

Unannounced Enforcement Care Inspection Report 26 June 2019



Owen Mor Care Centre

Type of Service: Nursing Home

Address: 167 Culmore Road, Londonderry BT48 8JH

Tel no: 02871353631

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www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 81 patients.

3.0 Service details

| | |
|---|---|
| <p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Dr Una McDonald – (acting)</p> | <p>Registered Manager and date registered: Ms Ronagh McCaul - application not yet submitted</p> |
| <p>Person in charge at the time of inspection: Ronagh McCaul - manager</p> | <p>Number of registered places: 81 comprising: 68 – NH- DE 7 - NH- LD and LD (E) accommodated in Strule Unit 6 – NH-MP and MP(E) accommodated in Erne Unit</p> <p>A maximum of 68 patients in category NH-DE; 24 accommodated in the Foyle/Faughan Unit, 13 accommodated in the Roe Unit, 10 accommodated in the Derg Unit, 10 accommodated in the Mourne Unit and 11 accommodated in the Finn Unit.</p> |
| <p>Categories of care: Nursing Home (NH) DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years</p> | <p>Number of patients accommodated in the nursing home on the day of this inspection: 68</p> |

4.0 Inspection summary

An unannounced inspection took place on 26 June 2019 from 09:45 to 17:00 hours.

The inspection sought to assess the level of compliance achieved in relation to four Failure to Comply (FTC) Notices. The areas identified for improvement and compliance with the regulations were in relation to the management and governance arrangements (FTC000035); the health and welfare of the patients (FTC000036); health and welfare of patient regarding medicines management (FTC000039); and staffing (FTC000040). The date of compliance with the notices was 26 June 2019.

The following FTC Notices were issued by RQIA on 15 May 2015:

FTC ref: FTC000035
 FTC ref: FTC000036
 FTC ref: FTC000039
 FTC ref: FTC000040.

There was evidence of some improvement and progress made to address the required actions within the notices. However, we were unable to validate full compliance with the above FTC Notices.

RQIA senior management held a meeting on 27 June 2019 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 15 August 2019.

In addition, we also identified four new areas for improvement in relation to fire safety measures and practices, staff skill mix, medicine records and medicine storage. Please refer to the Quality Improvement Plan (QIP) at the back of this report for details.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | *3 | *6 |

*The total number of areas for improvement includes six which have been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ronagh McCaul, manager, as part of the inspection process. In addition a teleconference was held on 4 July 2019 with Dr Una McDonald, the acting responsible individual, and a Director from East Eden Limited, to reinforce the specific actions required. The timescales for completion commence from the date of inspection.

An extension of the FTC Notices resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- written and verbal communication received since the previous care inspection
- notifiable events received since the previous care and medicines management inspections
- the previous inspection reports
- four FTC notices.

During the inspection the inspectors spoke with a number of patients, staff on duty during the inspection, a visiting healthcare professional and two visitors to the home.

The following records were examined during the inspection:

- staff duty rotas from 24 June 2019
- samples of personal medication records; medicine administration records; medicines storage temperatures.
- controlled drug record books
- staff training compliance and planner
- records of professional registration checks
- competency and capability assessments for registered nurses (RN) and any RN left in charge of the home in the absence of the manager
- a sample of patient incident and accident records from 5 May 2019
- a sample of patient care records in relation to the management of bedrails, wounds/pressure ulcers, weight loss and nutrition, falls and enteral feeding.
- governance audits/records in relation to the management of medicines, wounds, infection prevention and control measures, restrictive practices, patients weights and training effectiveness.
- reports of visits by the registered provider undertaken since 5 May 2019.

Actions required as detailed within the four FTC Notices were reviewed and assessed as met or not met and feedback is provided the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2, 5 and 7 May 2019

This inspection focused primarily on the actions contained within the four FTC Notices issued on 15 May 2019. The areas for improvement made as a result of the most recent care inspection will be reviewed during the next care inspection.

6.3 Inspection findings

FTC Ref: FTC000035

Notice of failure to comply with Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Registered person: general requirements

Regulation 10. – (1) The registered provider and the registered manager shall, having regard to the size of the home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill.

In relation to this notice the following four actions were required to comply with this regulation.

The acting registered person must ensure that:

- systems are in place to advise management when patients do not have a supply of their prescribed medicines.
- the manager delivers services effectively on a day-to-day basis in accordance with legislative requirements.
- robust auditing systems are put in place to quality assure the delivery of nursing and other services provided. This includes, but is not limited to, audits of wounds, patient care records, patient weights, accidents and incidents and infection prevention and control audits.
- the monthly monitoring reports, are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and contain clear, time-bound action plans, detailing all areas of improvement required. The completed Regulation 29 report should be shared with the manager and the senior management team to ensure that the required improvements are made.

Evidence was not available to validate compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

We evidenced from patients' administration records and audits we completed during the inspection that patients had received their medicines as prescribed.

Since the last care inspection in May 2019 the day to day management arrangements for the nursing home have changed. RQIA were notified of these arrangements. Discussion with the new manager, Ms Ronagh McCaul, confirmed that she was fully aware of the actions required to meet the four FTC Notices issued and that she was working with her team and senior managers to achieve compliance.

However, we evidenced that the governance systems and processes required further improvement and development to quality assure the delivery of nursing care and to ensure the effective delivery of services on a day to day basis.

We identified inaccurate, incomplete medicine records and poor practices in relation to the management of controlled drugs.

The manager also confirmed that they still had to develop an audit tool to help identify patterns and trends in relation to the number and type of falls/accidents occurring in the home. We identified that the audit tool in place to quality assure the management of bed rails in the home was a list of the incidences of use and not an audit to identify deficits in the management of bed rails. Review of the IPC hand hygiene evidenced that this did not reflect the needs of the home.

We provided the manager with advice regarding setting up a governance system/suite of audits which would be undertaken on a regular basis; and an example of a hand hygiene audit tool for the management team's consideration.

We evidenced that the report completed in relation to Regulation 29 for June 2019 contained clear, time bound actions with details of improvements required. The manager confirmed that they were included in the discussion with the person undertaking the Regulation 29 visit, the acting responsible individual, and that they signed the document and action plan agreed.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 August 2019.

FTC Ref: FTC000036

Notice of failure to comply with Regulation 13 (1) (a) (b) of The Nursing Homes Regulations (Northern Ireland) 2005.

Health and welfare of patients

Regulation 13. – 1 (a) (b) The registered person shall ensure that the nursing home is conducted so as -

- (a) to promote and make proper provision for the nursing, health and welfare of patients;**
- (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.**

In relation to this notice the following 14 actions were required to comply with this regulation:

The acting registered person must ensure that:

- patients' care records accurately reflect their assessed needs and are kept under review.
- falls are managed in accordance with best practice, regional guidelines and protocols.
- an accurate record of falls occurring in the home is maintained.
- bed rails are managed in accordance with the patient's care plan and these are kept under review.
- care records for any patient requiring enteral feeding must demonstrate clearly and accurately the feeding regime.
- the daily records regarding 24 hour intake is recorded accurately and consistently.
- patients' weights are monitored on at least a monthly basis and action taken where deficits are identified.

- staff are able to demonstrate their knowledge in relation to best practice in modification of food and fluids.
- staff adhere to best practice in relation to infection prevention and control.
- the environment is managed to ensure compliance with COSHH regulations.
- any patient with a wound and/or pressure ulceration has an up to date care plan in place to direct staff in the provision of wound care.
- individual patient records must reflect the wound care recommendations of the multi professional team.
- accurate records are maintained in relation to the number, type and status of wounds in the home.
- RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

Evidence was not available to validate full compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with staff and the manager we evidenced and acknowledged the progress made in relation to this FTC Notice.

We evidenced that patient care records were reflective of the patients' assessed needs in relation to the management of bed rails, intake of fluids, weight loss screening, wounds and pressure ulcers. Patient care records also indicated clearly that registered nursing staff reviewed patient care plans and risk assessments on at least a monthly basis or when the needs of the patient changed. Care plans also reflected any recommendations made by other healthcare professionals such as the tissue viability nurse or speech and language therapist.

We evidenced that the management of falls and notifying RQIA of incidents/accidents occurring in the home had not been met. Registered nursing staff had not followed up on clinical observations for one patient who had sustained a fall and an accurate record of falls occurring in the home was not available due to a change in the recording process.

The manager's overview of falls was still in development and we found that RQIA had not been notified of all incidents/accidents occurring in the home, on a least three occasions, in accordance with Regulation 30. In relation to the notification of events to RQIA, we advised the manager to contact us if they were unsure if an accident or event required a notification and that guidelines were available on our website.

There were no patients requiring enteral feeding. However, from discussion with the manager and registered nursing staff, review of staff training records and review of the revised admission and assessment care records, we were satisfied that this action had been met.

We evidenced that patients' daily fluid intake records were clearly recorded and accurate.

We evidenced that patients' weights were monitored on at least a monthly basis and records maintained on referrals to relevant healthcare professionals.

We evidenced that registered nursing and care staff were aware of and could clearly demonstrate their knowledge of infection prevention and control (IPC) measures and best practice in relation to the management of patients' modified food and fluids.

We saw that staff adhered to best practice in relation to COSHH regulations. For example, cleaning chemicals were stored in a locked cupboard and that cleaning products used by housekeeping staff were not left unattended.

We evidenced that the manager maintained and accurate records of the number, type and status of wounds in the nursing home.

The manager confirmed that a new form for recording accidents/incidents had been implemented very recently. A single loose leaf un-numbered page was to replace a bound pre-printed book. We advised the manager to consult senior managers and/or the legal advisor for the home regarding the record of accidents/incidents.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice up to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 August 2019.

FTC Ref: FTC000039

Notice of failure to comply with Regulation 13(4) of The Nursing Homes Regulations (Northern Ireland) 2005

Health and welfare of patients

Regulation 13 - (4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and**
- (c) a written record is kept of the administration of any medicine to a patient.**

In relation to this notice the following eight actions were required to comply with this regulation:

The acting registered person must ensure that:

- systems are in place so that patients have a continuous supply of their prescribed medicines.
- where patients have no supply of their prescribed medicines registered nurses recognise the need to report this as a notifiable incident.
- patients are administered their medicines in strict accordance with the prescribers' instructions.
- any ongoing non-administration of a medicine is reported to the prescriber.
- robust arrangements are in place for the management of eye preparations.
- controlled drugs records are fully and accurately maintained.
- medicine administration records are fully and accurately maintained.
- robust auditing process is developed and implemented for medicines management.

Evidence was not available to validate full compliance with this FTC Notice as detailed below.

Through review of records, observations of staff practice and discussion with the manager we acknowledged the progress made with the actions required in relation to this FTC Notice.

Systems were in place to ensure that patients had a continuous supply of their prescribed medicines. There were no out-of-stock medicines noted. Medicine incidents had been appropriately reported and no new incidents were noted during the inspection. Audits completed during the inspection indicated that medicines were administered as prescribed. It was evidenced that the nursing staff had liaised with the prescriber regarding a patient who had an ongoing pattern of non-administration of medicines. Eye preparations were well managed, stored and in date.

We however found that controlled drugs records in one unit had not been fully and accurately maintained. The administration of one controlled drug on 26 June 2019 had not been recorded in the controlled drugs record book. Also, a controlled drug which had been received in March 2019 had not been entered into the controlled drugs record book; reconciliation checks had not identified this discrepancy. Registered nursing staff in this unit did not adhere to the safe administration procedures for controlled drugs. In another unit, there were missing entries for administration on the medicine administration records for three out of the 10 patients; these were usually for night time doses of medicines. The auditing process for medicines management needed to be further developed in order to address these ongoing practice deficiencies.

Based on the evidence, the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 August 2019.

FTC Ref: FTC000040

Notice of failure to comply with Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Staffing

Regulation 20.—(1) The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –

(a) ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients;

In relation to this notice the following five actions were required to comply with this regulation:

The acting registered person must ensure that:

- registered nurses are able to demonstrate their knowledge and safe practice in relation management of medicines.
- registered nurses are deemed competent and capable for the job they are employed to undertake in the nursing home.

- registered nurses and care staff are provided with training in relation to their roles and responsibilities in relation to the safe and effective management of wounds and pressure ulcers.
- registered nurses can describe accurately the position and grading of pressure ulcers using professional anatomical terms and the nationally recognised pressure ulcer grading system (EUPAP).
- the effect of the training provided is evaluated to assure that the necessary improvements have been made.

Evidence was not available to validate full compliance with this FTC Notice as detailed below.

Through review of records, observation of staff practice and discussion with staff and the manager we acknowledged the progress made with the actions required in relation to this FTC Notice.

Registered nurses were unable to demonstrate their knowledge and safe practice in relation to the management of medicines and there was no evidence of how management evaluated the effectiveness of training to assure improvement had been made.

We evidenced that management had completed competency and capability assessments for registered nurses employed to work in the nursing home.

Discussion with registered nurses and care staff evidenced that they were aware of how to safely and effectively care for patients' skin. Staff could describe the effects of pressure on patient's skin and how to prevent the development of pressure damage.

Registered nurses clearly demonstrated their knowledge regarding the grading of pressure ulcers, the anatomical position of any wounds or pressure ulcers and the management of wounds or pressure ulcers. We also evidenced that patient care records were reflective of practice guidelines and requirements in relation to the management of pressure area care, wounds and pressure ulcers.

Discussion with the manager evidenced that they were awaiting feedback from Trust staff regarding some of the training that had been delivered. We evidenced that staff were able to demonstrate their knowledge and skill in relation to the areas inspected. However, the manager agreed that a system for recording how the management team assured themselves that training was embedded into practice needed to be developed. We advised that the manager seek advice from the senior management team on how to achieve this action.

Based on the evidence the decision was made by RQIA to extend the date for compliance with this FTC Notice to the maximum legislative timeframe of three months. Compliance with this notice must therefore be achieved by 15 August 2019.

Additional areas inspected

Medicines management

Two new areas for improvement were identified in relation to medicines management.

In one unit, in which newly formatted personal medication records had recently been introduced, there was evidence of either incomplete or inaccurate information relating to dosage directions; medicine allergy status; times of administration and medicine formulation.

The temperature in one treatment room was 27°C; this temperature should not exceed 25°C to ensure safe medicine storage.

Staffing and staffing levels

We reviewed staff duty rotas. The manager confirmed that the layout of the staff rota for the whole home and each of the units was still in development. Staffing in each unit had been stabilised to ensure continuity of care and team building. Staff spoken with confirmed this but also recognised that they would at times need to work in other units.

Review of the staffing numbers and skill mix of staff evidenced that the minimum skill mix of at least 35 per cent registered nurses and up to 65 per cent care assistants was not met. The manager agreed to discuss this with senior manager and an area for improvement was made.

We reviewed records of the registration checks for nursing and care staff. Regular checks each month were recorded to ensure staff were compliant with their registration bodies, Nursing and Midwifery Council for UK, and Northern Ireland Social Care Council. The manager was advised to ensure checks carried out were effective in preventing staff working past the expiry date without a valid registration, for example, carrying out the monthly check before the end of each month.

Fire safety

Staff spoken with confirmed they had attended fire safety training recently. Staff were able to demonstrate their knowledge regarding the management of automatic fire doors. However, throughout the home we saw that automatic fire doors were wedged or propped open with wedges, furniture and/or equipment. Details of what we saw were discussed with the registered nurse in charge of each unit affected. In most instances the wedge or prop was immediately removed. Where this was not possible the registered nurses agreed to discuss the management of this risk with the manager and their care team. An area for improvement was made.

Areas for improvement

Four new areas for improvement were identified in relation to fire safety practices, staffing skill mix, personal medication records and the storage of medicines.

| | Regulations | Standards |
|---------------------------------|-------------|-----------|
| Number of areas for improvement | 2 | 2 |

6.4 Conclusion

Evidence was not available to validate compliance with the four Failure to Comply Notices. However, there was evidence of some improvement and progress made to address the required actions within the notices.

Following the inspection, RQIA senior management held a meeting on 27 June 2019. The decision was made to extend the date for compliance with the four FTC Notices to the maximum legislative timeframe of three months. Compliance with the notices must therefore be achieved by 15 August 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Ronagh McCaul, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. 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.

7.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 7 June 2019 | The registered person shall ensure that a review is undertaken of the system used to record the amount of monies held on behalf of patients. The outcome of the review should provide an explanation for the significant reduction in the amount held for the patient identified during the inspection. Any monies owed to the patient should be refunded immediately following the review. RQIA should be informed of the outcome of the review and the amount refunded to the patient. Ref: 4.1 |
| | Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. |
| Area for improvement 2 Ref: Regulation 13(4) Stated: First time To be completed by: 26 July 2019 | The registered person shall ensure that personal medication records are accurately maintained. Ref: 6.3 |
| | Response by registered person detailing the actions taken: A further audit has been implemented to ensure that medication records are accurately maintained. The nursing team has been educated in the management of the auditing process.. |
| Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: Immediate action required. | The registered person shall ensure that automatic fire doors are not wedged or propped open in keeping with fire safety regulations. Ref: 6.3 |
| | Response by registered person detailing the actions taken: The registered person will ensure that automatic fire doors are not wedged or propped open. Magnetic door retainers have been ordered to ensure the facility is in keeping with fire safety regulations.. |

| Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015 | |
|--|---|
| <p>Area for improvement 1</p> <p>Ref: Standard 14.21</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p> | <p>The registered person shall ensure that a record confirming the name of the person authorised to act as appointee, for the patient identified during the inspection, is retained within the patient's file.</p> <p>Written authorisation from the Social Security Agency for the Registered Person or staff member to act as an appointee should also be retained within the file.</p> <p>Ref: 4.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p> | <p>The registered person shall ensure that the written agreement for the patient identified during the inspection is updated to show the current fee paid by, or on behalf of, the patient.</p> <p>A copy of the updated agreement should be retained within the patient's file.</p> <p>Ref: 4.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 14.4</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p> | <p>The registered person shall ensure that the name of the bank account used to retain patients' monies is updated to show that monies held within the account belongs to patients.</p> <p>Ref: 4.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p> | <p>The registered person shall develop and implement a system to ensure that monies held in the patient's bank account are included in the reconciliations of patients' monies and valuables held at the home.</p> <p>Ref: 4.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> |

| | |
|--|---|
| <p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2019</p> | <p>The registered person shall ensure that the temperatures of medicines storage areas do not exceed 25°C.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: A record is to be completed three times a day to ensure the temperature of the medicines storage areas do not exceed 25 degrees celcius. An air conditioning unit has been ordered to ensure that standard 30 is compliant.</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 41.4</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2019</p> | <p>The registered person shall review the staffing skill mix for the home to ensure it meets with the DHSSPS Care Standards for Nursing Homes minimum recommendation.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: The company is working towards the staffing skill mix to meet with the DHSSPS Care standards for Nursing Homes minimum recommendation.</p> |

Please ensure this document is completed in full and returned via Web Portal



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