



Unannounced Care Inspection Report 23 October 2018



Drombane

Type of Service: Nursing Home

Address: 39 Glen Road, Blackskull, Dromore, BT25 1JX

Tel no: 028 4062 6064

Inspector: Dermot Walsh and Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 20 persons.

3.0 Service details

Registered organisation/registered person: Elizabeth Kathleen Mary Lisk	Registered manager: Daizy Samuel
Person in charge at the time of inspection: Daizy Samuel	Date manager registered: 9 January 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. MP – Mental disorder excluding learning disability or dementia.	Number of registered places: 20 There shall be a maximum of 2 named residents receiving residential care in category RC-I

4.0 Inspection summary

An unannounced inspection took place on 23 October 2018 from 10.10 to 17.20 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Drombane which provides both nursing and residential care.

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

Evidence of good practice was found in relation to care delivery, staffing arrangements, falls management and audits. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained. Governance arrangements in respect of accident and incident management and quality improvement were managed appropriately.

Areas for improvement were identified under regulation in relation to staff training specific to fire awareness/management, the environment, compliance with best practice in infection prevention and control and compliance with Control of Substances Hazardous to Health Legislation. Areas for improvement were identified under standards in relation to nutritional assessment, meal choice, preceptorship of newly qualified nurses, safe use of equipment and storage of medications.

Patients described living in the home in positive terms.

“The staff are lovely”

“I really enjoy living here. The staff always answer my call bell quickly”

“I’m really happy here”

Patients were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	5	5

Details of the Quality Improvement Plan (QIP) were discussed with Daizy Samuel, registered manager and Wesley Kerr, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 25 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 25 April 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI’s), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspectors met with eight patients, one patient’s representative and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Ten patients’ questionnaires and 10 patients’ relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to

provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed at the main entrance of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff from 22 October to 04 November 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially 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 25 April 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (1)(b) Stated: First time	The registered person shall ensure that patient care records maintained within the home are stored securely in line with legislative and professional guidance.	Met
	Action taken as confirmed during the inspection: There was evidence that the patients care records were being maintained within the home and stored securely in line with legislative and professional guidance.	

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.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 22 October to 04 November 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. The registered manager was in the process of recruiting laundry personnel but had suitable arrangements in place until a laundry assistant was recruited.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the home manager and that they worked well together as a team. Comments included, "We are a big happy family". We also sought staff opinion on staffing via the online survey.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Drombane. We also sought the opinion of patients on staffing via questionnaires. Three

patient questionnaires were returned indicating that they were either satisfied or very satisfied with the service provision across all four domains.

One relative spoken with did not raise any concerns regarding staff or staffing levels. The relative was very complimentary of the home stating that, "The home is marvellous". We also sought relatives' opinion on staffing via questionnaires. Five questionnaires were returned and all five relatives indicated that they were satisfied with the service provision across all four domains.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. However, a discussion was held with the registered manager regarding the provision of preceptorship programmes for newly qualified nurses and this was identified as an area for improvement.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC. It was noted that the documented NMC check for an identified nurse was dated after the commencement of the employees start date. The registered manager confirmed that she had checked the status of the nurses NMC registration prior to the commencement of employment but failed to document it. A discussion was held around the importance of checking all NMC/NISCC registrations and documenting prior to the commencement of employment.

We discussed the provision of mandatory training with staff and reviewed staff training records for all 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. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. However, a review of fire safety training records evidenced that six of the 17 staff members employed had not received up to date training in this area. This was discussed with the registered manager and identified as an area for improvement under regulation.

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

Review of three patients' care records evidenced that a range of validated risk assessments were completed and informed the care planning process. Shortfalls in record keeping were identified and these will be discussed in section 6.5.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

Prescribed topical preparations were observed to have been unsecurely and inappropriately stored in shared toilets. This was discussed with the registered manager and identified as an area for improvement under standards. This information was shared with the senior pharmacist inspector.

The following issues were identified which were not managed in accordance with best practice guidelines on infection prevention and control (IPC):

- inappropriate storage in identified areas
- shower chairs and commodes not cleaned effectively following use
- unprotected fabric pull cords in toilets
- cleaning trolley rusting and no record of decontamination of the trolley
- insufficient sealant around identified sinks and toilets
- clean laundered clothing in contact with unclean surfaces
- unlaminated signage
- exposed toilet rolls in communal toilets
- bedrail protector in disrepair

The above issues were discussed with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. An area for improvement was made under regulation.

It was identified that an overlay mattress was being used as a crash mat for one patient. This was discussed with the registered manager and an area for improvement was made to ensure that the appropriate crash mat, designed for the management of a patient falling from bed, was in use when this need was identified.

During the review of the environment, it was observed that not all wardrobes were secured to the wall. Radiators and exposed piping in identified bedrooms were very warm to touch presenting as a potential burn risk to the patient. It was also observed that there was a large opening in the wall within the laundry room leading to the services for the lift. This information was shared with the estates inspector following the inspection and identified with the registered manager as an area for improvement.

The door to the laundry was unlocked with chemicals easily accessible inside. This was discussed with the registered manager and identified as an area for improvement to ensure compliance with Control of Substances Hazardous to Health (COSHH) legislation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, supervision and appraisal, adult safeguarding and accident management.

Areas for improvement

Areas for improvement were identified under regulation in relation to fire safety training, compliance with IPC and COSHH legislation and the environment.

Areas for improvement were identified under standards in relation to preceptorship for newly qualified nurses, storage of medications and the correct use of equipment.

	Regulations	Standards
Total number of areas for improvement	4	3

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. A daily record had been maintained to evidence the delivery of care.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dietitians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. However, one patient's care plan/risk assessment was not reflective of the visiting professional's advice in relation to moving and handling. A review of a patient's care records also identified that the Malnutrition Universal Screening Tool (MUST) had not been completed or scored accurately. This was discussed with the registered manager and identified as an area for 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 information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager advised that relatives meetings were six monthly. There was a notice at the entrance to the home informing visitors of a scheduled meeting on the day of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, team work and communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified under standards in relation to the accurate recording of MUST scores for patients.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 10.10 hours and were greeted by staff who were helpful and attentive. Patients were seated mainly within 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 had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. However, locks to shared toilets within bedrooms and communal areas were observed missing. This was discussed with the registered manager and identified as an area for improvement.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. The patient's key workers were identified within the rooms. Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

We observed the serving of the lunchtime meal. Lunch commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime, however, one member of staff was observed standing up over the patient whilst assisting them with their meal. A colleague brought a chair to the member of staff to sit on. This demonstrated knowledge that staff were aware that they must be seated during meal times when assisting a patient and provided evidence of compassion for each other.

Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to patients. Patients appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. On review of the menu which was on display within the dining room it was identified that the patients did not have a choice of meals and that only one meal was available. This was discussed with the registered manager and identified as an area for improvement.

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

"Words cannot express our gratitude to you all for the care and love you have given to mum over the years"

"Thank you to all the staff at Drombane for the care and attention given to my mum"

Consultation with eight patients individually, and with others in small groups, confirmed that living in Drombane was a positive experience.

Patient comments:

"It's alright here. No problems."

"It's nice here. The staff are lovely."

"It's fine here. The food is fine and the staff are great."

"I really love living here. The staff always answer my call bell quickly."

Representative's comments:

One relative spoken with did not raise any concerns regarding staff or staffing levels. The relative was very complimentary of the home stating that "the home is marvellous".

Two questionnaires were returned which did not identify if they were from patients or patients' representatives, Both respondents were satisfied with the service provision across all four domains

Staff were asked to complete an on line survey. There was no response within the timescale specified.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified under regulation in relation to patient privacy and dignity.

An area for improvement was identified under standards in relation to menu choice at mealtime.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

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

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Staff had access to on line training. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Complaints procedures displayed in patients' bedrooms contained the name of the previous ombudsman. This was discussed with the registered manager who agreed to review the complaints procedure to reflect the correct name of the current ombudsman.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records, catering arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections, however, a discussion was held with the registered manager regarding the quality of the audit outcomes considering that there were several areas of improvement identified within compliance with IPC.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 / The Care Standards for Nursing Homes. Copies of the report were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	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 Daizy Samuel, registered manager and Wesley Kerr, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 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

Area for improvement 1 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: Immediate action required	<p>The registered person shall make arrangements for persons working at the nursing home to receive suitable training from a competent person in fire prevention, awareness/management.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire Training completed by Gurney Fire Services Ltd.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Cleaning trolley replaced. A more robust system has been put in place to ensure compliance in every area.</p>
Area for improvement 3 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the gap in the wall within the laundry room is made secure and fire safe. A risk assessment specifically of this area is required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This has been completed. Fire Risk Assessor has checked the work and deemed it compliant.</p>
Area for improvement 4 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A new key pad system has been fitted to ensure laundry room is secured from patient access.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (8) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that locks are installed to communal toilets that can be easily accessed by staff in the event of an emergency so as to maintain patient's safety, dignity and privacy.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: New locks have been installed to maintain patient's dignity and privacy.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 37 (4)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2018</p>	<p>The registered person shall ensure that record keeping and documentation is reflective of the patient's current care needs and MUST assessments are recorded and scored accurately.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The one identified care plan was immediately updated.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12 (13)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2018</p>	<p>The registered person shall ensure that patients are provided with a choice at meal times.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The menu has been updated to increase choice of menu's.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39 (6)</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2018</p>	<p>The registered person shall ensure that newly qualified nurses are supported through a programme of preceptorship at the commencement of their employment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The newly qualified nurse has almost completed her preceptorship training.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 45</p> <p>Stated: First time</p> <p>To be completed by: 23 November 2018</p>	<p>The registered person shall ensure that equipment used for patients is suitably risk assessed and in line with the manufacturers guidelines.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The identified airflow mattress has been replaced by one which has a label clearly showing the manufacturers guidelines.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that prescribed topical creams are stored within the home in accordance with professional and legislative guidance.</p> <p>Ref: 6.4</p>
<p>To be completed by: 23 November 2018</p>	<p>Response by registered person detailing the actions taken: All topical creams are now stored within the home in accordance with professional and legislative guidelines.</p>

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



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