Unannounced Medicines Management Inspection Report
16 October 2017

Ballyclare Nursing Home

Type of Service: Nursing Home
Address: 107a Doagh Road, Ballyclare, BT39 9ES
Tel No: 028 9334 0310
Inspector: Judith Taylor

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.

1.0 What we look for

2.0 Profile of service

This is a nursing home with 34 beds that provides care for patients and residents living with a range of healthcare needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individual:** Mrs Janet Montgomery	**Registered manager:** Mrs Harriet Dunsmore
Person in charge at the time of inspection: Mrs Harriet Dunsmore	**Date manager registered:** 1 April 2005
Categories of care: Nursing Homes (NH) I – Old age not falling within any other category Residential Home (RC) I – Old age not falling within any other category 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 registered places:** 34 including a maximum of eight residents

4.0 Inspection summary

An unannounced inspection took place on 16 October 2017 from 10.15 to 16.20.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

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

There was limited evidence to indicate that robust arrangements were in place for the management of medicines. However, some areas of good practice were found in relation to the management of new patient's medicines and medicines changes and staff training.

Patients spoke positively about the management of their medicines and the care provided in the home.

Areas requiring improvement were identified in relation to governance arrangements, external preparations, record keeping, medical equipment, pain management and the disposal of medicines. It was disappointing to note that five of these areas have been identified at previous medicines management inspections; one of these has been stated under regulation for the third and final time, one of these has been stated under regulation for the second time and three have been stated under standards for a second time.

Enforcement action resulted from the findings of this inspection. RQIA met with the registered persons to agree the actions that required to be taken. This is further detailed in Section 4.1.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Ballyclare Nursing Home which at this time provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*5

* The total includes one area for improvement under regulation which has been stated for a third time; one area for improvement under regulation which has been stated for a second time, three areas for improvement under the standards that have been stated for a second time and one area for improvement that has been carried forward for review at the next medicines management inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Harriet Dunsmore, Registered Manager and Ms Dorothy Burns, Deputy Manager, as part of the inspection process. The outcomes of the inspection were also discussed with Mrs Janet Montgomery, Responsible Individual, by telephone on 17 October 2017. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. A serious concerns meeting was held in the Regulation and Quality Improvement Authority (RQIA) Belfast Office on 20 October 2017, with Mrs Janet Montgomery, Responsible Individual, Mrs Harriet Dunsmore, Registered Manager and Mr Eddie Kerr, Group Operations Director. At this meeting, we discussed the lack of overall governance arrangements and auditing systems for medicines management. The registered persons provided a detailed action plan and a full account of the actions that will be taken to ensure that robust systems for the management of medicines were in place.

Following this meeting RQIA agreed to give the management of the home a period of time to address the concerns and drive the necessary improvement.

RQIA will continue to monitor the quality of service provided in Ballyclare Nursing Home and will carry out an inspection to assess compliance. RQIA advised the responsible individual that further enforcement action may be considered if the issues were not addressed and improvement sustained.

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/

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.

4.2 Action/enforcement taken following the most recent finance inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 September 2017.

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
- recent correspondence with the home
- the incidents register: it was ascertained that no medicine related incidents had been reported to RQIA since the last medicines management inspection

A poster informing visitors to the home that an inspection was being conducted was displayed.

During the inspection the inspector met with two patients, two registered nurses, four care staff, the community pharmacist, the deputy manager and the registered manager.

A total of 15 questionnaires were provided for distribution to patients, their representatives and staff for completion and return to RQIA.

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

- medicines requested and received
- personal medication records
- medicine administration records
- medicines disposed of or transferred
- controlled drug record book
- medicine audits
- policies and procedures
- care plans
- training records
- medicines storage temperatures

Areas for improvement identified at the last medicines management inspection were reviewed and the 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 the most recent inspection dated 21 September 2017

The most recent inspection of the home was an unannounced finance inspection. The report has been issued. The completed QIP will be reviewed by the care inspector.

6.2 Review of areas for improvement from the last medicines management inspection dated 29 June 2016

Areas for improvement from the last medicines management 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:** Second time	The registered manager must ensure that records of the administration of external preparations are fully and accurately maintained on every occasion.	**Not met**
	Action taken as confirmed during the inspection: There was limited evidence to indicate that external preparations were being administered as prescribed. Records of administration were not fully completed by the registered nurses and when they were administered by care staff, a record of the administration was not maintained. Some of the external preparations stored in the stock cupboard were not recorded on the personal medication record. Following discussion with the care staff they confirmed that specific recording charts had been implemented but these were no longer in use. **This area for improvement has been stated for the third and final time.**	

Area for improvement 2 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must put robust systems in place for the safe management of warfarin.	**Carried forward to the next medicines management inspection**
	Action taken as confirmed during the inspection: Warfarin was not prescribed for any patients accommodated in this home at the time of the inspection. Therefore the action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.	
Area for improvement 3 **Ref**: Regulation 13(4) **Stated:** First time	The registered provider must review the governance arrangements for medicines management to ensure robust systems are in place.	**Not met**
	Action taken as confirmed during the inspection: There was no evidence that the governance arrangements for medicines had been reviewed or developed. There was no system to regularly audit all areas of medicines management to ensure that robust systems for medicines management were in place. This has resulted in the stating of previously identified areas for improvement for a second or third time. A number of audit trails could not be completed as the medicine had not been marked with the date of opening. This included medicines which were prescribed on a 'when required' basis. **This area for improvement has been stated for a second time.**	

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for improvement 1 **Ref**: Standards 37, 38 **Stated:** Second time	The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained as detailed in the report.	**Met**
	Action taken as confirmed during the inspection: Three patients' records were examined. A care plan was in place for two of the patients. The medicines were being regularly administered to one patient and this had been reviewed with the prescriber. However, the reason for and the outcome of the administration had not been recorded on each occasion. The registered manager gave assurances that this care plan would be developed and that the reason for and outcome of the administration would be recorded in the patient's daily notes. Given these assurances, this area for improvement was assessed as met.	
Area for improvement 2 **Ref**: Standard 30 **Stated:** First time	The registered provider should review the storage of medicines in bedrooms.	**Met**
	Action taken as confirmed during the inspection: Management advised that this had been reviewed. They confirmed that whilst external preparations and thickening agents continued to be stored in patients' bedrooms, they confirmed that these medicines were out of sight and stored safely. A written risk assessment had not been completed and it was agreed that this would be developed. Given this assurance, this area for improvement was assessed as met.	

Area for improvement 3 **Ref**: Standard 45 **Stated:** First time	The registered provider should review the procedures in place to ensure that medical equipment is checked at regular intervals and records are maintained.	**Not met**
	Action taken as confirmed during the inspection: Medicine refrigerator temperatures were monitored and recorded each day and blood glucometers were checked weekly. However, the completed QIP stated that checks were to be commenced on oxygen and suction machines on a weekly basis. Staff and management could not provide any evidence of these checks at the inspection. **This area for improvement has been stated for a second time.**	
Area for improvement 4 **Ref**: Standard 4 **Stated:** First time	The registered provider should review the management of pain to ensure that a care plan is maintained, pain assessment tools are in use as applicable and a pain assessment is completed as part of the admission process.	**Partially met**
	Action taken as confirmed during the inspection: A pain management care plan was maintained for patients prescribed controlled drugs; however, these were not in place for prescribed analgesic medicines. Some of the care plans had passed the review date. There was evidence that a pain assessment had been completed for some, but not all of the patients. This was also discussed in relation to patients who could not tell staff if they were in pain. It was not clear if a robust system to monitor and evaluate pain was in place. Management advised that they were aware that care planning and evaluation was an area that needed attention and further advised that a staff meeting regarding this issue had been planned for the day of the inspection. **This area for improvement has been stated for a second time.**	

Area for improvement 5 **Ref**: Standard 30 **Stated:** First time	The registered provider should review the disposal of medicines to ensure that the records are fully and accurately completed.	**Not met**
	Action taken as confirmed during the inspection: A review of the disposal of medicines records indicated that dates of disposal were not recorded on all occasions. Two separate disposal books were available, one for controlled drugs and one for other medicines. As these record books had not been maintained in the correct manner, it could not be determined if Schedule 4 controlled drugs had been denatured prior to disposal. Several medicines which were awaiting disposal were noted in the overstock cupboard; some of these had been there from earlier in the year. All discontinued/unwanted medicines should be removed for disposal in a timely manner. **This area for improvement has been stated for a second time.**	

6.3 Inspection findings

6.4 Is care safe?

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

Medicines were managed by staff who have been trained and deemed competent to do so. An induction process was in place for registered nurses and for care staff who had been delegated medicine related tasks. A sample of training records was provided at the inspection. The impact of training was monitored through team meetings, supervision and annual appraisal. Competency assessments were completed annually. Refresher training in enteral feeding, dysphagia, accountability and external preparations had been provided in the last year.

Systems were in place to manage the ordering of prescribed medicines to ensure that adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay. Satisfactory arrangements were in place for the acquisition and storage of prescriptions.

There were satisfactory arrangements in place to manage changes to prescribed medicines and for the safe management of medicines during the patient's admission to the home.

In relation to safeguarding, staff advised that they were aware of the regional procedures and who to report any safeguarding concerns to.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in a controlled drug record book. Checks were performed on controlled drugs which require safe custody, at the end of each shift. However, it was noted that there was no evidence of these checks for three shifts in the last eight days. This was discussed with staff and management. It also advised that a monitoring system should be in place for controlled drugs which are stored on the medicine trolley. These should also be marked with the date of opening.

Largely satisfactory arrangements were observed for the management of high risk medicines. A care plan was in place. In accordance with recognised good practice, it was suggested that a separate administration record should be maintained for insulin and a daily stock balance should be maintained for anticoagulant injections.

The disposal of medicines was reviewed. A denaturing kit was available for the safe disposal of controlled drugs. However, as detailed in Section 6.2, satisfactory arrangements for the disposal of medicines were not observed and this area for improvement has been stated for a second time. The issue also indicates that staff may benefit from training in their knowledge of controlled drugs and those which require denaturing prior to disposal.

Most of the medicines were stored safely and securely and in accordance with the manufacturer's instructions. A few medicines which did not require cold storage or must not be stored in the medicines refrigerator were removed from the medicines refrigerator and a few expired medicines were removed for disposal. The date of opening was not routinely recorded on medicines with a limited shelf life once opened e.g. eye preparations and one insulin pen. This should be recorded to ensure staff remove and replace the medicine when the expiry date has been reached; they should be included within the audit process. See also Sections 6.2 & 6.7.

The temperature of medicines storage areas was monitored and recorded each day and temperatures had been maintained within the accepted limit for medicines storage. As detailed in Section 6.2, an area for improvement in relation to checking medical equipment has been stated for a second time. This is concerning as following discussion with the registered manager it was evident that suction machines/oxygen equipment were not checked at regular intervals to ensure that these were in good working order in the event of an emergency.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, the management of medicines on admission and medicine changes, and the ordering/receipt processes for medicines.

Areas for improvement

Two areas for improvement under standards have been stated for a second time in relation to the disposal of medicines and medicines equipment.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Some of the sample of medicines examined had been administered in accordance with the prescriber's instructions. However, a number of audit trails could not be concluded as the date of opening was not recorded or the records were incomplete; therefore if could not be confirmed if all medicines had been administered as prescribed. See also Section 6.2.

There was evidence that time critical medicines such as medicines prescribed for Parkinson's had been administered at the correct time; in one instance, they were administered at the same time as one weekly medicine, which must be administered separately from other medicines. This was discussed and it was agreed this would be reviewed.

There were satisfactory arrangements in place to alert staff of when doses of three monthly injections were due.

A staff communication book was maintained and viewed at each shift change. This included information regarding medicines and the outcomes of visits from/consultation with other healthcare professionals. Staff advised that this system worked well.

The management of enteral feeding was examined. A care plan was in place. Fluid intake charts were in use to record the administration of the enteral feeds and also flushes of water, including at medicines administration. Some of these charts had not been accurately completed. This was discussed in relation to ensuring that the target volume of fluid prescribed has been achieved every 24 hours. An area for improvement was identified.

When a patient was prescribed a medicine for administration on a "when required" basis for the management of distressed reactions, the medicine and dosage instructions were recorded on the patient's personal medication record. Staff confirmed they knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. The records indicated that these medicines were rarely required and when there was an increase in use, this had been referred to the prescriber. The need to ensure that the reason for and the outcome of the administration were recorded was discussed and management advised that this would be implemented with immediate effect. See also Section 6.2.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. This included controlled drugs and analgesics prescribed on a 'when required' basis. Staff were aware that ongoing monitoring was necessary to ensure that the pain was well controlled and the patient was comfortable. Staff advised that a number of patients could not communicate pain. This was discussed in relation to systems in place to assess these patients' pain and how this would be recorded. We were informed that pain would be assessed when the patient was admitted to the home; however, there did not appear to be any formal pain assessment tool in use; the assessment was not routinely recorded and a care plan was not always maintained for patients prescribed analgesic medicines. Staff advised that they were familiar with the patients' needs in this regard. These issues had been raised at the previous medicines management inspection and the area for improvement was stated for a second time. It was reiterated that this information must be

clearly recorded to provide information for other staff and to guide them in the appropriate delivery of care. See also Section 6.2.

The management of swallowing difficulty was examined. For those patients prescribed a thickening agent, this was recorded on their personal medication record and included details of the fluid consistency. Each administration was recorded and care plans and speech and language assessment reports were in place.

Staff confirmed that compliance with prescribed medicine regimes was monitored and any omissions or refusals likely to have an adverse effect on the patient's health were reported to the prescriber. They advised that most patients were compliant with their medicine regimes; however, the management of the ongoing refusal of some medicines was discussed. Information was recorded in the patient's care plan.

Some of the medicine records were well maintained and facilitated the audit process. Areas of good practice were acknowledged. They included double signatures for the writing and updating of personal medication records and separate administration records for antibiotics. An area for improvement was identified regarding the completion of personal medication records; these must be kept up to date at all times and was discussed in relation to dosage directions and external preparations. The management of external preparations also requires improvement and has been raised at the last two medicines management inspections. See Section 6.2.

Following discussion with the registered manager and staff and a review of care files, it was evident that when applicable, other healthcare professionals were contacted in response to the patient's needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the maintenance of some medicine records and care plans.

Areas for improvement

An area for improvement under standards has been stated for a second time in relation to the management of pain.

Where patients are prescribed a daily fluid intake, the patient's fluid intake chart should be fully and accurately maintained.

A system must be developed to ensure that personal medication records are fully and accurately maintained at all times.

An area for improvement under regulation has been stated for the third and final time in relation to external preparations.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

The administration of medicines to patients was completed in a caring manner, patients were given time to take their medicines and medicines were administered as discreetly as possible.

Throughout the inspection, it was found that there were good relationships between the staff and the patients. Staff were noted to be friendly and courteous; they treated the patients with dignity. It was clear from discussion and observation of staff, that the staff were familiar with the patients' likes and dislikes.

The patients we met with spoke positively about their care and the management of their medicines. They were complimentary regarding staff and management. Comments included:

"They (staff) are very good to you."
"I couldn't complain about anything."
"I am getting on well."
"The staff do look after you, they are good."
"They encourage me to eat, my appetite is back."

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.

We met with staff throughout the inspection. Comments included:

"Everything is great."
"We support each other; it's like a family here."
"I am happy working here."
"There is some staff shortages."

In relation to this latter comment, at the beginning of the inspection management advised of the recruitment process to employ new care staff and also of the difficulties in obtaining staff. They provided assurances that there was always an adequate number of staff on duty to meet the needs of the patients at any time.

Of the questionnaires which were left in the home to facilitate feedback from patients, staff and relatives, two were returned from patients, four from patient's representatives and three from staff. The responses indicated that they were very satisfied/satisfied with all aspects of the care in relation to the management of medicines. A few comments in the staff questionnaires regarding the handover process were shared with the registered manager for her attention and follow up. They were also shared with the care inspector.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the listening to and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

In relation to the governance arrangements for medicines management, there was limited evidence to indicate that these were in place and were embedded into routine practice. Whilst it was acknowledged there were daily audits on controlled drugs and quarterly audits were completed, areas for improvement identified at previous inspections have been stated again; this included one area in relation to the administration of external preparations for a third and final time. This is concerning as the QIPs returned by the registered persons had confirmed the action taken to address the identified shortfalls. See also Section 6.1. To ensure that these are fully addressed and the improvement sustained, it was suggested that the QIP should be regularly reviewed as part of the quality improvement process. This had been raised at the last medicines management inspection and was further discussed in relation to the need for robust governance arrangements for medicines management.

Written policies and procedures for the management of medicines were in place. Some of these had been updated in November 2016. Following discussion with staff it was evident that they were familiar with the policies and procedures and that any updates were highlighted to them.

There were arrangements in place for the management of medicine related incidents. Staff confirmed that they knew how to identify and report incidents and were aware that medicine related incidents may need to be reported to the safeguarding team. Management confirmed that no medicine related incidents had occurred since the last medicines management inspection. However, due to the lack of a robust auditing system, there is limited assurance that shortfalls would be identified and reported promptly and appropriately.

Following discussion with the registered manager, registered nurses and care staff, it was evident that staff were familiar with their roles and responsibilities in relation to medicines management.

Staff confirmed that any concerns in relation to medicines management were raised with management.

Areas of good practice

There were clearly defined roles and responsibilities for staff.

Areas for improvement

An area for improvement under regulation has been stated for a second time in relation to the governance arrangements for medicines.

	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 Mrs Harriet Dunsmore, Registered Manager, Ms Dorothy Burns, Deputy Manager, and Mrs Janet Montgomery, Responsible Individual, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 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	
Area for improvement 1 **Ref**: Regulation 13(4) **Stated:** Third and final time **To be completed by:** 16 November 2017	The registered manager must ensure that records of the administration of external preparations are fully and accurately maintained on every occasion. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: Resident specific recording charts have been redesigned and are now used to record all external preparations by care staff and nurses
Area for improvement 2 **Ref:** Regulation 13(4) **Stated:** First time **To be completed by:** 29 July 2016	The registered provider must put robust systems in place for the safe management of warfarin. **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.** Ref: 6.2
	Response by registered person detailing the actions taken: At the time of this inspection no residents are on warfarin but a robust protocol is in place to ensure this provision is safely managed. A copy of the protocol is available for viewing and is reviewed regularly to ensure it remains suitable for purpose.
Area for improvement 3 **Ref:** Regulation 13(4) **Stated:** Second time **To be completed by:** 16 November 2017	The registered provider must review the governance arrangements for medicines management to ensure robust systems are in place. Ref: 6.2 & 6.7
	Response by registered person detailing the actions taken: A review of the governance arrangements for medicine managements has taken place and there is a robust system in place which ensures regular audits of all aspects of medicine and pharmacy services. Audit files and records of audits are available on site for review or inspection as required.

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 45 **Stated:** Second time **To be completed by:** 16 November 2017	The registered provider should review the procedures in place to ensure that medical equipment is checked at regular intervals and records are maintained. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: All equipment has been checked fully since the inspection and a record of this kept for viewing. Arrangements have been updated with third party agents to ensure compliance in this area is maintained.
Area for improvement 2 **Ref**: Standard 4 **Stated:** Second time **To be completed by:** 16 November 2017	The registered provider should review the management of pain to ensure that a care plan is maintained, pain assessment tools are in use as applicable and a pain assessment is completed as part of the admission process. Ref: 6.2 & 6.5
	Response by registered person detailing the actions taken: All residents have a pain management plan in place and all new residents will be assesed at point of admission. Appropriate pain management tools are in use for this purpose.
Area for improvement 3 **Ref**: Standard 30 **Stated:** Second time **To be completed by:** 16 November 2017	The registered provider should review the disposal of medicines to ensure that the records are fully and accurately completed. Ref: 6.2 & 6.4
	Response by registered person detailing the actions taken: A review of the disposal of medicines has taken place and action taken to ensure all involved in this process adhere to the guidelines relating to this task. Records are maintained at all stages of the disposal process and are available for viewing.
Area for improvement 4 **Ref**: Standard 28 **Stated:** First time **To be completed by:** 16 November 2017	The registered person shall review the management of fluid intake charts pertaining to enteral feeding, to ensure these are fully and accurately maintained. Ref: 6.5
	Response by registered person detailing the actions taken: Fluid intake charts have been reviewed and redesigned with staff having been made fully aware of how to accurately record enteral feeding also. These are fully and accurately maintained.

Area for improvement 5 **Ref**: Standard 29 **Stated:** First time	The registered person shall develop a system to monitor the completion of personal medication records, to ensure these are up to date at all times. Ref: 6.5
To be completed by: 16 November 2017	**Response by registered person detailing the actions taken:** The named nurses have been spoken to and have updated all medication records to ensure these are up to date at all times. The deputy manager will monitor this process and be responsible for ensuring they are up to date at all times. With this response there is also the previously submitted action plan which we are happy to have published if felt necessary by the inspection team.

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

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