RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**18304**
Establishment ID No:	**1643**
Name of Establishment:	**Palmerston**
Date of Inspection:	**2 May 2014**
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:	Palmerston
Type of home:	Residential Care Home
Address:	9 – 17 Palmerston Road Belfast BT4 1QA
Telephone number:	(028) 9065 6166
E mail address:	palmerston@abbeyfieldandwesley.org.uk
Registered Organisation/ Registered Provider:	Abbeyfield and Wesley Housing Association Limited Mrs Geraldine Gilpin
Registered Manager:	Ms Linda Hendry (Acting)
Person in charge of the home at the time of Inspection:	Ms Linda Hendry
Categories of care:	RC-I, RC-PH(E), RC-SI, RC-DE
Number of registered places:	38
Number of residents accommodated on day of inspection:	36
Date and time of current medicines management inspection:	2 May 2014 10:30 – 15:20
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	25 October 2013 Unannounced Monitoring

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 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 medicines management inspection of this home on 5 July 2013 had shown that robust systems for the management of medicines were not in place; improvements were needed in the standards for the management of medicines. The unannounced medicines management monitoring inspection on 25 October 2013 indicated that some improvements had been made; however further and sustained improvements were necessary.

The purpose of this visit was to determine what progress had been made in addressing the three requirements and three recommendations made during the previous medicines management monitoring inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes 2011 and to determine if the safety of residents, 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 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 Ms Linda Hendry, Acting 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 steps being taken to improve the standards in place for the management of medicines and address the concerns raised at the previous medicines management 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

Standard 33: 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 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

Palmerston is a residential care home in East Belfast. The premises are of a high standard. Each resident has a single bedroom with en suite facilities. Residents have independent access to a landscaped garden.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Palmerston was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 2 May 2014 between and 10:30 and 15:20. This summary reports the position in the home at the time of the inspection.

The focus of this medicines management monitoring inspection was to determine the extent to which the the concerns raised at the previous medicines management inspections had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for medicines management within the home and focused on 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
- Standard 33: Administration of Medicines

During the course of the inspection, the inspector met with Ms Linda Hendry, Acting Manager, and with 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 are moving towards compliance with legislative requirements and best practice guidelines. Some of the improvements would had been achieved at the inspection on 25 October 2013 had not been sustained. The outcome of the medicines management inspection found areas of concern which were discussed with the responsible person, Mrs Geraldine Gilpin, via telephone call on 21 May 2014.

The three requirements and three recommendations made at the previous medicines management monitoring inspection on 25 October 2013 were examined during the inspection. One requirement is substantially compliant; the remaining two requirements are not compliant and are therefore restated. One recommendation is substantially compliant; the remaining two recommendations are not compliant. One recommendation is restated and one recommendation has been incorporated into a requirement.

The home's audit processes are not robust. The responsible person must ensure that effective audits are carried out on all aspects of the management and administration of medicines regularly in order to be assured that safe systems are in place. The acting manager must also closely monitor the administration of those medicines highlighted at this inspection.

The management of new admissions must be reviewed and revised; written confirmation of current medication regimes must be available for all residents prior to or on admission.

The management of warfarin, diabetes, distressed reactions, covert administration and topical medicines must be reviewed to ensure that safe systems are in place and records are accurately maintained.

Further improvements in the standard of record keeping are necessary. In the interests of safe practice two members of staff should sign and verify all updates on the personal medication records (PMRs) and hand-written updates on the medication administration records (MARs). The time recorded for the administration of bisphosphonates must be accurate.

Medicines were observed to be stored safely and securely at the time of this inspection. However, the temperature of the medicines refrigerator must be maintained between 2ºC and 8ºC; if temperatures outside this range are observed appropriate corrective action must be taken. The date and time of opening should be recorded on all medicine containers.

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

The inspector would like to thank the acting 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 25 October 2013:

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The acting manager must closely monitor the administration of Spiriva Respimat, Trazadone liquid, nutritional supplements and antibiotic eye preparations as part of the audit process. **Stated once**	There was no evidence that these medicines had been included in recent audits. A further discrepancy was observed in Trazadone liquid and Calogen liquid. Some audits on nutritional supplements could not be completed as balances had not been carried forward. **This requirement is restated**	**Not compliant**
2	13(4)	The acting manager must ensure that medication details are accurate at the start of each medicine cycle; a suitable system must be in place to follow up any inconsistencies between the personal medication records, the new medication administration records (MARs) and the stock. **Stated once**	Two members of staff have now been given protected time to receive in the monthly order. Any discrepancies between the personal medication records (PMR), medication administration records (MARs) and stock are followed up. With the exception of some external preparations there was good correlation between the PMRs, MARs and stock.	**Substantially compliant**

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The acting manager must ensure that the time recorded for the administration of bisphosphonates is accurately recorded. **Stated once**	Staff advised that bisphosphonates are administered at least 30 minutes before the first food, drink or medicines of the day. However, the records of administration do not reflect this practice. **This requirement is restated**	**Not compliant**

	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30	Two members of staff should witness and then sign/initial all transcriptions of warfarin dosage changes. **Stated once**	On the day of the inspection dosage directions for warfarin were taken verbally via telephone. A second member of staff did not witness the telephone call or sign/initial the subsequent transcription. **A requirement regarding the management of warfarin has been made**	**Not compliant**
2	30	The acting manager should ensure that the areas identified for improvement on the personal medication records are addressed. **Stated once**	Two of the three areas for improvement had been addressed. However, a number of updates on the personal medication records had not been verified and signed by two members of staff. **A recommendation is made**	**Substantially compliant**
3	30	The acting manager should ensure that hand-written updates on the MARS are verified and signed by two members of staff. **Stated once**	Hand-written updates on the medication administration records are not verified and signed by two members of staff. **This recommendation is restated**	**Not compliant**

6.0 MEDICINES MANAGEMENT REPORT

6.1 Management of Medicines

Standard Statement - Medicines are handled safely and securely

This inspection indicated that the arrangements for the management of medicines are moving towards compliance with legislative requirements and best practice guidelines. It is concerning to note that some of the improvements which had been identified at the previous inspection had not been sustained. The acting manager has not carried out a medication audit since she took up her position in February 2014. The findings of the inspection, including the poor management of new admissions and warfarin, were discussed in detail with the acting manager and guidance on the audit process was provided. The responsible person must ensure that effective audits are carried out on all aspects of the management and administration of medicines regularly in order to be assured that safe systems are in place. A requirement has been made.

The outcomes of the majority of the audits undertaken at this inspection indicated that medicines are being administered as prescribed. However, significant audit discrepancies in the administration of one supply of Trazadone liquid, Calogen and Fortisip were observed. In addition some audits could not be completed as the date of opening had not been recorded on the container e.g. co-codamol, Pro-Cal. The requirement which was made at the previous inspection is restated. A recommendation is made that the date and time of opening are recorded on all medicine containers.

Policies and procedures for the management of medicines, including Standard Operating Procedures for controlled drugs, were available in the treatment room; they were not examined.

The acting manager confirmed that all staff who manage and administer medicines have been trained and deemed competent to do so. One member of staff is currently receiving training. Supervisions and competency assessments have been delegated to the deputy managers. The acting manager was reminded that she remains accountable for these delegated tasks.

Staff are responsible for monitoring blood glucose and testing for ketones for a number of residents. Staff on duty were able to tell the inspector what action they take if the results are outside the accepted range and records of the action taken are maintained. However, this is not recorded in a care plan. Training on the use of glucometers and ketone testing was provided by the community nursing team. A record of the training is not maintained in the home. The acting manager should ensure that detailed care plans are in place for the management of diabetes and that records of staff training are maintained. Two recommendations have been made.

On the day of the inspection written confirmation of the current medicine regime was not available for a resident who had been admitted to the home on 1 May 2014. One member of staff had written the medication administration record (MAR) from the medicine labels. Two medication rounds had been completed since admission. The acting manager advised that the resident's family had been requested to provide the information prior to admission. The senior carer on duty obtained a facsimile from the resident's doctor and previous care home during the inspection. Two errors in administration were then identified. In addition warfarin had been omitted on the night of admission as there were no dosage directions. The acting

manager forwarded an incident report to RQIA detailing why the incidents occurred and the action taken to prevent a recurrence. The acting manager must ensure that written confirmation of current medication regimes is available for all residents prior to or on admission. A requirement has been made.

During the inspection the dosage directions for warfarin were received via telephone. The telephone call was not witnessed and the record was made by one senior carer. The management of warfarin must be reviewed to ensure that:

- dosage directions are received in writing
- all transcribing involves two members of staff
- daily running stock balances are maintained

A requirement has been made.

The records in place for the use of anxiolytic medicines in the management of distressed reactions were examined for three residents; the findings were discussed in detail with the acting manager and staff on duty. Care plans for the management of distressed reactions were not in place. The parameters for administration were not clearly recorded on the personal medication records (PMRs) and medication administration records (MARs). Two anxiolytics had been administered recently. A record of the administration had been maintained on the MARs. The reason for administration and outcome had not been recorded in the daily notes. The acting manager should review the systems in place for all residents who are prescribed 'when required' antipsychotics and anxiolytics to ensure that:

- detailed care plans are in place
- parameters for administration are recorded on the PMRs
- administration is recorded on the MARs
- the reason for and outcome of administration is recorded in the daily notes

A recommendation has been made.

Three residents have their medicines administered covertly. Letters of authorisation were available from the general practitioners. However there were no care plans in place for this practice and there was no evidence that the pharmacist had been consulted to confirm the suitability of adding the medicines to food or drink. The acting manager should review and revise the systems in place for the covert administration of medication. A recommendation has been made.

COMPLIANCE LEVEL: Moving towards compliance

6.2 Medicine Records

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

Samples of the following records were examined:

- Personal medication record
- Medicines administered (MARs)
- Medicines requested and received
- Medicines transferred out of the home

The majority of the personal medication records had been maintained in a satisfactory manner. However, a number of hand-written updates are still not being verified and signed by two members of staff. Hand-written updates should be verified and signed by two members of staff; a recommendation has been made.

The majority of the MARs had been accurately maintained. However, hand-written updates on the MARs are still not being verified and signed by two members of staff and the time recorded for the administration of bisphosphonates is still not being accurately recorded. The requirement and recommendation which were made at the previous inspection are restated.

Records for the application of external preparations by care staff are maintained on topical MAR sheets. These records are archived with the MAR sheets each month. A number of entries on the topical MAR sheets do not correlate with the external medicines recorded on the personal medication records. The acting manager must ensure topical MARs are accurately maintained and correlate with the currently prescribed external preparations. A requirement has been made.

The records for the receipt and disposal of medicines which were reviewed had been maintained in a satisfactory manner.

COMPLIANCE LEVEL: Moving towards compliance

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

The majority of medicines were observed to be stored safely and securely in accordance with the manufacturer's instructions.

One medicines refrigerator is now in use. The current, maximum and minimum temperatures are monitored and recorded each day. However, maximum temperatures above 8ºC had been recorded on 17 occasions since 11 April 2014; staff had not taken any corrective action. The temperature of the medicines refrigerator must be maintained between 2ºC and 8ºC; if temperatures outside this range are observed appropriate corrective action must be taken. A requirement has been made.

The date and time of opening had not been recorded on some medicine containers. In order to facilitate a clear audit trail and disposal at expiry, the date and time of opening should be recorded on all medicine containers.

All in use creams observed at this inspection were appropriately labelled. They are stored in their outer container.

COMPLIANCE LEVEL: Substantially compliant

6.4 Administration of Medicines

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

The outcomes of the audit trails which were carried out at this inspection are discussed in Section 6.1.

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 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 **Ms Linda Hendry, Acting 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 MONITORING INSPECTION

PALMERSTON
2 MAY 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 **Ms Linda Hendry, Acting Manager,** during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The acting manager must closely monitor the administration of Spiriva Respimat, Trazadone liquid, nutritional supplements and antibiotic eye preparations as part of the audit process. **Ref: Sections 5.0 and 6.1**	Two	The administration of Spiriva Respimat, Trazadone liquid, nutritional suppliments and antibiotic eye preperations is being monitored as part of the audit process by the Acting Home Manager.	6 June 2014
2	13(4)	The acting manager must ensure that the time recorded for the administration of bisphosphonates is accurately recorded. **Ref: Sections 5.0 and 6.2**	Two	The time that bisphosphonates are being recorded as being administered is being monitored by the Acting Home Manager as part of the audit process.	6 June 2014
3	13(4)	The responsible person must ensure that effective audits are carried out on all aspects of the management and administration of medicines regularly in order to be assured that safe systems are in place. **Ref: Section 6.1**	One	The frequency and extent of the audits carried out by the Acting Home Manager and Senior Staff on the administration of medicines has been increased.	6 June 2014

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The responsible person must ensure that written confirmation of current medication regimes is available for all residents prior to or on admission. **Ref: Section 6.1**	One	Written confirmation of medication regimes is sought for all residents prior to admission.	6 June 2014
5	13(4)	The responsible person must review the management of warfarin as detailed in the report. **Ref: Section 6.1**	One	Staff have been reminded of the correct management of warfarin and this is being monitored by the Acting Home Manager.	6 June 2014
6	13(4)	The responsible person must ensure that topical medication administration records (MARs) are accurately maintained and correlate with the currently prescribed external preparations. **Ref: Section 6.2**	One	The Acting Home Manager is checking that the entries on the topical MAR sheets correlates with the external medicines recorded on the personal medication records and are being properly maintained.	6 June 2014
7	13(4)	The temperature of the medicines refrigerator must be maintained between 2ºC and 8ºC; if temperatures outside this range are observed appropriate corrective action must be taken. **Ref: Section 6.3**	One	Staff have been reminded of how to reset the fridge temperature and about when and how to take corrective action. This will be monitored by the Acting Home Manager.	6 June 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	31	The acting manager should ensure that hand-written updates on the medication administration records (MARS) are verified and signed by two members of staff. **Ref: Sections 5.0 and 6.2**	Two	The Acting Home Manager will carry out checks to ensure that hand written updates on MAR sheets are verified and signed by two members of staff. Staff have been reminded of this requirement.	6 June 2014
2	30	The date and time of opening should be recorded on all medicine containers. **Ref: Sections 6.1 and 6.3**	One	The Acting Home Manager will carry out checks as part of the audit process to ensure that the date and time of opening is recorded on all medicine containers. Staff have been reminded to carry out this action.	6 June 2014
3	30	The responsible person should ensure that detailed care plans are in place for the management of diabetes. **Ref: Section 6.1**	One	Detailed care plans are now in place for the management of diabetes.	6 June 2014
4	30	The responsible person should ensure that records of staff training on the management of diabetes are maintained. **Ref: Section 6.1**	One	Training was carried out in December 2013 by a Diabetes Nurse Specialist and requests have been made for her to provide a written record. All future training will be fully documented.	6 June 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	31	The responsible person should review the systems in place for the management of 'when required' antipsychotics and anxiolytics as detailed in the report. **Ref: Section 6.1**	One	Care plans for the management of "when required" medication are now in place. The reason for the administration of "when required" medication and the outcome is now being recorded in the daily notes.	6 June 2014
6	30	The responsible person should review and revise the systems in place for the covert administration of medication. **Ref: Section 6.1**	One	Where medication is administered covertly it is recorded in the care plan and authorisation provided by the GP. Advice is sought from the pharmicist or GP as to the suitability of adding the medicines to food and drink.	6 June 2014
7	30	Hand-written updates on the personal medication records should be verified and signed by two members of staff. **Ref: Section 6.2**	One	The Acting Home Manager will carry out checks to ensure that hand written updates on the personal medication records should be verified and signed by two members of staff. Staff have been reminded of this requirement.	6 June 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	Linda Hendry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Geraldine Gilpin

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	3 July 2014
B.	Further information requested from provider				