

Inspection Report

30 July 2024



Saintfield Lodge

Type of Service: Nursing Home
Address: 4 Old Saintfield Road, Belfast, BT8 8EY
Telephone number: 028 9081 4010

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Electus Healthcare 1 Limited	Registered Manager: Ms Amanda Horne
Responsible Individual: Mr Ed Coyle	Date registered: 19 June 2024
Person in charge at the time of inspection: Ms Amanda Horne	Number of registered places: 51
Categories of care: Nursing (NH): MP – mental disorder excluding learning disability or dementia	Number of patients accommodated in the nursing home on the day of this inspection: 50
Brief description of the accommodation/how the service operates: Saintfield Lodge is a nursing home registered to provide care for up to 51 patients who require support with mental health needs. The home is a two storey building, with the Bogues unit on the first floor and the Gardner unit on the ground floor. Patient bedrooms, lounges and dining rooms are located over both floors.	

2.0 Inspection summary

An unannounced inspection took place on 30 July 2024, from 9.50am to 3.10pm. This was completed by a pharmacist inspector and focused on medicines management within the home. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last care inspection have been carried forward and will be followed up at the next care inspection.

The outcome of this inspection concluded that improvements in some areas for the management of medicines were necessary. One area for improvement identified at the last medicines management inspection has been stated for a second time and three new areas for improvement were identified. Areas for improvement are detailed in the quality improvement plan and include the management of insulin, ensuring that personal medication records and medication administration records (MARs) match and reflect the prescriber's instructions, ensuring that handwritten MARs include the start date and reviewing systems in place for the management of medicines prescribed for administration weekly/fortnightly.

Following the inspection, the findings were discussed with the Senior Pharmacist Inspector in RQIA. It was agreed that the findings of the inspection would be discussed with the registered person and that a period of time would be given to implement the necessary improvements. A follow up inspection will be undertaken to determine if the necessary improvements have been implemented and sustained. Failure to implement and sustain the improvements may lead to enforcement.

RQIA would like to thank the staff for their assistance throughout the inspection.

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, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Discussions took place with staff and management about how they plan, deliver and monitor the management of medicines in the home.

4.0 What people told us about the service

The inspector met with the four nurses on duty, the deputy manager, the manager and also with the operations manager who attended for feedback. Staff interactions with patients were warm, friendly and supportive. It was evident that they knew the patients well.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after patients and meet their needs. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any patient or their representative to complete and return using pre-paid, self-addressed envelopes. At the time of issuing this report, no responses had been received by RQIA.

5.0 The inspection

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

Areas for improvement from the last inspection on 23 April 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<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>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that the management of insulin is reviewed to ensure that the dose administered is always recorded and the dates of opening insulin pens are recorded.</p> <p>Action taken as confirmed during the inspection:</p> <p>The dose of insulin administered was recorded on a separate insulin administration record. However, the date of opening was not recorded on the two insulin pen devices in use. See section 5.2.1.</p> <p>This area for improvement was assessed as partially met and was stated for a second time.</p>	<p>Partially met</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered persons shall ensure that accurate stock balances are maintained of Schedule 4 (Part 1) controlled drugs.</p> <p>Action taken as confirmed during the inspection: Accurate stock balances were maintained for Schedule 4 (Part 1) controlled drugs. This area for improvement was assessed as met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is a sufficient number of housekeeping staff on duty on a daily basis.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All relevant risk assessments and care plans must be reviewed and updated as required following a fall. Post fall observations should be taken in keeping with best practice guidance and daily progress notes should comment on the neurological status of the patient.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients' risk assessments and care plans are reviewed on return from a period of time in hospital.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require bespoke one to one care.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 27 (2) (a) (b) (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 11</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <p>It was agreed that medicines management audits should include the areas for improvement identified during this inspection and the issues discussed.</p> <p>Action required to ensure compliance with this regulation was not fully</p>	<p>Carried forward to the next inspection</p>

	reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Care Standards for Nursing Homes, December 2022		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered person shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for its administration in the management of the distressed reactions.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. See section 5.2.1.	
Area for improvement 2 Ref: Standard 21.1 Stated: First time	The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible and include the time the entry was made.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

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

Patients in nursing homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs may change

and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

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

Personal medication records were in place for each patient. 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, at medication reviews or hospital appointments.

The majority of personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate. However, a small number of discrepancies were observed whereby entries did not correlate with the prescriber's instructions. These were highlighted to nurses for immediate action and an area for improvement was identified.

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

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

The management of medicines prescribed on a "when required" basis for distressed reactions was reviewed. Directions for use were recorded on personal medication records and care plans were in place, which included the parameters for administration. It was agreed that patient specific information would be included in care plans where relevant, for example, patient specific triggers and the types of behaviour that may be displayed. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Care plans and pain assessments were in place and reviewed regularly.

Some patients 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 patient 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 patient.

The management of thickening agents was reviewed. A speech and language assessment report and care plan was in place. Records of prescribing and administration which included the recommended consistency level were usually maintained. The consistency level was not included on one personal medication record, this was highlighted to nurses and addressed immediately.

Care plans were in place when patients required insulin to manage their diabetes. There was sufficient detail to direct staff if the patient's blood sugar was outside of the recommended range. In use insulin pen devices were individually labelled, however the date of opening was not recorded, which is necessary to facilitate audit and disposal at expiry. An area for improvement identified at the last medicines management inspection was stated for a second time.

5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when patients required them. Quantities of overstock were reviewed; it was observed that some currently prescribed medicines had been disposed of as overstock and re-ordered. This had also been highlighted by the community pharmacist. The manager agreed to review the ordering systems in place to prevent wastage.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each patient could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Medicine refrigerators and controlled drugs cabinets were available for use as needed. The manager agreed to review the medicines trolley in the Bogues unit. A padlock and chain were in use instead of a key. Although secure, this was time consuming for staff during medicine administration.

Satisfactory arrangements were in place for the safe disposal of medicines. It was agreed that the storage of medicines awaiting disposal would be reviewed and that storage of the containers within locked medicine cupboards would be considered.

5.2.3 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 patients to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most records reviewed were found to have been accurately completed. However, the month and year were not recorded on handwritten administration records, therefore records were not easily retrievable for audit/review. In addition, omissions were observed in the administration records for medicines prescribed for administration on a weekly/fortnightly basis. Although a nurses' diary was maintained, it could not be confirmed that these medicines had been administered as prescribed. Accurate medicine administration records must be maintained. A running balance and/or a separate record of administration should be maintained to facilitate audit. Two areas for improvement were identified.

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 should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on medicines so that they could be easily audited. This is good practice. The majority of audits completed at the inspection indicated that medicines were administered as prescribed. It was agreed that the areas for improvement identified during this inspection and the issues discussed, would be included in audit procedures to ensure that improvement is implemented and sustained. (See Section 5.1).

5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines for new patients or patients returning from hospital. Written confirmation of the patient's medicine regime was obtained at or prior to admission and details shared with the community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained.

The registered person has a responsibility to check that they staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

It was agreed that the findings of this inspection would be shared with all nurses for ongoing improvement.

6.0 Quality Improvement Plan/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 Care Standards for Nursing Homes, December 2022.

	Regulations	Standards
Total number of Areas for Improvement	11*	4*

* The total number of areas for improvement includes one that has been stated for a second time and eleven which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Amanda Horne, Registered Manager and Ms Caron McKay, Operations 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 Nursing Home Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (30 July 2024)</p>	<p>The registered person shall ensure that the management of insulin is reviewed to ensure that the dose administered is always recorded and the dates of opening insulin pens are recorded.</p> <p>Ref: 5.1 & 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A meeting has taken place following the inspection and the outcome was discussed at length with all the staff nurses. A full review was completed of all insulin records. Doasge is recorded at all times, and dates of opening are entered on to the dispensing labels. Random checks are maintained during Daily walkaround to ensure this is maintained. And monthly medicaiton audits will be compelted to ensure compliance.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 23 April 2024</p>	<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>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2023</p>	<p>The registered person shall ensure care plans are reviewed by registered nurses in keeping with this regulation.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that there is a sufficient number of housekeeping staff on duty on a daily basis.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that nursing staff manage falls in keeping with best practice. All relevant risk assessments and care plans must be reviewed and updated as required following a fall. Post fall observations should be taken in keeping with best practice guidance and daily progress notes should comment on the neurological status of the patient.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that patients' risk assessments and care plans are reviewed on return from a period of time in hospital.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure detailed and person centred care plans are in place for those patients who require bespoke one to one care.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure that all parts of the home are kept clean.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 27 (2) (a) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2024</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection and evidence meaningful oversight by the Manager.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 10</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 23 May 2024</p>	<p>The registered person shall review the home's current audit processes to ensure they are effective.</p> <hr/> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>

<p>Area for improvement 11</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (30 July 2024)</p>	<p>The registered person shall ensure that personal medication records accurately reflect the prescriber’s instructions.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A full audit of Medications was conducted independently by company Quality Assurance Manager. Issues that have been identified, have been actioned and completed. This will be randomly checked to ensure that compliance is maintained. Monthly audits will continue.</p>
<p>Action required to ensure compliance with Care Standards for Nursing Homes, December 2022</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall review the provision of wound care to ensure that wounds are managed in keeping with best practice guidance.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2024</p>	<p>The registered person shall ensure all evaluations of care are meaningful and person centred. These entries should be legible and include the time the entry was made.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p> <p>Ref: 5.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (30 July 2024)</p>	<p>The registered person shall ensure that handwritten medication administration records include the date of administration.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All handwritten Medication Administration Records have been reviewed, and dates of administration are now signed by two nurses upon entry. This will be reviewed by the Home Manager upon new cycle of monthly medication and also when any new medication is prescribed. This will also be reviewed during monthly auditing and auditing by the Quality Manager.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that accurate records of administration are maintained for medicines prescribed on a weekly/fortnightly basis.</p> <p>Ref: 5.2.3</p>
<p>To be completed by: With immediate effect (30 July 2024)</p>	<p>Response by registered person detailing the actions taken:</p> <p>All records have been reviewed and checked for accuracy. Staff have been reminded to ensure that medication is carried forward in the diary when the medication is next due. The next date of administration is highlighted on the MARS to remind the registered nurse that that medication is due. Random checks is to be made by the Home Manager for compliance. This issue will also be reviewed during monthly auditing and auditing by the Quality Manager.</p>

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