RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

Inspection No:	**IN020428**
Establishment ID No:	**1643**
Name of Establishment:	**Palmerston**
Date of Inspection:	**26 August 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:	35
Date and time of current medicines management inspection:	26 August 2014 10:55 – 15:20
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	2 May 2014 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 inspections on 25 October 2013 and 2 May 2014 indicated that whilst some improvements had been made they had not been sustained; further and sustained improvements were necessary.

The purpose of this visit was to determine what progress had been made in addressing the seven requirements and seven recommendations made during the previous medicines management monitoring inspection on 2 May 2014, 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 26 August 2014 between and 10:55 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 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 now substantially compliant with legislative requirements and best practice guidelines. Improvements have been implemented and sustained. The responsible person, Mrs Geraldine Gilpin, must ensure that the improvements that have been achieved continue to be sustained.

The seven requirements and seven recommendations made at the previous medicines management monitoring inspection on 2 May 2014 were examined during the inspection. Compliance with five of the requirements and substantial compliance with one requirement was noted. The home is moving towards achieving compliance with one requirement; this requirement is therefore re-stated. Five recommendations were assessed as compliant and one as substantially compliant. The remaining recommendation could not be assessed and is therefore carried forward.

The acting manager and deputy manager now carry out audit trails on the administration of a range of non-blistered medicines at approximately monthly intervals. Personal medication records (PMRs) and medication administration records (MARs) are also audited each month. Recorded evidence that the findings of medicine audits are discussed with staff should be maintained. Records of the action taken in response to the audit findings should also be maintained.

The outcomes of the majority of the audits undertaken at this inspection indicated that medicines are being administered as prescribed. However, a significant audit discrepancy in the administration of one supply of Furosemide 40mg/5ml liquid was observed. The responsible person must investigate this discrepancy and report the action taken to RQIA.

The inspector observed that two recent medication incidents which had been identified by staff had not been reported to RQIA. The responsible person must ensure that all medication related incidents are reported to the relevant authorities, including RQIA, without delay.

Two recent incident reports detailed that discarded tablets had been found by family members. On the day of the inspection a resident also found a discarded tablet. The responsible person must ensure that safe systems are in place for the administration of medicines to ensure that medicines are administered as prescribed to residents and medication is not discarded by residents.

The management of warfarin and records for the administration of 'when required' medicines for distressed reactions should be further reviewed as detailed in the report.

Improvements in the standard of record keeping and storage arrangements for medicines were observed.

The inspection attracted a total of four requirements and three 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 2 May 2014:

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 twice**	There is evidence that these medicines are included in the audit process. The audits which were carried out on these medicines at this inspection showed satisfactory outcomes.	Compliant
2	13(4)	The acting manager must ensure that the time recorded for the administration of bisphosphonates is accurately recorded. **Stated twice**	Staff advised that bisphosphonates are administered at least 30 minutes before the first food, drink or medicines of the day. The records for the prescribing and administration of these medicines now reflect this practice.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
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. **Stated once**	The personal medication records (PMRs) and medication administration records (MARs) are audited at approximately monthly intervals. New PMRs are generated /printed at approximately monthly intervals. Audit trails are performed on a variety of non-blistered medicines by the acting manager and deputy manager at monthly intervals. Records of the action taken in response to the audit findings should be maintained. **A recommendation has been made**	Substantially complaint
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. **Stated once**	There is evidence that written confirmation of current medication regimes is available for residents prior to or on admission. This was evidenced for one recently admitted resident and for another resident who had recently returned from hospital.	Compliant

NO.	REGULATION	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	The responsible person must review the management of warfarin as detailed in the report. **Stated once**	Dosage directions for warfarin continue to be received via telephone. There is evidence that the telephone calls are not always witnessed as some records had been made by one senior carer. Daily running stock balances are now maintained. **This requirement is restated**	Moving towards compliance
6	13(4)	The responsible person must ensure that topical medication administration records (TMARs) are accurately maintained and correlate with the currently prescribed external preparations. **Stated once**	The sample of TMARs selected for audit at this inspection had been maintained in a satisfactory manner and correlated with the currently prescribed external preparations. New TMARs are put in place at the beginning of each four week medication cycle.	Compliant
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. **Stated once**	A review of the daily records for the refrigerator temperature indicate that the temperature range had been maintained between 2ºC and 8ºC.	Compliant

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
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. **Stated once**	Hand-written updates on the medication administration records (MARS) had been verified and signed by two members of staff on the majority of records examined at this inspection.	Compliant
2	30	The date and time of opening should be recorded on all medicine containers. **Stated once**	The date and time of opening had been recorded on all medicine containers audited during the inspection.	Compliant
3	30	The responsible person should ensure that detailed care plans are in place for the management of diabetes. **Stated once**	Detailed care plans on the management of hypoglycaemia and hyperglycaemia are now in place for residents who are prescribed insulin.	Compliant

NO	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
4	30	The responsible person should ensure that records of staff training on the management of diabetes are maintained. **Stated once**	Records of the training which had been provided for senior carers in December 2013 are now in place.	Compliant
5	30	The responsible person should review the systems in place for the management of 'when required' antipsychotics and anxiolytics as detailed in the report. **Stated once**	Records of prescribing and administration are maintained and care plans for the management of distressed reactions are in place for three residents. However, the reason for and outcome of one recent administration had not been recorded. **A further recommendation is made.**	Substantially compliant
6	30	The responsible person should review and revise the systems in place for the covert administration of medication. **Stated once**	The deputy manager advised that medicines are not administered covertly to any residents at present. **This recommendation is carried forward**	Not examined

	MINIMUM STANDARD REF	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
7	30	Hand-written updates on the personal medication records should be verified and signed by two members of staff. **Stated once**	The majority of hand-written updates on the personal medication records had been verified and signed by two members of staff.	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 now substantially compliant with legislative requirements and best practice guidelines; the responsible person must ensure that the improvements which have been achieved are sustained. The acting manager and deputy manager now carry out audit trails on the administration of a range of non-blistered medicines at approximately monthly intervals. In addition the PMRs and MARs are also audited each month. However, there is no recorded evidence that the findings of the audits are discussed with staff for learning or of the action which is taken as a result of the audit findings. It is recommended that recorded evidence of the action plans resulting from audits are maintained.

The outcomes of the majority of the audits undertaken at this inspection indicated that medicines are being administered as prescribed. All audits could be completed at this inspection as the date and time of opening had been recorded on the containers. However, a significant audit discrepancy in the administration of one supply of Furosemide 40mg/5ml liquid was observed. The responsible person must investigate this discrepancy, refer to the prescriber for guidance if necessary and report the outcome of the investigation including the action taken to prevent a recurrence to RQIA. A requirement has been made.

The inspector observed that two recent medication incidents which had been identified by staff (involving two missed doses of quinine sulphate tablets and one missed dose of alendronic acid tablets) had not been reported to RQIA. The responsible person must ensure that all medication related incidents are investigated and reported to the relevant authorities, including RQIA, without delay. A requirement has been made.

During the inspection a resident was observed to ask a member of the management team if she was meant to take a tablet which she had found. The tablet was identified to be a calcium supplement which is prescribed for another resident. Two recent incident reports detailed that discarded tablets had been found by family members. The responsible person must ensure that safe systems are in place for the administration of medicines to ensure that medicines are administered as prescribed to residents and medication is not discarded by residents. A requirement has been made.

Policies and procedures for the management of medicines, including Standard Operating Procedures for controlled drugs, were available in the treatment room.

The deputy manager confirmed that all staff who manage and administer medicines have been trained and deemed competent to do so. Update training, to be provided by the community pharmacist, has been planned for September 2014.

Staff are responsible for monitoring blood glucose for four residents and testing for ketones for two residents. This is now recorded in the residents' care plans. Training on the use of glucometers and ketone testing was provided by the community nursing team; a record of the training is now maintained.

The deputy manager advised that written confirmation of current medicine regimes is now requested for all residents admitted or readmitted to the home and that two members of staff are involved in the admission process. This was evidenced for two residents.

The management of warfarin had been reviewed following the previous inspection, however further improvements are necessary. Dosage directions for warfarin continue to be received via telephone and there was evidence that the telephone calls are not always witnessed as the records had been updated by only one senior carer. Daily running stock balances are now maintained. The management of warfarin must be reviewed to ensure that:

- dosage directions are received in writing
- all transcribing involves two members of staff

The requirement made at the previous medicines inspection has been restated.

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 are now in place. The parameters for administration were recorded on the PMRs and MARs. One anxiolytic 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 responsible person should ensure that the reason for and outcome of each administration of medicines which are prescribed for the management of distressed reactions is recorded in the daily notes. A recommendation has been made.

The deputy manager advised that medicines are not administered covertly at present. Letters of authorisation were available from the general medical practitioners for the administration of medicines in food to assist swallow for a number of residents. Care plans are also in place for this practice.

COMPLIANCE LEVEL: Substantially compliant

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 (PMRs)
- Medicines administered (MARs)
- Medicines requested and received
- Controlled drug record book

The PMRs had been maintained in a satisfactory manner. The majority of hand-written updates had been verified and signed by two members of staff. Staff were reminded that the site of administration for eye preparations must be recorded e.g. left eye, both eyes

The majority of the MARs had been accurately maintained. The majority of hand-written updates had been verified and signed by two members of staff. The time recorded for the administration of bisphosphonates is now being accurately recorded.

Records for the application of external preparations by care staff are maintained on topical MAR sheets (tMARs). These records are archived with the MAR sheets each month. A review of a sample of these tMAR sheets indicated that they had been maintained in a mostly satisfactory manner and correlate with the currently prescribed external preparations.

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

Records for controlled drugs were observed to be maintained in accordance with current best practice.

COMPLIANCE LEVEL: Substantially compliant

6.3 Medicine Storage

Standard Statement - Medicines are safely and securely stored

Medicines were observed to be stored safely and securely in accordance with the manufacturer's instructions.

The current, maximum and minimum temperatures of the medicines refrigerator are monitored and recorded each day. A review of the daily records indicated that the temperature range had been maintained between 2ºC and 8ºC.

The date and time of opening had been recorded on all medicine containers audited at this inspection. This practice facilitates a clear audit trail and disposal at expiry.

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

COMPLIANCE LEVEL: 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

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

PALMERSTON
26 AUGUST 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. The timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **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 responsible person must review the management of warfarin as detailed in the report. **Ref. Sections 5.0 and 6.1**	Two	The management of Warfarin has been reviewed and a revised system implemented, including a new recording and daily audit system which is in place in the appropriate resident's medication kardex.	26 September 2014
2	13(4)	The responsible person must investigate the apparent discrepancy in the administration of furosemide 40mg/5ml liquid, report to the prescriber for guidance if necessary and forward the outcome of the investigation including the action taken to prevent a recurrence to RQIA. **Ref: Section 6.1**	One	Following the investigation of the discrepancy of furosemide 40mg/5mg liquid, recordings indicate that this has been administered as it has been recorded appropriately on the MARR sheet. The conclusion would appear to indicate that the consistent measured daily dosage has been incorrect. To improve practice, audit trail on all liquid medication will be carried out more regularly and 5ml syringes have been requested to ensure correct dose is drawn up for administration.	26 September 2014
3	13(4)	The responsible person must ensure that all medication related incidents are investigated and reported to the relevant authorities, including RQIA, without delay. **Ref: Section 6.1**	One	Medication policy and procedures are in place and, to ensure that they are followed appropriately by all responsible staff,audit trails are on-going and any errors identified are to be communicated to the manager who will complete an investigation and immediately report incidents appropriately to the relevant authorities.	26 September 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 safe systems are in place for the administration of medicines to ensure that medicines are administered as prescribed to residents and medication is not discarded by residents. **Ref: Section 6.1**	One	All responsible staff have been directed to ensure that medication procedure is adhered to from dispensing to administration including witnessing the swallowing of the medication.	26 September 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 REF.	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The responsible person should review and revise the systems in place for the covert administration of medication. **Ref: Sections 5.0 and 6.1**	One	Presently we have no residents on covert medication, however the medication policy and procedures of the home include managing covert medication and these will be kept under review.	Ongoing
2	30	Recorded evidence of the action plans resulting from the medicine management audits should be maintained. **Ref: Section 6.1**	One	A new recording book for communicating audit deficits or error has been implemented, this is part of the daily communication for all responsible staff. Action plans for improvement of practice are incorporated and communicated in this book.	26 September 2014
3	30	The responsible person should ensure that the reason for and outcome of each administration of medicines which are prescribed for the management of distressed reactions is recorded in the daily notes. **Ref: Section 6.1**	One	Relevant residents care plans incorporate administration of PRN distress medication, with a procedure to follow when it is administered and following administration. Relevant staff have been informed of the importance of recording outcomes. Deputy home managers will monitor and review this to ensure best quality practice and ensuring procedures are appropriately followed.	26 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	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	13/10/14
B.	Further information requested from provider				