at each handover.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Training in specific techniques is not required at present. On occasion senior carers have been requested to monitor blood glucose levels for one resident; the registered manager confirmed that update training would be provided for designated staff if this is needed in future.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. With the exception of the incident identified at this inspection, there had been no medication incidents reported to RQIA since April 2014.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Out of date and discontinued medicines are returned to the community pharmacy.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 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:	
Audits trails are carried out on all non-blistered medicines at approximately monthly intervals. A review of these audits indicated that satisfactory outcomes had been achieved. The date and time of opening had been recorded on all medicines containers; this practice facilitates a clear audit trail.	Compliant

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

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
With the exception of the records for medicines requested, the majority of medicine records had been constructed and completed in such a manner as to ensure that there is a clear audit trail. The registered manager must ensure that a record is maintained of all medicines requested. A requirement has been made.	Substantially compliant
Criterion Assessed: 31.2 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 personal medication records which were examined were observed to be well maintained. Two members of staff verify and sign the personal medication records at the time of writing and at each update. The registered manager was reminded that the date of writing should be recorded on the personal medication records. The medication administration records which were examined at this inspection had been completed in a satisfactory manner. The registered manager uses 'repeat slips' to order the medicines which are supplied in the monitored dosage system. Copies of these orders are not being maintained. As stated in criterion 31.1, the registered manager must ensure that a record is maintained of all medicines requested. Records for the request of medicines which are not supplied in the monitored dosage system are maintained.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

Records of medicines received and transferred out of the home had been maintained in a satisfactory manner.	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs are not currently prescribed for any residents. A review of one previously prescribed Schedule 2 controlled drug indicated that the receipt, administration and disposal had been recorded in a controlled drug record book.	Compliant

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

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines were observed to be stored safely and securely in accordance with the manufacturers' instructions. There was sufficient storage space for medicines and all currently prescribed medicines were available for administration on the day of the inspection. Satisfactory arrangements are in place for the cold storage of medicines. The maximum, minimum and current temperatures of the refrigerator are recorded daily and the thermometer is then reset. Temperatures within the accepted range (2^{o}C and 8^{o}C) were observed Oxygen and blood glucometers are not managed in the home at present.	Compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
One senior carer is nominated to be in charge of medicines during each shift. The keys to the medicines cupboard, medicine trolley and controlled drugs cabinet were held by this person during the inspection. ,	Compliant
Criterion Assessed: 32.3 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 are not currently prescribed for any residents. Quantities of Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	Compliant

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

7.0 ADDITIONAL AREAS EXAMINED

Management of distressed reactions

One resident is prescribed two 'when required' medicines for the management of distressed reactions.

These medicines are recorded on the personal medication record. The medicines had been administered once and the administration had been recorded on the medication administration record.

A care plan for the management of the resident's distressed reactions is in place however it does not provide details of when each medicine can be used. The registered manager should ensure that a more detailed care plan is written to direct the appropriate administration of these medicines. The reason for any administration and the subsequent outcome should be recorded on all occasions. A recommendation has been made.

Crushing medicines to assist administration

One resident has their medicine crushed to assist swallowing; the registered manager confirmed that the medicine is not being administered covertly. This practice has been agreed by the prescriber and the resident's family. The suitability of crushing the medicine has been confirmed with the community pharmacist. A care plan is in place.

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 residents 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 residents 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 Frances Mullan, 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
Pharmacist Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ARD CUAN

11 FEBRUARY 2015

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 specific actions set out in the Quality Improvement Plan were discussed with **Mrs Frances Mullan, Registered Manager,** during the inspection.

The timescales for completion commence from the date of inspection.

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

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

It is the responsibility of the registered provider/manager to ensure that 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.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must ensure that a record is maintained of all medicines requested. **Ref: Criteria 31.1 and 31.2**	One	A record of all medicines requested (including blister packed medicines) is now in place.	13 March 2015

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	30	The registered manager should ensure that two staff sign transcribed warfarin dosage directions. **Ref: Criterion 30.1**	One	Two members of staff now sign transcribed warfarin dosage directions.	13 March 2015
2	30	The registered manager should ensure that records of staff competency assessments on the management of medicines are maintained. **Ref: Criterion 30.3**	One	A record of staff competency assessments on the management of medicines is now in place.	13 March 2015
3	30	The registered manager should review and revise the management of medicines which are to be administered when required for the management of distressed reactions as detailed in the report. **Ref: Section 7.0**	One	A more detailed care plan is now in place which direct the appropriate administration of these medicines, the reason for any administration and the subsequent outcome is now recorded on all occasions.	13 March 2015

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	Frances Mullan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim Caldwell

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 April 2015
B.	Further information requested from provider				