

Inspection Report

17 June 2021



Knockan Lodge

Type of Service: Residential Care Home
Address: 153 Finvoy Road, Ballymoney, BT53 7JN
Tel no: 028 2957 1540

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cara Home Care Ltd	Registered Manager: Mrs. Elizabeth McVicker
Responsible Individual: Mrs. Elizabeth Kathleen Mary Lisk	Date registered: 29 May 2019
Person in charge at the time of inspection: Mrs. Elizabeth McVicker	Number of registered places: 25
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a residential care home which provides social care for up to 25 residents. Resident bedrooms are located over the two floors. Residents have access to a communal lounge, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2021, from 10.00 am to 2.20 pm by a care inspector and pharmacist inspector.

The inspection assessed progress with the 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.

Three areas of improvement were identified from a care perspective in respect of fire safety training and fire safety drills, storage in an electrical switch room and repairs to the environment.

Five areas of improvement were identified from a medicines management perspective in relation to record keeping, medicines management audits, administration of thickening agents and insulin storage.

Residents said that living in the home was a good experience.

Comments received from residents and staff, are included in the main body of this report.

RQIA were assured that the delivery of care provided in Knockan Lodge was effective, and compassionate. Improvements were identified in ensuring the care delivered in the home is safe and well led, in particular with regards to the management of medicines.

The findings of this report will provide management with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager, Mrs Elizabeth McVicker, was provided with details of the findings. Mrs. Elizabeth Lisk, Responsible Person, was also advised of the findings of the inspection by telephone on 21 June 2021.

4.0 What people told us about the service

During the inspection we spoke with 16 residents and six staff members. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke in positive terms about the care they received and on their interactions with staff. Residents confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. One resident stated that; "It's all very good here. The food is 100%. I would have no complaints and I'd be quite fussy about things. The staff are very good." Staff acknowledged that they were supported and stated that there was good teamwork, morale and managerial support in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Knockan Lodge was undertaken on 16 February 2021 by a care inspector.

Areas for improvement from the last inspection on 16 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time	The registered person shall seek to address the need to redecorate and upgrade the corridor walls and the corridor and communal lounge.	Met
	Action taken as confirmed during the inspection: Decoration and upgrading of two corridors and the communal lounges has been undertaken. The downstairs corridor is to have new flooring installed with redecoration to both corridor floors to be completed by 30 June 2021.	
Area for improvement 2 Ref: Regulation 13(4) Stated: Second time	The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.	Not met
	Action taken as confirmed during the inspection: There was no evidence that this had been addressed as these medicines continued to be signed as administered at the same time as other medicines. This area for improvement is stated for a third and final time.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27(2)(d)</p> <p>Stated: First time</p>	<p>The registered person shall submit an action plan with timescales detailing the responses in relation to addressing the need for redecoration and upgrade in the environment.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>This action plan with timescales was submitted and there was corresponding evidence found with observations of the environment at the time of this inspection to confirm that this programme of work is in place.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 27(2)(t)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that risk assessments are undertaken for all individual radiators/hot surfaces in accordance with current safety guidelines with subsequent appropriate action.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>A risk assessment was undertaken with subsequent action taken to install radiator covers to all radiators.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 27(4) (a) (l)</p> <p>Stated: First time</p>	<p>The registered person shall cease with immediate effect the practice of wedging open fire safety doors. Should a door need to be left open the home's aligned fire safety risk assessor needs to be consulted for installation of alternative measures.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Two self-closing devices linked to the fire alarm panel had been installed to the doors of the dining room and communal lounge. There were no doors wedged open at the time of this inspection.</p>		

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 35.1 Stated: First time	The registered person shall review the use of non-laminated notices and information displayed so to ensure effective cleaning in accordance with IPC guidance.	Met
	Action taken as confirmed during the inspection: There were no non-laminated notices and information displayed.	
Area for improvement 2 Ref: Standard 8.2 Stated: First time	The registered person shall clearly record in the progress records when a resident's aligned named worker has been notified of a resident's change of circumstances or progress.	Met
	Action taken as confirmed during the inspection: Details of appropriate contact with the aligned named worker(s) were recorded in residents' progress records.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Review of two employee recruitment records evidenced that there was a robust system in place to ensure that staff were recruited correctly to protect residents as far as possible.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory training and additional training where required. Staff were also provided with regular supervision and appraisal.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Any member of staff with the responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment completed. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Discussion with staff confirmed this.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available. One resident made comment that; "I can't fault this place one bit. I just have full praise."

There were systems in place to ensure the staffing in the home is safe.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

Inspection of staff training records confirmed that all staff had completed adult safeguarding on an up-to-date basis. Staff told us they were confident about reporting concerns about residents' safety and poor practice.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would resolve and address any issues. Inspection of the record of complaints confirmed that they were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, alarm mats. Inspection of residents' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that residents who had capacity were actively involved in the consultation process and could give informed consent. This was good practice.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents. Staff interactions with residents were found to be polite, warm, friendly and supportive.

One resident stated that; "I feel safe here. It is 24 hour care here and all I have to do is press the buzzer and staff are there. The staff are also very kind. I'm glad to be here."

The home has appropriate arrangements in place to ensure residents feel safe from harm.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. There was evidence that the environment was clean and tidy, with evidence of an on-going programme of décor and furnishings being maintained. An area of improvement was identified with a tear in the upstairs corridor carpet which may be a trip hazard and a repair needed in a bedroom drawer.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, clean, tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The home's most recent fire safety risk assessment was dated 15 September 2020. Corresponding evidence was in place to confirm that the recommendations from this assessment had been addressed.

Inspection of staff training records and fire safety records confirmed that fire safety training and fire safety drills were not up-to-date for all staff. Assurances were received from the manager that a scheduled date for fire safety had been arranged to address this deficit. This has been identified as an area of improvement. Fire safety checks were maintained on a regular and up-to-date basis.

An electrical switch room was found to be unlocked and contained inappropriate storage of continence products. This was brought to manager's immediate attention and an area of improvement was made.

Areas of improvement detailed above are needed to ensure that the environment is well managed to ensure residents are comfortable and safe.

5.2.4 How does this service manage the risk of infection?

The manager stated that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

Appropriate measures are in place to manage and minimise the risk of infection.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

There was evidence that the changing needs of residents were being shared with the aligned named worker and appropriated health care professional(s).

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, residents had well-fitting footwear, the home was well lit and any obvious hazards had been removed. Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. For example, when a resident has had a fall it is good practice to complete a review to determine if anything more could have been done to prevent the fall. This is known as a post fall review. Such reviews were being completed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. There was evidence of appropriate onward referral as a result of the post falls review.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented, smelled appetising and good portions were provided. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. One resident stated that; "The meals are superb and I have a choice of what I like."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet these needs; and included any advice or recommendations made by other healthcare professionals. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the patient's next of

kin, if appropriate. A record of the meeting, including any actions required, was provided to the home management by the HSC Trust.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were observed to be comfortable and at ease in their environment and interactions with staff. A planned programme of activities was in place with a small group of residents. Residents commented positively on the activity provision in the home. The genre of the music played was in keeping with residents' preferences. One resident stated that; "It's a lovely peaceful home here. I feel fortunate to be here."

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

In summary the home supports residents to have meaning and purpose to their day.

5.2.8 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, during medication reviews and hospital appointments.

We identified that these records were not up to date with the most recent prescription and were incomplete. This could result in medicines being administered incorrectly or the wrong information being provided to another healthcare professional. Updates to personal medication records had not been checked and signed by a second member of staff to ensure accuracy. It was evident that staff did not use these records as part of the administration of medicines process. Following the inspection, assurances were sought and provided from the manager that all resident's personal medication records be reviewed and rewritten to reflect the most recent list of prescribed medicines. An area for improvement was identified.

Copies of residents' prescriptions were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Some residents may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the resident should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the resident.

We reviewed the management of thickening agents for one resident. A speech and language therapist (SALT) assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were not maintained. An area for improvement was identified.

A care plan was in place for one resident requiring insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was too low.

5.2.9 What arrangements are in place to ensure that medicines are appropriately administered within the home?

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed on pre-printed medicine administration records (MARs) or occasionally handwritten MARs. A sample of these records was reviewed. A number of missed signatures were brought to the attention of the manager for ongoing close monitoring. Handwritten MARs reviewed were not signed and double checked by a second member of staff when written to ensure accuracy. An area for improvement was identified.

The storage and administration of insulin was reviewed. Insulin was administered by the district nurse and in-use insulin pens were stored at room temperature. The date of opening had not been recorded on the in-use insulin pen. This is necessary to facilitate audit and disposal at expiry. In addition, dosage directions specified in the resident's personal medication record differed from what was prescribed and administered by the district nurse. An area for improvement was identified.

We identified that bisphosphonate medications were not being administered according to the specific administration instructions. These medicines must be administered separately from food and other medicines as instructed by the manufacturer. This was discussed with staff. The area for improvement is stated for a third and final time.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book.

5.2.10 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager. A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

A sample of records of compliments were reviewed with one such stating; “In mum’s final days, the love, tenderness and compassion you showed not only to her but to us will stay with us forever. Each of you will have a special place in our hearts.”

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Monthly visits on behalf of the responsible individual are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. Given the discrepancies identified between residents’ personal medication records and medicine administration records a robust audit system encompassing all aspects of medicines management is required. The date of opening was not consistently recorded on all medicines so that they could be easily audited. An area for improvement was identified.

Management systems are in place to monitor the quality of care and services provided by the home and to drive improvement, however improvement is required in some aspects of medicines management and areas of improvement were identified.

6.0 Conclusion

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the home was well led.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. Assurances were sought and provided from the manager following the inspection that a comprehensive review of residents’ personal medication records would be undertaken.

Eight new areas of improvement were identified, which are detailed in the included Quality Improvement Plan. One area for improvement identified at the last medicines management inspection in relation to bisphosphonate medication has been stated for a third and final time.

Feedback from residents throughout this inspection was positive and there was a good atmosphere and ambience in the home. Residents were seen to be comfortable, content and at ease in their environment and interactions with staff.

RQIA were assured that the delivery of care and service provided in Knockan Lodge was effective, and compassionate. Improvements were identified in ensuring the care delivered in the home is safe and well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	5*	4*

*the total number of areas for improvement includes one that has been stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Elizabeth McVicker, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13(4)</p> <p>Stated: Third and final time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the management of bisphosphonate medicines to ensure these are administered as prescribed.</p> <p>Ref: 5.1 and 5.2.10</p> <p>Response by registered person detailing the actions taken: The management of bisphosphonate medicines has been reviewed to ensure that these are administered as prescribed. A new medications audit is in place to ensure compliance and a new senior carer experienced in administration of medications has been appointed to oversee all aspects from reception of medicines through to appropriate storage, administration and documentation.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27(4) (e) and (f)</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2021</p>	<p>The registered person shall ensure all staff receive up-to-date training in fire safety and fire safety drills.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have received up to date training in fire safety and fire drills are carried out at least six monthly for all staff.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27(2)(l)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the electrical switch room is secure at all times and there is no inappropriate storage in this room</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The electrical switch room was completely cleared immediately following the inspection and a new lock fitted to ensure it is secure at all times.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 19(1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medicines.</p> <p>Ref: 5.2.8</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: All resident's kardex were completely rewritten in the week following this inspection to ensure that personal medication records are fully and accurately completed and are reflective of the resident's currently prescribed medications. A new audit form was implemented to ensure compliance going forward.</p> <p>The registered person should ensure a robust system of audit which encompasses all aspects of medicines management is implemented to ensure safe systems are in place.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken: New audit forms were immediately put in place following this inspection to ensure good medicines management is in place.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard E13</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2021</p>	<p>The registered person shall repair;</p> <ul style="list-style-type: none"> • The tear in the corridor carpet • The identified bedroom drawer <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The tear in the corridor carpet has been repaired and the identified bedroom drawer was also repaired.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person should ensure that new entries on personal medication records and handwritten entries on printed medication administration records are checked for accuracy and signed by two competent members of staff.</p> <p>Ref: 5.2.8 and 5.2.10</p> <p>Response by registered person detailing the actions taken: Immediate action was taken in the week following the inspection to ensure the accuracy of all medicine records, which are checked and signed by two competent members of staff.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person should ensure records of prescribing and administration of thickening agents including the recommended consistency of fluids are maintained</p> <p>Ref: 5.2.8</p>
<p>Area for improvement 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • the date of opening is recorded to facilitate audit and disposal at expiry • dosage directions on personal medication records are reflective of the resident's current regime <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken: Relevant staff have been fully refreshed in this area. This includes properly documenting the date of opening of insulin to facilitate appropriate audit and disposal at expiry. Dosage directions on personal medication records are appropriately maintained.</p>

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