

Unannounced Enforcement Compliance Inspection Report 18 July 2019



Ringdufferin Nursing Home

Type of Service: Nursing Home (NH)

Address: 36 Ringdufferin Road, Killyleagh BT30 9PH

Tel No: 028 4482 1333

Inspectors: Helen Daly, Linda Parkes & Gillian Dowds

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home that provides care for up to 64 patients with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Registered Provider: M Care (NI) Ltd Responsible Individual: Mrs Brenda Frances McKay (Acting – no application required)	Registered Manager: Mrs Beverley Ruddell
Person in charge at the time of inspection: Mrs Beverley Ruddell	Date manager registered: 27 March 2018
Categories of care: Nursing Home (NH) I – old age not falling within any other category PH – physical disability other than sensory impairment NH-PH(E) - physical disability other than sensory impairment – over 65 years NH-TI – terminally ill DE – dementia	Number of registered places: 64 This number includes: <ul style="list-style-type: none"> • a maximum of 31 patients accommodated in the Dunmore Suite (categories NH-I, NH-PH, NH-PH(E) & NH-TI). • a maximum of 32 patients in category NH-DE accommodated in the Strangford Suite • a maximum of one named resident. receiving residential care in category RC-I accommodated in the Dunmore Suite.

4.0 Inspection summary

An unannounced inspection was undertaken by care and pharmacist inspectors on 18 July 2019 from 07.30 to 17.20.

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.

The last medicines management and care inspection in the home on 6 June 2019 and 13 June 2019 resulted in four Failure to Comply (FTC) Notices being issued on 24 June 2019.

The four Failure to Comply Notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005, FTC000056 relating to medicines management, FTC000057 relating to health and welfare of patients, FTC000058 relating to governance and FTC000059 relating to staffing within the home. The FTC Notices specified the non-compliance with the regulations, actions required for compliance and the timescales within which they should be made. The date of compliance with the FTC Notices was 18 July 2019.

At this inspection evidence was available to validate compliance with three of the Failure to Comply Notices:

FTC Ref: FTC000056, in respect to breaches in Regulation 13 (4), of The Nursing Homes Regulations (Northern Ireland) 2005.

FTC Ref: FTC000058, in respect to breaches in Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

FTC Ref: FTC000059, in respect to breaches in Regulation 20 (1) of The Nursing Homes Regulations (Northern Ireland) 2005.

Evidence was not available to validate compliance with:

FTC Ref: FTC000057, in respect to breaches in Regulation 13 (1) of The Nursing Homes Regulations (Northern Ireland) 2005 and the compliance date was extended to 25 September 2019.

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

In relation to the management of medicines one area for improvement regarding fluid intake charts was stated for a second time and an area for improvement regarding denaturing controlled drugs prior to their disposal was identified.

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

Comments received from patients, people who visit them, professionals 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	*1	1

*The total number of areas for improvement include one which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Beverley Ruddell, registered manager, and the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Ongoing enforcement action 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:

- recent inspection reports and returned QIPs
- notifiable events since the last inspection
- written and verbal communication received since the last inspection
- the registration status of the home
- the failure to comply notices

During the inspection we met with 11 staff, five patients, small groups of patients in the lounges and dining rooms, seven patient representatives, the registered manager, the responsible individual (acting), the previous manager and the human resource manager.

A sample of the following records was examined during the inspection:

- duty rota for all staff from 10 June to 28 July 2019
- incident and accident records from 6 July 2019
- a selection of patient care records
- a selection of patient care charts including neurological charts and personal care records
- a sample of governance audits/records
- patient dependency audit for week commencing 15 and 22 July 2019
- report of visit by the registered provider/monthly monitoring dated 2 July 2019
- personal medication records and medication administration records
- records of medicines received into the home and transferred out/disposed
- controlled drugs records
- care plans and records in relation to the management of medicines on admission/re-admission, medication changes, distressed reactions, pain, antibiotics, and thickening agents.

Areas for improvement identified at the last inspection had been included in the Failure to Comply Notices and were reviewed and assessed for compliance with the regulations.

In addition, three areas for improvement identified at the last inspection were included in the quality improvement plan (QIP) which was reviewed and assessment of compliance recorded as either 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 the last inspections dated 6 and 13 June 2019

Quality Improvement Plan		
Areas for improvement from the last inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that fluid intake charts are accurately maintained and totalled each day to evidence that the recommended fluid intake is achieved.	Partially met
	Action taken as confirmed during the inspection: A review of the fluid intake charts evidenced that they had been accurately maintained and totalled on some but not all days. This area for improvement was stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that robust systems for the management of insulin are in place. Records of prescribing and administration should be accurately maintained. Insulin should be stored in accordance with the manufacturers' requirements.	Met
	Action taken as confirmed during the inspection: We reviewed the management of insulin. The personal medication records were up to date. Administration was recorded on separate insulin sheets in accordance with the home's procedures and in-use insulin was stored at room temperature.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall review and revise the standard of maintenance of the personal medication records.	Met
	Action taken as confirmed during the inspection: We reviewed the standard of maintenance of the personal medication records. They were up to date, correlated with the medication administration records and contained the necessary detail.	

6.2 Inspection findings

FTC Ref: FTC000056

Notice of failure to comply with The Nursing Home 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;

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

- Robust arrangements are in place for the management of medicines on admission/re-admission to the home. Written confirmation of current medication regimens should be received on admission/re-admission. A copy of this confirmation should be available in the home for cross-referencing to ensure accuracy.
- Systems are in place to ensure that patients have a continuous supply of their prescribed medicines.
- Systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration or have not been administered as prescribed.
- Robust arrangements are in place for the management of distressed reactions and that these are fully implemented. Care plans should be up to date. The reason for and outcome of each administration should be recorded. Any regular use should be referred to the prescriber for review.
- Robust auditing systems are developed and implemented which identify deficits in the availability and administration of prescribed medicines and evidences the corrective action taken.

There had been no new admissions to the home; therefore, we reviewed the management of medicines on re-admission from hospital for three patients. Written confirmation of their prescribed medicines was available for cross-referencing to ensure accuracy. The personal

medication records had been updated and verified by two registered nurses. There was evidence that prescribed medicines had been available for administration and had been administered as prescribed. An admission checklist was in use to ensure that all registered nurses were adhering to the home's policy. In relation to the management of medication changes, it was agreed that when the medication packs required amendment by the pharmacist, a record of the transfer to the pharmacy and subsequent return would be maintained from the date of the inspection onwards.

We reviewed the medication administration records from the date of the last inspection which confirmed that medicines had not been omitted due to stock supply issues. The processes for ordering and receiving medicines had been revised since the last inspection. Registered nurses were reminded that currently prescribed medicines should not be disposed of at the end of each four week cycle but should instead be carried forward. Evidence should be available to confirm that controlled drugs, including diazepam, are denatured prior to disposal. An area for improvement was identified.

A review of the medication administration records and the medication related incidents reported to RQIA indicated that robust systems were in place for identifying and reporting medication related incidents.

We reviewed the management of distressed reactions for nine patients. The directions for use of these medicines were clearly recorded on the personal medication records and in protocol sheets which were available for reference on the medicines file. The medicines had been administered to two patients since the last inspection; the reason for and outcome of the administrations had been recorded. Regular use for one patient had been referred to the prescriber for review. Care plans were in place; however, two were not up to date. It was agreed that they would be updated following the inspection.

The governance arrangements within the home had been reviewed and revised. Daily stock balances were maintained for medicines which were not supplied within the monitored dosage system. These running balances, the standard of maintenance of the personal medication records and medication administration records were then audited by a senior care assistant each day. Any discrepancies were referred to the registered manager and addressed with staff in order to drive the necessary improvements and prevent a recurrence. Staff were reminded that non-administration codes should be circled in order to distinguish them from signatures for administration. The management of distressed reactions, thickening agents, pain and emollients were included in the audit process. A number of refrigerator temperatures were noted to be outside the accepted range; this had been identified by the management team and it was agreed that registered nurses would receive supervision on the use of the thermometer. The management team advised that the current level of audit activity would continue until they were assured that the improvements had been embedded into practice and sustained.

Evidence was available to validate compliance with this Failure to Comply Notice.

In relation to the management of medicines one area for improvement regarding fluid intake charts was stated for a second time and an area for improvement regarding denaturing controlled drugs prior to their disposal was identified.

	Regulations	Standards
Number of areas for improvement	0	1

FTC Ref: FTC000057**Notice of failure to comply with The Nursing Home Regulations (Northern Ireland) 2005****Health and welfare of patients**

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

- (a) to promote and make proper provision for the nursing, and 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 actions were required to comply with this regulation:

- Patients receive a high standard of personal care.
- Accurate records are maintained to evidence the delivery of personal care.
- The arrangements for the mealtime service are reviewed to ensure that patients' needs are met.
- The provision of activities is reviewed to ensure that patients' needs are met.
- Patients with wounds and/or pressure ulceration have up to date care plans in place to direct staff in the provision of care.
- Patients who require a modified diet have up to date care plans to direct staff in the provision of care.

During the care inspection patients were observed in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Patients were observed throughout the home to be well presented. Review of the bath/shower list and personal care charts of six patients evidenced that they had been well documented to reflect that basic care needs had been met.

Five patients individually and small groups of patients in the lounges and dining rooms spoken with did not raise any concerns regarding care delivery, staff or staffing levels. We also sought patients' opinion on care delivery and staffing via questionnaires. No questionnaires were returned within the timescale specified.

We observed the delivery of the lunchtime meal in Strangford and Dunmore Suites. Improvement was observed regarding the arrangements for the serving of the meal, staffing arrangements and the environment to ensure that patients' needs were met. Patients were assisted to the dining rooms or had trays delivered to them as required. Food taken outside the dining room was appropriately covered on transfer. Strangford Suite had a new heated trolley and food was observed to be provided in the additional dining area that has been introduced for patients who are unable to attend the main dining room. There was adequate seating for the patients and staff and tables were nicely set with condiments and flowers. The food appeared nutritious and appetising. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. A pictorial menu was displayed on the notice board. We were assured that there was an adequate number of staff to assist patients with their meals and to ensure the safety of the patients. Patients able to communicate indicated that they enjoyed their meal.

We reviewed the provision of activities and noted that improvement had been made. The colourful programme of activities was observed to be displayed in a suitable format in order for patients and their relatives to be informed of the planned activity for each day. Observation and discussion with staff evidenced that due to revised staffing levels and work patterns, patients' engagement and interaction with staff had improved. The registered manager advised that patients on both floors of the home now benefit from the provision of activities daily as the activity therapist spends half a day on each floor.

Review of patient records in relation to wounds and modified diets was undertaken during the inspection. Significant concerns were identified regarding record keeping. Review of records evidenced that care planning was not reflective of patients' needs and the multidisciplinary team recommendations. Deficits were identified with regard to wound management and modified diets. It was noted that patient care records were not contemporaneously and accurately recorded to direct staff in the provision of care.

Significant progress was noted in relation to personal care, the mealtime experience and activities provision. Improvement is required in relation to record keeping. Evidence was not available to validate compliance with this Failure to Comply Notice.

FTC Ref: FTC000058

Notice of failure to comply with The Nursing Home 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 nursing 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 actions were required to comply with this regulation:

- The registered manager or her representative delivers services effectively on a day-to-day basis in accordance with legislative requirements.
- The duty rota clearly and accurately reflects the hours the registered manager works in the capacity of a registered nurse or as the registered manager.
- RQIA is notified of all incidents/accidents occurring in the home in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.
- A safe environment is maintained to comply with legislation regarding the control of substances hazardous to health (COSHH).
- The registered manager establishes, implements and sustains robust quality monitoring and governance systems in relation to managing the environment that minimises the risk of infection for staff, residents and visitors regarding infection prevention and control practices (IPC).
- Precautions are in place to minimise the risk of fire to protect residents, staff and visitors in the event of fire.
- 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.

- A copy of the monthly monitoring reports is submitted on a monthly basis to RQIA until further notice. This should be with RQIA no later than three days after the last day of the month.

Improvements and progress was noted during the inspection in relation to the effective delivery of services on a day-to-day basis in accordance with legislative requirements.

A review of the duty rota from 10 June to 28 July 2019 evidenced the hours the registered manager spent working in the capacity of a registered nurse or as the registered manager. Discussion with the registered manager and observation of the duty rota evidenced that the registered manager occasionally worked shifts as a registered nurse. In addition the duty rota evidenced that the registered manager has worked sufficient hours in a management capacity.

We reviewed two accidents/incidents records from 6 July 2019 in comparison with the notifications submitted by the home to RQIA. Notifiable events under Regulation 30 evidenced that both incidents regarding patients with possible head injuries had been reported to RQIA since the last care inspection.

Concerns were raised at the previous inspection regarding the control of substances hazardous to health (COSHH). On inspection of the ground floor and first floor it was observed that the store room on both floors containing cleaning agents/chemicals was locked and a new lock system has been fitted to both doors. New signage was noted on both doors to alert staff to ensure the doors are locked at all times. The registered manager advised that all members of the housekeeping team have their own keys to access the stores.

Concerns regarding infection prevention and control measures and practices (IPC) in relation to the environment and inappropriate storage of equipment were identified at the previous inspection. It was observed that two identified storage cupboards, two sluice rooms and two bathrooms were found to be tidy with items appropriately stored. Two areas of flooring in the corridor on the first floor were observed to have been repaired. It was noted throughout the inspection that creams and ointments belonging to patients had been appropriately stored.

Observation and discussion with the registered manager evidenced that a twice daily environmental IPC audit has been implemented to minimise the risk of infection for staff, patients and visitors and that a number of audits including hand hygiene and cleaning schedules are in place. Observation of practices/care delivery and discussion with staff evidenced that infection prevention and control measures/best practice guidance were adhered to. We observed that personal protective equipment (PPE), for example gloves and aprons, were available throughout the home and appropriately used by staff. The registered manager advised that a weekly PPE audit is completed.

Following the inspection the responsible individual (acting) was asked to submit a schedule for the completion of IPC audits. This was submitted and reviewed and, if adhered to, should ensure sustained compliance going forward.

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, well decorated, fresh smelling and clean throughout.

Observation of the environment evidenced that the door of an identified bedroom that would present a risk to patients in the event of a fire, was no longer wedged open. A device has been fitted to the door that allows it to remain open as desired by the patient. The registered manager advised that the door device is linked to the fire panel in the home and will automatically close in the event of an emergency if the fire alarm is activated.

Review of the monthly monitoring report dated 2 July 2019 was found to be completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. It contained clear, time-bound action plans, detailing all areas of improvement required. The acting responsible individual advised the completed Regulation 29 report has been shared with the registered manager and the senior management team to ensure that the required improvements are made. A copy of the monthly monitoring report was submitted to RQIA on 3 July 2019. The monthly report should be sent to RQIA on a monthly basis until further notice. This should be with the RQIA no later than three days after the last day of the month.

Evidence was available to validate compliance with this Failure to Comply Notice.

FTC Ref: FTC000059

Notice of failure to comply with The Nursing Home 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 the 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 actions were required to comply with this regulation:

- At all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of patients.
- The skill mix of staff is reviewed to ensure that a minimum skill mix of at least 35 per cent registered nurses and 65 per cent care assistants is maintained over any 24 hour period.
- There are systems in place to respond to unplanned staff absence.
- A record is kept of the home's calculation to determine staffing requirements.
- Assessment of patients' dependency levels informs the staffing requirements.

Review of the duty rota from 10 June to 28 July 2019 regarding the skill mix and the provision of staff within the home evidenced that the required standards had been met in order to provide effective delivery of care to patients. We found sufficient staff on duty to meet the needs of the patients in relation to personal care, the mealtime experience and the daily routine. Daily staffing levels reviewed evidenced that a minimum skill mix of at least 35 per cent registered nurses and 65 per cent care assistants had been maintained over each 24 hour period. The registered manager advised that a deputy manager had been appointed to assist in the day to day running of the home and a team leader had been appointed to assist in mentoring and supervising care staff.

On discussion with the registered manager and the senior management team we were advised that there are systems in place to respond to unplanned staff absence. RQIA was advised the home has organised a care assistant bank of nine staff and that an arrangement is in place that staff on duty will remain on shift until cover arrives. The registered manager advised that

the system is working well and a reduction of staff absence has been noted. The acting responsible individual informed us that the senior management team has maintained a presence in Ringdufferin since the previous inspection on 13 June 2019 in order to drive improvement.

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 them with information regarding each patient's condition and any changes noted. The morning handover meeting between the night staff and day staff commencing duty was observed on both Strangford and Dunmore Suites. Staff were informed of any changes in individual patient care. The meeting gave them the opportunity to clarify instructions, provide information and to ask questions.

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

One Staff commented:

"It's much better now with more staff on duty. We are not as rushed and it's nice to have more time to spend with the residents."

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. The registered manager advised that staff training has been arranged for July and August 2019 in relation to Critical Medication Training, Infection Prevention and Control and Swallow Awareness.

The patient dependency audit for the week commencing 15 and 22 July 2019 was reviewed. Assessment of patients' dependency levels informed the staffing requirements for the home in order for the registered manager to plan staffing levels in advance. The registered manager advised that the dependency level of each patient is reviewed on a weekly basis and more frequently if required, due to the changing care needs of patients and if new patients have been admitted to Ringdufferin.

Seven 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.

One relative commented:

"Mum's my priority. If I've any concerns I speak to the staff. I see a big difference and the staff's happier."

Evidence was available to validate compliance with this Failure to Comply Notice.

6.4 Conclusion

Evidence was available to validate compliance with three of the Failure to Comply Notices, FTC Ref: FTC000056, FTC000058 and FTC000059.

Evidence was not available to validate compliance with the Failure to Comply Notice FTC Ref: FTC000057. However, there was evidence of some improvement and progress made to address the necessary actions within the notice. Following the inspection, RQIA senior management held a meeting on 19 July 2019 and a decision was made to extend the compliance date up to the maximum legislative timeframe of three months. Compliance with the notice must therefore be achieved by 25 September 2019.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Beverley Ruddell, registered manager, and the management team, 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 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 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: 18 August 2019</p>	<p>The registered person shall ensure that fluid intake charts are accurately maintained and totalled each day to evidence that the recommended fluid intake is achieved.</p> <p>Ref: Section 6.1</p>
	<p>Response by registered person detailing the actions taken: As part of our daily audit, all daily charts including fluid balance are reviewed, any discrepancies are fed back at the time and rectified immediately. Since implementing our daily audits, very few discrepancies have been identified.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes 2015

<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2019</p>	<p>The registered person shall ensure that controlled drugs in Schedules 2, 3 and 4 (Part1) are denatured prior to their disposal.</p> <p>Ref: Section 6.2</p>
	<p>Response by registered person detailing the actions taken: Staff have received training in relation to controlled drugs which includes safe denaturing of scheduled drugs, further training sessions are scheduled to take place on 3/9/19 and 10/9/19. All equipment required is in place and controlled drug audits have been increased.</p>

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
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care