

# Unannounced Care Inspection Report

## 25 February 2021



## Oak Tree Manor Residential Home

**Type of Service: Residential Care Home (RCH)**

**Address: 2A Hazel Avenue, Dunmurry**

**Belfast, BT17 9QU**

**Tel no: 028 9061 0435**

**Inspector: Alice McTavish**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide residential care for up to 51 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Gavin O'Hare Connolly	<b>Registered Manager and date registered:</b> Tracey Anderson – registration pending
<b>Person in charge at the time of inspection:</b> Tracey Anderson	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 40

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An unannounced inspection took place on 25 February 2021 between 09.30 and 17.45 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements.

Residents said told us that they enjoyed living in Oak Tree Manor and staff treated them well.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	7*

\*The total number of areas for improvement includes five against the Standards which are carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracey Anderson, Manager, as part of the inspection process. The Responsible Individual and the Regional Operations Manager were also present for feedback. The timescales for completion commence from the date of inspection.

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:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection.

During the inspection the inspector met with five residents, eight care staff and a member of catering staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No feedback was received by RQIA following this inspection.

The following records were examined during the inspection:

- duty rotas for 21 to 27 February 2021
- staff training
- staff supervision
- a selection of quality assurance audits
- activity planner
- winter menu
- nutritional audits
- three residents' care records.

Areas for improvement identified at the last care inspection were reviewed and 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (5) (b) and (c)  <b>Stated:</b> First time	The registered person shall ensure that all care staff, including agency staff, are provided with an individual log-in and personal identification number in order that they can access and record on the electronic information system used in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the Regional Operations Manager established that all staff have an individual log-in.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time	The registered person shall ensure consistent and accurate records are maintained of the total daily fluid intake by residents.	<b>No longer applicable</b>
	The electronic computerised 24 hour daily total recorded should correlate with the total recorded on the daily fluid intake paper chart.  <b>Action taken as confirmed during the inspection:</b> Discussion with the manager and the Regional Operations Manager established that fluid intake is now recorded in hard copy only.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall, having regard to the needs of the residents, ensure that the environmental risks identified in this report are addressed.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• the secure storage of domestic appliances such as kettles and toasters</li> <li>• the secure storage of knives in resident dining rooms.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that these items were securely stored.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all staff communication with members of the multidisciplinary team is recorded in a consistent and robust manner which allows for effective and timely retrieval by care staff.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of residents' records, managerial audits and records of professional contacts confirmed that this was addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (5) (b) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that residents are provided with food and drink that is properly prepared, wholesome and nutritious and is suitable for the needs of the residents.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager, care staff and residents, observation of the serving of the lunch time meal and review of the menu confirmed that this area was addressed.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the packaging of limited shelf life topical lotions and creams confirmed these now have the date of opening recorded. In addition, the manager has introduced an audit of this area.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.12  <b>Stated:</b> First time	The registered person shall ensure that any confidential information regarding residents' dietary / medical needs are not displayed on notice boards in the dining room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the dining rooms identified that no confidential information regarding residents' dietary / medical needs was displayed.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	The registered person shall ensure residents' care plans are kept up to date and reviewed in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of a selection of care records confirmed that care plans are kept up to date and reviewed in a timely manner.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that the staffing arrangement for providing residents with activities had become unexpectedly reduced; other staff had been tasked with providing activities and further staff were being recruited. Whilst we saw evidence of activities being provided in the home throughout the course of this inspection, some residents reported that there was little to keep them occupied or stimulated.	
	This area will be reviewed during the next inspection.	



<b>Area for improvement 5</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time	The registered person shall ensure that staff rotas accurately reference the presence of all staff on duty within the building at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the staff duty rota confirmed that all staff on duty within the building were accurately referenced.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure that nutritional audits are completed in an effective and robust manner at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of nutritional audits confirmed that this was addressed.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that care plans for specific medicines administered or provided by staff not employed by the home are in place and detail when these medicines were first administered, next due for administration and if necessary, how and where from they are obtained.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time	The registered person shall ensure that medicines with a limited shelf life after opening are used in accordance with the manufacturer's instructions.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	



<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that medication administration records are fully and accurately maintained.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>• Handwritten additions are verified by two members of staff</li> <li>• Entries match personal medication records and reflect the prescriber's most recent instructions.</li> </ul> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the governance of medicine incidents and audits is managed to enable the identification of trends and to drive and sustain improvement. Action plans should be produced and/or followed up to promote reflection and learning.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Standard 12.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the menu offers all residents a choice of meal at each mealtimes or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and care staff, observation of the lunch time meal and review of the menu confirmed that this was addressed. We saw that a resident who did not want the meal offered was provided with an alternative. Those residents who are recommended to take a therapeutic diet were offered the same choices.</p>	<p><b>Met</b></p>

<b>Area for improvement 12</b>  <b>Ref:</b> Standard 12.12  <b>Stated:</b> First time	The registered person shall ensure that where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a record is kept of all food and drinks consumed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of food and fluid intake records for residents confirmed that this was addressed.	
<b>Area for improvement 13</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	The registered person shall ensure that safe and healthy working practices are promoted through the provision of information, training, supervision and monitoring of staff in infection prevention and control best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and examination of a range of documentation confirmed that information, training and competency assessment in infection prevention and control best practice was provided. This area is kept under regular review through staff supervision, ongoing monitoring and audit across areas such as hand hygiene, compliance with PPE and the home's environment.	

## 6.2 Inspection findings

### 6.2.1 Infection Prevention and Control practices including the use of Personal Protective Equipment

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

There was a dedicated room for staff to put on the correct PPE before commencing duties. There were suitable arrangements in place for staff to remove PPE and dispose of it safely. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

We saw that staff had been provided with additional training in IPC. Staff were provided with supervision across areas such as knowledge of Covid-19, hand hygiene and putting on and taking off PPE.

Care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

### **6.2.2 The internal environment**

An inspection of the internal environment was undertaken; this included examination of bedrooms and en-suite bathrooms, accessible bathrooms, the lounges and the dining rooms.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality, although we saw that a seat in a lounge was damaged. The manager agreed to have this seat removed and replaced immediately. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were found to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

### **6.2.3 Staffing arrangements**

We saw that the duty rota accurately reflected all staff working in the home. We were able to identify the person in charge in the absence of the manager. The manager's hours were recorded on the rota for the nursing home, but not on the rota for the residential care home. The manager agreed to have her working hours recorded on the rota for Oak Tree Manor Residential Home with immediate effect.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

Staff made the following comments:

- "Coming to work here was the best move I have ever made, I am really enjoying it...I had all the employment checks completed before I started and I got a very good induction...I have had lots of training and more is planned. I can go to any of my colleagues at any time if I feel I need any support or guidance, for there's always a Care Team Leader on every shift. All the staff have been very welcoming. The manager makes sure there is male staff on duty in case residents prefer to be attended by a male. There is a good manager here who has the right approach, I'm very happy working here...I believe the residents are well supported here (Rowan Suite) for activities, but their preference is definitely for the bingo!"
- "The residents are looking forward to their afternoon activities today - the favourites at the minute are The Sound of Music for sing-a-long and they love playing the floor Snakes and Ladders game".

- “All is good here ...I have found the new manager to be very approachable and friendly; the transition has been well managed (by the Regional Operations Manager) who has everything organised”.

#### **6.2.4 Care delivery**

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to residents kindly and were very attentive to residents' needs. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm and relaxed.

We saw that when a resident was being assisted by staff to transfer from a chair to a wheelchair, staff used the correct technique and were considerate of the safety and comfort of the resident.

The staff described how good communication was maintained with residents' families. Care staff assisted residents to make phone calls or use video calls with their families. There were also arrangements in place to facilitate relatives visiting their loved ones at the home. Such visits took place by appointment in a designated visiting room; visitors had a temperature check, completed a health monitoring survey, wore a mask and had hands sanitised before visits. There were care partner arrangements in place for those residents who were identified as benefitting from this.

The manager reported that there was communication with residents' families on events in the home and that she had recently reintroduced meetings with families, albeit these had to rely on using remote technology until current Covid-19 restrictions could be removed.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available for residents.

In our discussions with staff, it was evident that they were familiar with the individual needs, food choices and preferences of residents. We noted that staff were helpful and attentive to residents. We saw how a resident, who needed a high level of encouragement to take their meal, was assisted by a member of staff in a quiet area where there were fewer distractions; this assistance was provided in a compassionate manner which maintained the resident's dignity. We noted, however, that whilst menus were displayed in the dining room, these were in small print which could not be easily read or understood by residents. This was identified as an area for improvement.

Towards the end of the inspection we noted that the genre of music playing in a communal area was unsuited to the taste of residents. This was brought to the attention of staff who changed this to more appropriate music.

Some comments made by residents included:

- “I like the food here, there’s lots of it...I know there’s a menu that I could look at, but I don’t bother with it for I know there’s always something on it that I like...we get plenty of tea and snacks – you would never go hungry here! My only complaint is that there’s not much to do – I’ve heard there used to be outings, but there’s none now, (the current Covid-19 pandemic was discussed) so there’s nothing to do but eat and drink. The girls (staff) keep the place very clean, it’s certainly nice and comfortable”.
- “Yes, I’m getting on well...I love watching the cricket...oh, yes, she’s a bad one!” (whilst engaging in laughing and joking with a member of care staff).

### **6.2.5 Care records**

We reviewed the care records of a selection of residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required and that there was appropriate liaison with other professionals.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. The manager advised that staff meetings were now held in small groups so that social distancing could be maintained; these helped to support good communication between staff and management.

There was a system of audits which covered a range of areas such as IPC, staff compliance with wearing PPE and hand hygiene. The audits were completed regularly (IPC monthly, PPE compliance daily) and this helped to ensure that the manager had effective oversight of care delivery to residents. We noted that the IPC audit was completed for the whole building, which comprises the residential and the nursing home; a separate audit should be completed for each home. The Regional Operations Manager agreed that these would be separated in future.

We noted that the hand hygiene tool used did not consistently note the date of the audit, the name of the assessor or the location of the observations made within the home. This was identified as an area for improvement.

The Regional Operations Manager and the Responsible Individual were present during the latter part of the inspection and were available for feedback to the manager after the inspection. In our discussion with the senior management team, we were assured of the ongoing commitment to providing high quality care and services in the home.

### **Areas of good practice**

Good practice was identified during this inspection in relation to warm, caring and supportive interactions between staff and residents, the cleanliness and comfort of the home and to staff compliance with wearing PPE.

## Areas for improvement

Two new areas for improvement were identified during the inspection. These related to displaying the menu and to hand hygiene audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Anderson, 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that effective arrangements are in place to ensure that person centred activities are provided to residents in a consistent manner.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> 14 October 2020	<p>The registered person shall ensure that care plans for specific medicines administered or provided by staff not employed by the home are in place and detail when these medicines were first administered, next due for administration and if necessary, how and where from they are obtained.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that medicines with a limited shelf life after opening are used in accordance with the manufacturer's instructions.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that medication administration records are fully and accurately maintained.</p> <p>Specifically:</p> <ul style="list-style-type: none"> <li>• Handwritten additions are verified by two members of staff</li> <li>• Entries match personal medication records and reflect the prescriber's most recent instructions.</li> </ul> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>



<b>Area for improvement 5</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> 14 October 2020	<p>The registered person shall ensure that the governance of medicine incidents and audits is managed to enable the identification of trends and to drive and sustain improvement. Action plans should be produced and/or followed up to promote reflection and learning.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b>  As planned, the Manager carried out a survey with all residents to identify their preferences. A new chef commenced employment on 30th March 2021. New menus have been created which are produced in pictorial formats suitable for those living with dementia. Copies of the menus are also kept by the Manager for easy access by families and prospective residents.</p>
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that hand hygiene audit notes the following:</p> <ul style="list-style-type: none"> <li>• the date of the audit</li> <li>• the name of the assessor</li> <li>• the location within the home where the audit is carried out.</li> </ul> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>  This has been addressed during a staff meeting and with individual staff. The audits are checked daily for accuracy and any issues addressed at the time.</p>

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



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