



Unannounced Care Inspection Report 12 December 2019



Colinvale Court

Type of Service: Nursing Home
Address: Glen Road, Belfast BT11 8BU
Tel No: 02890604314
Inspectors: Linda Parkes and Helen Daly

www.rqia.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 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 50 patients.

3.0 Service details

Organisation/Registered Provider: Raymond Liam Murphy Responsible Individual: Raymond Liam Murphy	Registered Manager and date registered: Vincy Vincent – 13 June 2016
Person in charge at the time of inspection: Dimitrios Tsamis Registered Nurse 1000-1100. Vincy Vincent Home Manager 1100-1835	Number of registered places: 50
Categories of care: Nursing Home (NH) DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 41

4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 10.00 hours to 18.35 hours.

This inspection was undertaken by the care inspector and the pharmacy inspector.

The term 'patient' is used to describe those living in Colinvale Court which provides nursing care.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staffing, staff training, adult safeguarding, risk management and communication between patients, staff and other professionals. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives. Good practice was found regarding governance arrangements, management of accidents/incidents and maintaining good working relationships. Areas of good practice were also identified in relation to the standard of maintenance of the personal medication records, the management of controlled drugs and antibiotics.

Areas requiring improvement were identified in relation to the contemporaneous recording of patient care records, the recruitment of staff, in relation to the internal environment and regarding the maintenance of equipment to adhere to infection prevention and control. Three further areas for improvement were identified in relation to the management and reporting of medication incidents, care planning for distressed reactions, pain and covert administration and the storage of emollient preparations.

Patients described living in the home in positive terms. Patients unable to voice their opinions were relaxed and comfortable in their surroundings and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Vincy Vincent, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 13 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 August 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 December 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- one staff recruitment and induction file
- five patient care records
- two patient reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from 25 October to 29 November 2019
- RQIA registration certificate
- staff training and competency
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs, antibiotics and warfarin
- care planning in relation to distressed reactions, pain, covert administration and thickening agents
- medicines management audits
- medication related incidents
- storage of medicines
- stock control.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall ensure that, for medicines prescribed to be administered on a “when required” basis for the management of distressed reactions, the reason for and outcome of their administration are routinely recorded.	Met
	Action taken as confirmed during the inspection: Charts were in place on the medicines file to facilitate recording the reason for and outcome of administration. A cross-reference of these charts with the controlled drug checking book indicated that they had been accurately maintained. Staff advised that the use of “when required” medication for the management of distressed reactions was closely monitored and was reducing due to their involvement with a trust project, “reduce medication, increase activities”.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person shall ensure that patient record folders are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control procedures.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of a selection of patient record folders evidenced they are maintained and monitored to an acceptable standard in order to adhere to infection prevention and control procedures.	

Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and that the patient dining experience is reviewed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and observation of the patient dining experience including pictorial menus in each dining area evidenced that the daily menu is displayed in a suitable format for patients showing what is available at each mealtime and that the patient dining experience has been reviewed. For details please refer to section 6.4	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that the number of staff and the skill mix of staff on duty was determined through regular monitoring of patient dependency levels in the home. The registered manager advised that staffing levels had been reviewed and had been increased with an extra care assistant on duty for both day and night duty shifts to meet patients' needs. A review of the duty rota from 2 to 15 December 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. The registered manager advised that on occasions staffing levels could be affected by short notice leave and that shifts were covered.

Review of one staff recruitment file evidenced that it was not satisfactorily maintained. There were gaps in employment history and reasons for leaving employment had not been explored. A reference from the applicant's most recent employer was unavailable to view. This was discussed with the registered manager and an area of improvement was identified.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Discussion with staff confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. No questionnaires were returned within the timescale specified.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Colinvale Court. We also sought the opinion of patients on staffing via questionnaires. No questionnaires were returned within the timescale specified.

Three relatives spoken with did not raise any concerns regarding staff or staffing levels. We also sought relatives' opinion on staffing via questionnaires. No questionnaires were returned within the timescale specified.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2019 evidenced that staff had attended fire training on the day of inspection.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records from 25 August to 8 November 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Observation of the security arrangements for the front entrance door had been satisfactorily addressed. Both the front door and inner entrance door to the home had key pad locks in place. The inner door is alarmed to alert staff when it is opened. The registered manager advised that key pad codes are regularly reviewed and changed for added security.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and clean throughout. Three areas of flooring in the corridors of the home were in disrepair and could cause a possible trip hazard. This was discussed with Raymond Murphy, responsible individual who advised by email with photographic evidence, after inspection, that the identified flooring had been replaced. Identified bed rooms and doors in Oak Unit that were noted to require refurbishment were discussed with the registered manager. An environmental audit plan for the unit was received by RQIA 17 December 2019. The registered manager advised that refurbishment had commenced and that Oak Unit would be prioritised for redecoration. A refurbishment plan regarding the internal environment of the premises is requested to be submitted to RQIA, clearly outlining proposed actions to be addressed within explicit timescales. An area for improvement was identified.

A number of commode chairs were noted to have rust around the wheels and identified baths had chipped enamel meaning they could not be effectively cleaned. This was discussed with the registered manager and an area for improvement was identified.

The use of black bags for clinical waste was discussed with the registered manager. She advised that yellow bags to be incinerated are used for the disposal of infectious clinical waste as advised by the Public Health Agency (PHA). Information and advice regarding waste management by the PHA is currently under review by the management team at Colinvale Court.

Fire exits and corridors were observed to be clear of clutter and obstruction.

We observed that personal protective equipment, for example gloves and aprons were available throughout the home and appropriately used by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff training and adult safeguarding.

Areas for improvement

Three areas for improvement were identified regarding the recruitment of staff, in relation to the internal environment and regarding infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed the management of falls, pressure relief and continence management. The registered manager advised that the home is involved in a pilot study with the Belfast Health and Social Care Trust falls prevention team. Care records regarding falls were well maintained. Review of records evidenced that care planning in regards to pressure relief and continence management was not reflective of patients' needs and deficits were identified. It was noted that patient care records were not contemporaneously and accurately recorded to direct staff in the provision of care. This was discussed with the registered manager and an area for improvement was identified.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician.

Review of two patient repositioning charts evidenced that they were well maintained.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

We observed the serving of the lunchtime meal in the main dining room. Patients were given the choice by staff if they wished to go to the dining room, to have their meal at the dining table in the lounge or to have food served at a small table in front of them. Tables were nicely set with condiments and the menu for the day was displayed on each table in the main dining room, in a suitable format and showed what was available at each mealtime. Pictorial menus were displayed on the notice board in the dining areas of each lounge and tables were well presented. Food taken outside the dining room was covered on transfer. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Adequate staff members, in each area were observed assisting patients with their meal appropriately, in an unhurried manner and two registered nurses were overseeing the mealtime. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Patients able to communicate indicated that they enjoyed their meal.

Two patients commented:

"The food's nice."

"Lovely lunch."

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency, the management of medicines on admission and medication changes, records of prescribing and administration, controlled drugs, antibiotics, warfarin and thickening agents.

The audits completed at the inspection indicated that the majority of medicines had been administered as prescribed. A small number of apparent discrepancies were discussed with the registered manager for investigation and ongoing close monitoring.

The auditing systems were reviewed. Accurate running stock balances were observed for antibiotics, warfarin and controlled drugs. Prompts were in place for the administration of medicines prescribed to be administered weekly/biweekly/monthly and daily checks were in place to ensure that transdermal patches remained in situ. Monthly audits were completed by registered nurses and quarterly audits by the registered manager. There was evidence that corrective action was taken when shortfalls were identified.

We asked the registered manager about a recent medication incident that had been reported to RQIA by a patient's representative. The home had not reported the incident to RQIA. The registered manager asked if a further incident which had recently been identified needed to be reported to RQIA. We provided guidance on the identification, management and reporting of incidents in order to drive improvement and prevent recurrences. The incidents discussed at the inspection were reported to RQIA on 16 December 2019 and 18 December 2019. The management and reporting of medication related incidents should be reviewed and revised. An area for improvement was identified.

The management of pain, distressed reactions and covert administration was reviewed and we found that care plans did not provide sufficient detail to direct the care. It was acknowledged that registered nurses were aware of the care needed and were currently updating the care plans, however, an area for improvement was identified.

With regards to pain management, records of prescribing and administration indicated that medication was administered as prescribed. However, care plans for the management of pain

provided very little detail regarding the cause of the pain and how the patient may express their pain.

For distressed reactions, records of prescribing and administration were maintained and the reason and outcome of each administration was recorded. However, the care plans did not detail how the patient may express their distress, any potential triggers and any activities that staff could engage in to prevent the need for medication. Staff were able to tell us this information but it had not been recorded. Where two medicines were prescribed to manage distressed reactions the care plans did not specify which should be used first line.

A small number of patients received their medicines covertly. The care plans evidenced that the prescriber had provided authorisation but they did not provide evidence that next of kin and care managers had been consulted. There was limited information on how each medicine should be administered and there was no evidence that the pharmacist had been consulted regarding the suitability of adding each medicine to food/drink.

The majority of medicines were observed to be stored securely and at the recommended temperature. The registered manager and registered nurses were reminded that some liquid medicines must be discarded three months after opening; this was highlighted as for some medicines, due to the small dose prescribed, there would be medication remaining after three months.

Care assistants administered emollient preparations and thickening agents. There was evidence that they had received training and that records of prescribing and administration were maintained. The registered manager advised that thickening agents were stored securely. Emollient preparations were stored in the patients' bedrooms in unlocked cupboards. A risk assessment should be in place for this practice. An area for improvement was identified.

Areas of good practice

Areas of good practice were identified in relation to the patient dining experience, the standard of maintenance of the personal medication records and the management of controlled drugs and antibiotics.

Areas for improvement

Four areas for improvement were identified in relation to the contemporaneous recording of patient care records, the management and reporting of medication incidents, care planning for distressed reactions, pain and covert administration and the storage of emollient preparations.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"We wish to express our total gratefulness to the most caring staff in the home and to every one of you who helped our dad in any way with great respect and dignity."

During the inspection we met with three patients, small groups of patients in the dining rooms and lounges, three patients' relatives and seven staff. All patients spoken with commented positively regarding the care they receive and the kind attitude of staff at Colinvale Court. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. No questionnaires were returned within the timescale specified.

Three patients' representatives commented:

"It's like a family. Everything's good. I've no concerns at all. I would speak to Vincy (home manager) or one of the staff and it would be sorted out quickly. "

"I've two close family members here and I've no concerns. If I had concerns I know the home manager and would speak to her. I'm confident in the care provided."

"Staff are very nice, approachable and ... is well turned out."

Staff were asked to complete an online survey; we had no responses within the timescale specified.

Discussion with the activity therapist and staff and review of the weekly activity planner at reception, evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The registered manager advised that the home was participating in a pilot scheme with Music & Memory UK to increase opportunities for personalised activities for people living with dementia in Colinvale Nursing Home. A carers information and support programme by the Alzheimers Society, is scheduled to commence at the home on 5 February 2020 each Wednesday for four weeks from 14.00 -16.00 hours.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care plans and infection prevention and control (IPC) practices including hand hygiene.

Review of records from 25 October to 29 November 2019 evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. There was evidence within the records that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed.

Systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff, patient and relatives meetings were held on a regular basis. Minutes were available.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vincy Vincent, Registered 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 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 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 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

<p>Area for improvement 1</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2020</p>	<p>The registered person shall ensure that patient care plans regarding pressure relief and continence management are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance to reflect patients' needs in respect of their health and welfare. This should be monitored and reviewed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Nurse Manager has updated the protocol to ensure care plans relating to pressure relief and continence management are maintained in a comprehensive and appropriate format to establish best practice in respect of patients health and welfare.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 30 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from day of inspection</p>	<p>The registered person shall ensure that medication related incidents are investigated and reported to RQIA in a timely manner.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Nurse Manager has reminded nursing staff of the need to report medication related incidents in a timely manner.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: Immediate from day of inspection</p>	<p>The registered person shall ensure that care plans in relation to pain, distressed reactions and covert administration contain sufficient detail to direct the appropriate care.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Nursing Staff have been further instructed of the need to update care plans in order to reflect pain management, distressed reactions and covert administration. This is fully recorded in the relevant documentation.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 38 Stated: First time To be completed: Immediate action required	The registered person shall ensure that staff are recruited in accordance with relevant statutory employment legislation and mandatory requirements. Gaps in employment history and reasons for leaving employment should be explored and recorded and a reference from the applicant's most recent employer should be obtained. Ref: 6.3
	Response by registered person detailing the actions taken: The relevant Manager for recruitment is fully aware of the need to comply with all statutory employment legislation.
Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: 29 June 2020	The registered person shall ensure that the areas relating to the environment identified in the report are addressed. A detailed refurbishment action plan for the internal environment of the premises, with firm timescales for improvement should be forwarded to RQIA along with the completed QIP. Ref: 6.3
	Response by registered person detailing the actions taken: Refurbishment of the Home is ongoing. All improvements are recorded in monthly Reg. 29 reports. Management will continue to maintain a high standard of pleasant surroundings, comfort and quality living for the residents of the Home.
Area for improvement 3 Ref: Standard 46 Stated: First time To be completed: Immediate action required	The registered person shall ensure that identified commodes and chipped enamel on baths are repaired or replaced in order to adhere to infection prevention and control policies and best practice. Ref: 6.3
	Response by registered person detailing the actions taken: Identified commodes and baths have either been replaced or repaired.
Area for improvement 4 Ref: Standard 30 Stated: First time To be completed by: Immediate from day of inspection	The registered person shall ensure that emollient preparations are stored securely to prevent unauthorised access. Ref: 6.4
	Response by registered person detailing the actions taken: The Home Manager has reminded staff of their responsibility to ensure that emollient preparations are stored securely.

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care