



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020082
Establishment ID No:	1653
Name of Establishment:	Sir Samuel Kelly Memorial Eventide Home
Date of Inspection:	25 June 2014
Inspector's Name:	Cathy Wilkinson

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:	Sir Samuel Kelly Memorial Eventide Home
Type of home:	Residential Care Home
Address:	39 Bangor Road Holywood BT18 0NE
Telephone number:	(028) 9042 2293
E mail address:	linda.hook@salvationarmy.org.uk
Registered Organisation/ Registered Provider:	The Salvation Army Ms Elaine Cobb
Registered Manager:	Mrs Linda Hook
Person in charge of the home at the time of inspection:	Mrs Linda Hook
Categories of care:	RC-DE , RC-I, RC-MP, RC-TI
Number of registered places:	40
Number of residents accommodated on day of inspection:	38
Date and time of current medicines management inspection:	25 June 2014 10:40 – 13:40
Name of inspector:	Cathy Wilkinson
Date and type of previous medicines management inspection:	28 July 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 Ms Sharron Cushley, Head of Care / Deputy 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

Sir Samuel Kelly Memorial Eventide Home, owned and operated by The Salvation Army, is a residential home situated on the outskirts of Holywood, County Down. It provides care and accommodation for 40 residents in purpose-built premises, adjacent to the original Kelly family home, which has been refurbished for use by the Salvation Army.

The home, set in its own extensive grounds, is a two storey building designed and built as five separate suites (Cedar Grove, Oak Lodge, Rowan Glen, Beech Court and Hazel Walk). Each suite accommodates eight residents and is self-contained having kitchenette, dining area, lounge, bathroom and toilet facilities. Bedrooms all have en-suite facilities.

In January 2014 the home implemented a new system whereby residents with dementia were mainly accommodated upstairs and the other residents were accommodated downstairs.

The five suites verge on central communal areas, a lounge / lobby area on the first floor and reception and a lounge on the ground floor.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Sir Samuel Kelly Memorial Eventide Home was undertaken by Cathy Wilkinson, RQIA Pharmacist Inspector, on 25 June 2014 between 10:40 and 13:40. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

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

During the course of the inspection, the inspector met with the registered manager of the home, Ms Linda Hook and with the staff on duty. Feedback was provided at the end of the inspection to Ms Sharron Cushley, Head of Care / Deputy Manager. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Sir Samuel Kelly Memorial Eventide Home are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The requirements and recommendations which were made at the previous medicines management inspection on 26 July 2011 was examined during the inspection. Four of the six requirements were assessed as compliant, one was substantially compliant and one was

moving towards compliance. Of the three recommendations, two were assessed as compliant and one as moving towards compliance. One requirement and one recommendation have been restated in this report.

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.

The management of medicines is controlled in a largely satisfactory manner, in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection. They included a regular audit programme and good arrangements for the management of warfarin.

Audits completed during this inspection showed a generally good correlation between prescribed dosages, patterns of administration and remaining stock balances. Some discrepancies were observed and discussed during the inspection. These medicines must be closely audited.

It was noted that one medicine had been out of stock and unavailable for administration. Staff explained the circumstances surrounding this incident. The registered manager must ensure that staff are aware that this is a reportable incident and the relevant people must be notified.

Medicine records readily facilitated the inspection process. Some further attention is required to ensure that the personal medication records are up to date at all times and that the medicine administration records (MARs sheets) are fully and accurately completed.

Medicines are stored safely and securely and are supplied and labelled appropriately. The management of medicine keys was discussed. Staff on night duty have no access to medicines other than paracetamol. The management of this was discussed, and staff advised that there was a Senior Carer on call each night who would come to the home should medicines be required. This arrangement should be kept under review and must be revised should the needs of the residents change.

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

The inspector would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 28 July 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must closely monitor inhaled and antibiotic medicines as part of the home's routine audit activity to ensure that they are administered in accordance with prescribed instructions.</p> <p>Stated once</p>	<p>A significant discrepancy was found in one inhaled medicine. No discrepancy was seen in the antibiotic that was audited.</p>	<p>Substantially compliant</p>
2	13(4)	<p>The MARs sheets must be fully and accurately completed.</p> <p>Stated once</p>	<p>The completion of the MARs sheets requires further improvement to ensure all details are fully recorded.</p> <p>This requirement is restated</p>	<p>Moving towards compliance</p>
3	13(4)	<p>Arrangements must be made to obtain the signature of the person who collects medicines for disposal.</p> <p>Stated once</p>	<p>The disposal record had been signed by the person collecting the waste bin.</p>	<p>Compliant</p>
4	13(4)	<p>An accurate receipt record must be maintained.</p> <p>Stated once</p>	<p>The medicines that were examined during the inspection had been receipted on the MARs sheets.</p>	<p>Compliant</p>

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
5	13(4)	<p>The temperature of the medicines refrigerator must be maintained within the recommended range (+2°C and +8°C).</p> <p>Stated once</p>	<p>The temperature of the medicines refrigerator was within the required range.</p>	<p>Compliant</p>
6	13(4)	<p>A record must be made of each administration of a non-prescribed remedy.</p> <p>Stated once</p>	<p>The non-prescribed medicines are appropriately managed.</p>	<p>Compliant</p>

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>Updates to the personal medication record and hand-written entries on the MARs sheets should be verified and signed by two members of staff.</p> <p>Stated once</p>	<p>Updates to the personal medication record had been signed by two staff members. Further improvement is required in ensuring that MARs sheets are verified by two staff members.</p> <p>This recommendation is restated</p>	Moving towards compliance
2	32	<p>Quantities of all Schedule 3 controlled drugs should be reconciled at each transfer of responsibility.</p> <p>Stated twice</p>	<p>Quantities of all schedule 2 and 3 controlled drugs are reconciled at the beginning and end of each shift.</p>	Compliant
3	33	<p>The protocols in place for non-prescribed medicines should be updated.</p> <p>Stated once</p>	<p>The senior carer advised that these protocols were in place for each resident and had been updated in the past year.</p>	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:	
<p>This inspection indicated that the arrangements for the management of medicines were substantially compliant with legislative requirements and current minimum standards.</p> <p>The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. Some further monitoring is required in the medicines not contained within the blister pack system. Discrepancies were noted in a colecalciferol, memantine and seretide evohaler during the inspection and the details were provided at the end of the inspection. The registered manager must closely audit these medicines as part of the routine audit process. A requirement has been made.</p> <p>Prescriptions are usually received and checked by the home before being dispensed by the pharmacy.</p>	Substantially compliant
Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
Policies and procedures for the management of medicines were not examined during this inspection.	Not inspected

STANDARD 30 - MANAGEMENT OF MEDICINES

<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>A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained. Staff have completed training on the management of medicines provided by the community pharmacy. Competency is assessed regularly.</p>	Compliant
<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>A system of staff supervision and appraisal is in place.</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>Training in specific techniques is not required at present.</p>	Not applicable

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
There are procedures in place for managing medicine related incidents. It was noted during the inspection that one medicine had been out of stock for two days. This had not been reported as required. The registered manager must ensure that staff are aware of what constitutes a reportable incident and that they are all appropriately reported. A requirement has been made.	Substantially compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Medicines which are no longer required or out of date are returned to the community pharmacy for disposal.	Compliant
Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings:	
Recorded evidence of the medicines management audit activity is maintained. The generally satisfactory outcomes observed during routine auditing were reflected in the outcomes from audits completed during this inspection, except for those medicines specified in Criterion 30.1. The community pharmacist also completes an audit on a quarterly basis.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 31- MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
The medicine records were observed to be maintained in a manner that facilitates audit activity.	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 examined during this inspection were generally well maintained however some improvements were required. On several occasions, updates had not been made to the prescribed medicines recorded. The details of the discrepancies were provided at the end of the inspection. The registered manager must ensure that personal medication records are up to date at all times. A requirement has been made.</p> <p>The completion of the MARs requires improvement to ensure that they are fully and accurately completed at all times. It was noted that there are some unexplained omissions on these records, particularly with regard to one inhaled medicine which was prescribed to be administered twice daily but was only recorded as being administered in the morning. The strength of donezepil tablets had changed during the medicine cycle for one patient from 2x5mg to 1x10mg. A new entry on the MARs sheet should have been made to reflect this change,</p>	Moving towards compliance

STANDARD 31- MEDICINE RECORDS

<p>however, staff continued to record that 2x5mg tablets had been given. Handwritten entries on the MARs sheets should be verified and signed by two staff members. The registered manager must ensure that MARs sheets are fully and accurately completed. A requirement and a recommendation have been made.</p> <p>Records of medicines received into the home and records of disposal had been fully and accurately maintained</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>	COMPLIANCE LEVEL
<p>Inspection Findings:</p>	
<p>The controlled drugs records were observed to have been maintained in the required manner; a sample of records was reviewed and found to be satisfactory. Quantities of controlled drugs matched balances recorded in the controlled drug record books.</p>	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

STANDARD 32 - MEDICINES STORAGE
Medicines are safely and securely stored.

<p>Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Satisfactory arrangements were observed to be in place for the storage of medicines. Each unit within the home has a separate medicines trolley which is stored on the unit. There is a central medicines room in which the overstock of medicines is stored and the controlled drugs cabinet is located.</p> <p>The refrigerator temperature is monitored daily and is within the required range of 2°C to 8°C.</p>	<p align="center">Compliant</p>
<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 align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>The keys of the medicine trolleys were observed to be in the possession of the senior care assistant. Staff on night duty have no access to medicines other than paracetamol. The management of this was discussed, and staff advised that there was a Senior Carer on call each night who would come to the home should medicines be required. This arrangement should be kept under review and must be revised should the needs of the residents change.</p>	<p align="center">Compliant</p>

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Quantities of Schedules 2 and 3 controlled drugs are reconciled daily by two staff members. The night time staff do not have access to controlled drugs and the keys are locked away securely overnight. If a controlled drug is required overnight, the on call senior carer is contacted to come into the home.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of Medicines for Distressed Reactions

The records of one resident who is prescribed 'when required' medicines for distressed reactions were examined. This patient was prescribed diazepam for anxiety and agitation. The medicine was recorded on the personal medication record and on the MARs sheets. The care plan for this medicine must be expanded to detail when it should be administered. The administration of the medicine, the reason for administration and the outcome should also be documented in the daily notes. This was discussed with the head of care / deputy manager at the end of the inspection.

The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. A recommendation 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 Sharron Cushley, Head of Care / Deputy 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:

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

Cathy Wilkinson
Pharmacist Inspector

Date

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SIR SAMUEL KELLY MEMORIAL EVENTIDE HOME
25 JUNE 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 **Sharron Cushley, Head of Care / Deputy Manager**, during the inspection visit.

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 MARs sheets must be fully and accurately completed. Ref: Section 5 and 31.2	Two	Home is regularly working weekly & monthly ^{review} the MARs sheets or main Pres sheets	25 July 2014
2	13(4)	The registered manager must closely audit those medicines highlighted as having audit discrepancies as part of the routine audit process. Ref: Criterion 30.1	One	This is being carried out weekly or monthly via audits	25 July 2014
3	13(4)	The registered manager must ensure that staff are aware of what constitutes a reportable incident and that they are all appropriately reported. Ref: Criterion 30.6	One	TL, HOC all aware what is reportable	25 July 2014
4	13(4)	The registered manager must ensure that personal medication records are up to date at all times. Ref: Criterion 31.2	One	this is being Audited correctly weekly and monthly	25 July 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	Updates to the personal medication record and hand-written entries on the MARs sheets should be verified and signed by two members of staff. Ref: Criterion 31.2	Two	<i>This has been addressed TL & HOC were 2 Home Manager will admit Medley</i>	25 July 2014
2	30	The registered manager should review the management of 'when required' medicines for the treatment of distressed reactions to ensure that all of the appropriate records are maintained. Ref: Section 7	One	<i>This one particular resident's meds have been corrected & clearly state directions. Also further PRN meds for reaction will be record as req by inspector.</i>	25 July 2014

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: *A Nazir*

NAME: A NAZIR
Registered Provider

DATE 18/7/14

SIGNED: *[Signature]*

NAME: CINDIA HOOLY
Registered Manager

DATE 18-7-14

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		<i>[Signature]</i>	13/8/14.
B.	Further information requested from provider				