



RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No: IN018493

Establishment ID No: 1630

Name of Establishment: Limetree

Date of Inspection: 25 July 2014

Inspectors' Name: Helen Daly
Alice McTavish

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:	Limetree
Type of home:	Residential Care Home
Address:	133 Comber Road Dundonald BT16 2BT
Telephone number:	(028) 9048 0252
E mail address:	swailgertrude@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Gertrude Alexandra Priscilla (Sandra) Nixon
Registered Manager:	Mrs Gertrude Alexandra Priscilla (Sandra) Nixon
Person in charge of the home at the time of inspection:	Mrs Gertrude Alexandra Priscilla (Sandra) Nixon
Categories of care:	RC-DE , RC-PH, RC- I
Number of registered places:	44
Number of residents accommodated on day of inspection:	41
Date and time of current medicines management inspection:	25 July 2014 10:00 – 13:45
Name of inspectors:	Helen Daly Alice McTavish
Date and type of previous medicines management inspection:	12 August 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 Sandra Nixon, 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

Limetree is situated in spacious grounds on the periphery of Dundonald. It is close to shops, local amenities and public transport. The home is situated within the geographical area of the Belfast Health and Social Care Trust. The home has accommodation for 44 residents in four double and 35 single bedrooms many of which offer en-suite facilities.

There are two lounge areas, one large room on the ground floor and a smaller on the first floor. A hallway on the first floor provides a comfortable sitting area and is furnished appropriately. The dining room is located on the ground floor and accommodates all residents. All rooms are linked to a carers call system. There is parking available to the front of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Limetree was undertaken by Helen Daly, RQIA Pharmacist Inspector, and Alice McTavish, RQIA Care Inspector, on 25 July 2014 between 10:00 and 13:45. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to 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 Mrs Sandra Nixon, Registered Manager, the assistant manager, the deputy assistant manager and staff on duty. The inspectors observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Limetree 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 requirement and recommendation which were made at the previous medicines management inspection on 12 August 2011 were examined. Compliance was noted for both the requirement and the recommendation (See 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, had been reviewed in January 2013.

There is a programme of medicines management training.

Audit trails were performed on several medicines. The outcomes of these audits showed correlation between prescribed directions, administration records and stock balances of medicines. The date and time of opening had not been recorded on some medicine containers and hence audits could not be completed; this should be addressed.

The management of thickening agents, medicines which are prescribed for the management of distressed reactions and warfarin should be reviewed and revised.

Records had been maintained in a mostly satisfactory manner. Some areas for improvement were discussed.

Storage was observed to be tidy and organised. The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded. The temperature of the treatment room should be monitored and recorded each day to ensure that it is maintained at or below 25°C.

The inspection attracted a total of two requirements and four recommendations. The requirements 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.

STANDARD 30 - MANAGEMENT OF MEDICINES

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 12 August 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must monitor the administration of Calogen. Stated once	The deputy assistant manager advised that she audits the administration of Calogen regularly. The audit which was completed at this inspection produced a satisfactory outcome.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Two members of staff should verify and initial all entries on the personal medication record. Stated once	Two members of staff verify and sign the personal medication records when they are written and at each update.	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 ongoing efforts. However, improvements in the management of 'when required' medicines for the management of distressed reactions, thickening agents and warfarin are necessary.

Audit trails were performed on several medicines. The outcomes of the majority of the audits showed correlation between prescribed directions, administration records and stock balances of medicines. The date and time of opening had not been recorded on some medicine containers and hence audits could not be completed; this should be addressed. A recommendation has been made.

The deputy assistant manager advised that the majority of residents are admitted from hospital and hence a discharge letter is provided. When residents are admitted from their own home written confirmation of current medicine regimes is obtained from a health or social care professional when family members do not provide the most recent prescription details.

The procedure for ordering prescriptions was reviewed. The deputy assistant manager advised that prescriptions are received into the home and checked against the home's order before being forwarded to the community pharmacy for dispensing. A photocopy of current prescriptions is maintained for each resident.

The deputy assistant manager advised that medicines are not omitted due to being out of stock. All medicines were available for administration as prescribed on the day of the inspection.

Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Insulin is managed by the district nursing team. A care plan is in place and printed guidance on the recognition of the symptoms and management of hypoglycaemia are in place.</p> <p>The management of warfarin was reviewed for one resident. Dosage directions are received by two members of staff via a telephone call from the health centre; they are then recorded in the resident's care notes. These directions are then hand-written onto the medication administration records (MARs); the transcription is not signed. A daily stock count is maintained. In accordance with recognised safe practice, the management of warfarin should be reviewed and revised to ensure that :</p> <ul style="list-style-type: none"> • dosage directions are received in writing from the prescriber • staff are able to refer to the original dosage directions at each administration <p>A recommendation has been made.</p>	
<p>Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>Policies and procedures for the management of medicines, including controlled drugs, are in place. They had been reviewed and updated in January 2013.</p>	Compliant
<p>Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The deputy assistant manager advised that training on the management of medicines had been provided by the community pharmacy in April 2014. Competency assessments had been completed by the deputy manager and deputy assistant manager within the last two years; a sample of records was provided for inspection.</p> <p>The deputy manager and deputy assistant manager advised that they carry out supervised medicine rounds with relevant staff regularly; a record of these supervisions should be maintained and this was discussed.</p> <p>Swallow awareness training had been provided for staff in February 2014.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>There is a list of the names, signatures and initials of senior carers who have been trained and deemed competent to administer medicines.</p>	
<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The deputy assistant manager advised that there is annual staff appraisal and that staff supervisions now occur every six months.</p>	Compliant
<p>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.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The deputy assistant manager advised that staff are not required to carry out any specific techniques at present. Staff had been required to administer rectal diazepam recently; training had been provided by the district nursing team.</p>	Compliant
<p>Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The deputy assistant manager advised that medication errors and incidents would be reported, in accordance with procedures, to the appropriate authorities.</p>	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

<p>Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The deputy assistant manager advised that out of date and discontinued medicines are returned to the community pharmacy.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Medicines are supplied in their original dispensed container in a 28 day supply; audits are completed by the deputy assistant manager at the end of each 28 day cycle.</p> <p>In addition the deputy assistant manager completes random audits on the administration of medicines prescribed for residents receiving respite care.</p> <p>The date and time of opening had not been recorded on several medicine containers examined at this inspection. As stated in Criterion 30.1, the date and time of opening should be recorded on all medicine containers in order to facilitate audit and disposal at expiry.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>

STANDARD 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 records for thickening agents and the management of distressed reactions, medicine records had been constructed and completed in such a manner as to ensure that there is a clear audit trail (See Section 7.0).	Substantially compliant
Criterion Assessed: 31.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records (PMRs) had been maintained in a satisfactory manner. They are verified and signed by two staff at the time of writing and at each update. Staff were reminded that the date of writing should be recorded on the PMRs.</p> <p>The medication administration records (MARs) are hand-written at the beginning of each 28 day cycle; staff then record each administration in designated boxes each day. The deputy assistant manager advised that two staff would initial the MAR at the start of each cycle to ensure accuracy from the date of the inspection onwards. No further action is required at this time.</p> <p>The required improvements in the records for thickening agents and 'when required' medicines for use in the management of distressed reaction are detailed in Section 7.0.</p>	Substantially compliant

STANDARD 31- MEDICINE RECORDS

<p>Records for the ordering, receipt and disposal of medicines had been maintained in a satisfactory manner.</p>	
<p>Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A review of the controlled drug record book indicated that the receipt, administration and disposal of all Schedule 2 and Schedule 3 controlled drugs had been recorded in a mostly satisfactory manner.</p> <p>Guidance on the recording of the transfer of controlled drugs to the district nursing team for administration was provided.</p>	<p>Substantially compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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.

The maximum and minimum refrigerator temperatures are monitored and recorded each day; temperatures within the accepted range (2°C – 8°C) were observed. However, the consistent nature of the recordings suggested that the thermometer is not being reset each day. The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded. A requirement has been made.

The temperature of the treatment room is not monitored. The registered manager should ensure that the temperature of the treatment room is monitored and recorded each day to ensure that it does not exceed 25°C. A recommendation has been made.

Oxygen is not stored or managed in the home at present.

The need to replace an aerochamber for one resident was discussed.

Substantially compliant

STANDARD 32 - MEDICINES STORAGE

<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The keys to the treatment room, medicines trolleys, medicine cupboards and the controlled drug cabinet are held by the senior carer in charge of the medicines during each shift. The key to the controlled drug cabinet is held separately from all other keys.</p>	<p>Compliant</p>
<p>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.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs are reconciled once daily only. This process is not in accordance with recognised safe practice. The deputy assistant manager advised that it has been risk assessed and deemed appropriate. This risk assessment should be reviewed regularly.</p>	<p>Not compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

A number of residents are prescribed 'when required' antipsychotic and anxiolytic medicines for the management of distressed reactions and 'when required' analgesia for the management of pain.

These medicines are recorded on the personal medication records (PMRs) and records of administration are maintained on the MARs.

However, detailed care plans are not in place for the management of distressed reactions. The deputy assistant manager advised that the reason for each administration and subsequent outcome is not routinely recorded in the daily care notes.

It is recommended that the management of medicines prescribed to be administered 'when required' for distressed reactions is reviewed and revised to ensure that:

- detailed care plans are in place
- the reason for administration is recorded on all occasions
- the outcome of each administration is recorded

Management of thickening agents

One resident is prescribed a thickening agent. A care plan is in place but the required consistency level had not been clearly recorded.

The thickening agent had not been recorded on the resident's PMR and records of administration are not maintained.

The deputy assistant manager advised that staff had attended swallow awareness training and that they had been deemed competent to administer thickening agents.

The management of thickening agents must be reviewed to ensure that:

- details of the thickening agent, including the required consistency level, are recorded on the PMR
- accurate and complete records of administration are maintained
- the required consistency level is recorded clearly in the care plan
- speech and language assessments are in place, where possible

A requirement has been made.

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 Sandra Nixon, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

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

Enquiries relating to this report should be addressed to:

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



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

LIMETREE

25 JULY 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 specific actions set out in the Quality Improvement Plan were discussed with **Mrs Sandra Nixon, 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 the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded. Ref: Criterion 32.1	One	THIS IS NOW COMPLETED BY THE SENIOR STAFF ON DUTY, EACH HAVING BEEN SHOWN HOW TO RESET THE FRIDGE.	25 August 2014
2	13(4)	The registered manager must review and revise the management of thickening agents as detailed in the report. Ref: Section 7.0	One	WE NOW HAVE A NEW TEMPLATE IN PLACE FOR THE RECODING OF THICKENING AGENTS GIVEN TO OUR RESIDENTS	25 August 2014

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 date and time of opening should be recorded on all medicine containers in order to facilitate audit and disposal at expiry. Ref: Criteria 30.1 and 30.8	One	ALL MEDICATIONS WILL BE SIGNED AND DATED BY SENIOR STAFF WHEN OPENING THEM.	25 August 2014
2	30	The management of warfarin should be reviewed and revised to ensure that: <ul style="list-style-type: none">• dosage directions are received in writing from the prescriber• staff are able to refer to the original dosage directions at each administration Ref: Criterion 30.1	One	THIS NEW SYSTEM IS NOW IN PLACE, STAFF HAVE BEEN INFORMED OF THIS POLICY.	25 August 2014
3	32	The temperature of the treatment room should be monitored and recorded each day; it should be maintained at or below 25°C. Ref: Criterion 32.1	One	A NEW THERMOMETER IS NOW IN PLACE AND IS RECORDED DAILY.	25 August 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	30	<p>The registered manager should review the recording systems in place for all residents who are prescribed 'when required' antipsychotics, anxiolytics and analgesics as detailed in the report.</p> <p>Ref: Section 7.0, Criteria 31.1 and 31.2</p>	One	THIS NEW POLICY IS NOW IN PLACE AND ALL STAFF HAVE BEEN INFORMED.	25 August 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	GERTRUDE NIXON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	GERTRUDE NIXON

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	18 August 2014
B.	Further information requested from provider				