

Unannounced Care Inspection Report 17 December 2020



Cherryvalley

Type of Service: Nursing Home
Address: 14-24 Kensington Drive, Belfast BT5 6NU
Tel no: 028 9040 1560
Inspector: Nora Curran

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.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 46 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager and date registered: Viktoria Hiriza Acting manager – no application required
Person in charge at the time of inspection: Ancuta Chelaru, Staff Nurse, until 10.30 hours then Viktoria Hiriza thereafter	Number of registered places: 46
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. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 27

4.0 Inspection summary

An unannounced inspection took place on 17 December 2020 from 09.30 to 17.00 hours.

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

The following areas were examined during the inspection:

- Staffing
- Environment
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Governance and management

Patients appeared well presented and comfortable; patients told us:

- “It’s (Cherryvalley) the very best.”
- “I’m very happy.”

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	2	*5

*The total number of areas for improvement includes two areas under the standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Viktoria Hiriza, manager, as part of the inspection process. The timescales for completion commence from the date of 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight patients individually and a group of three patients sitting together, 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 manager with 'Tell Us' 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.

No staff survey responses or completed questionnaires were returned within the allocated timeframe.

The following records were examined during the inspection:

- three staff recruitment files
- duty rotas for the period 7 to 20 December 2020
- records confirming registration with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- staff training records
- staff appraisal and supervision records
- a selection of governance audits
- provider monthly monitoring records for October 2020 and November 2020

- accident and incident records
- three patients' care records
- RQIA registration certificate.

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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 11 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48 Stated: First time	The registered person shall ensure that precautions are in place that minimise the risk of fire and protect residents, staff and visitor in the event of fire. This refers specifically to ensuring that fire exits remain clear at all times.	Met
	Action taken as confirmed during the inspection: All fire exits were observed to be clear of obstruction.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that the following identified matters are addressed in relation to the premises: <ul style="list-style-type: none"> • Damaged paintwork throughout the home is repaired • Damaged flooring in the lift is repaired/replaced • Damaged tiles in the first floor clinical room are replaced/repared • Replacement of an identified damaged sofa • General tidy/declutter of all areas in the home. 	

	<p>Action taken as confirmed during the inspection: During the inspection we observed that the lift flooring had been replaced and the majority of areas had been decluttered. The damaged sofa was replaced. However, the following deficits were noted:</p> <ul style="list-style-type: none"> • some areas of paintwork remain damaged which does not allow for effective cleaning, specifically identified window sills • floor tiles in the first floor clinical room / nursing office remain damaged and therefore cannot be effectively cleaned <p>This area for improvement has been partially met and is stated for a second time.</p>	Partially met
<p>Area for improvement 3 Ref: Standard 28 Stated: First time</p>	<p>The registered person shall ensure that appropriate arrangements are in place for the disposal of medicines. They should ensure that when medicines are no longer required that they are disposed of in a timely manner.</p> <p>Action taken as confirmed during the inspection: Medication records in both units evidenced that medicines requiring disposal were processed in a timely manner. There was a system in place to reduce the risk of medicines no longer required accumulating within the home.</p>	Met
<p>Area for improvement 4 Ref: Standard 46 Stated: First time</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors.</p> <p>This relates specifically to:</p> <ul style="list-style-type: none"> • the storage of linen in the home • the replacement of damaged commode/shower chairs • cups used to provide drinks to patients <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement was met,</p>	Met

<p>Area for improvement 5</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance.</p> <p>This refers specifically to the storage of care records in the home.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Some care records had been moved to a lockable cabinet within the home. However, some archived care records were observed to be stored in an unsecure manner.</p> <p>This area for improvement was not met and is stated for a second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that appropriate checks are in place for monitoring equipment used to store food in the kitchen and dining areas.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Checks were in place for monitoring fridges and freezers.</p>		

6.2 Inspection findings

6.2.1 Staffing

Staffing levels and skill mix were determined using the staffing tool, Care Home Equation for Safe Staffing (CHESS). The manager used this tool to regulate staffing based on the functional needs of the patients. This exercise was completed monthly and assisted the manager in duty rota planning. We reviewed the duty rotas for all staff for the period 7 to 20 December 2020; it was noted that planned staffing levels were adhered to, the person in charge was easily identifiable on the rota and the manager's hours and capacity of work were clearly stated. We observed staff responding to patients' needs in a timely, professional and compassionate manner.

Patients spoken with did not express any concerns about staffing levels and told us that staff were readily available to them. Staff spoken with also indicated that they had no concerns in relation to staffing arrangements and that unplanned absences were covered by agency staff if regular staff were unavailable.

Three staff recruitment records were reviewed. While two staff files showed that all required pre-employment checks were in place in a timely manner, review of a third staff file highlighted that an AccessNI check was not completed until after the person started work in the home. This

was discussed with the manager who confirmed that this was an oversight. An area of improvement was made.

There was a system in place for the monitoring of staff registration with either the Nursing and Midwifery Council or the Northern Ireland Social Care Council, as appropriate. We cross referenced the NMC and NISCC records with the current duty rota and could see that all staff were either appropriately registered or in the process of achieving registration within the required timeframe. There was also evidence of managerial overview of these records every month.

Training records evidenced that mandatory training was reviewed by the manager on a monthly basis and showed effective compliance in areas such as: moving and handling, fire safety, first aid, infection prevention and control, safeguarding, Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), and dysphagia training.

We reviewed the manager's matrix for monitoring staff supervision and appraisal and noted that this was not up to date. This was discussed with the manager who immediately updated the record. The majority of staff had undergone at least one period of formal supervision with a second supervision session scheduled before the end of the year. In addition, recently recruited staff had engaged in probationary reviews with the manager. Some staff had undergone an annual appraisal session and it was acknowledged that the current COVID-19 pandemic had impacted on the scheduling program for staff appraisals. This was discussed with the manager who confirmed that staff appraisals would be rescheduled in the coming weeks. This will be reviewed at the next inspection.

In relation to staffing arrangements, patients said:

- "The staff are very good...I think there is enough of them about...I get what I need."
- "They are the very best."
- "The staff are excellent, friendly...they help me walk and get exercise."
- "(Staff are) first class, no complaints...as soon as I came through the door I felt relieved, they are friendly."
- "The staff are more than good."
- "They are on hand."
- "They are good to me."

In relation to staffing arrangements, staff said:

- "There is enough on...only hard if someone goes off sick...very supportive team."
- (Training) "It's difficult to have the face to face like we used to but Zoom is good and BHSCCT give good training sessions every week."
- "Teamwork is good...all get on well."
- (Training) "Online at the minute...its very helpful, the videos are good."
- "The teams are fantastic, we have good relationships, we help on other floors...I'm happy here."
- "I like it here...the staff and residents are lovely."

6.2.2 Environment

We reviewed the home's environment, this included observations of a sample of patients' bedrooms, communal lounges and dining areas, communal bathrooms, the visiting room and stores and sluice rooms.

Deficits were noted in regard to compliance with Control of Substances Hazardous to Health (COSHH) regulations. Several sluice and cleaning stores were found to be unlocked, giving unrestricted access to cleaning chemicals which had the potential to cause patients harm. We also observed other substances which were left in an unsecure manner within some communal areas of the home; these items included disinfectant solutions, and a bottle of concentrated plant food. Nutritional thickening agents were also noted to be stored insecurely. These items were immediately removed and given to staff for safe storage. An area for improvement was made.

It was positive to see a painting program was underway during the inspection as we noted that some surfaces remained in poor condition with lifted or bubbled paintwork, making effective cleaning difficult. The main areas requiring attention were interior window sills. We also noted that while the majority of the home was cleaned to a good standard, most window sills were dirty and dusty. This will be discussed further in section 6.2.3.

We identified one communal lounge on the first floor which was not used by anyone during the inspection and had no signage to indicate its purpose. This was discussed with the manager who explained that patients never used the room and preferred to use an alternative, larger lounge. The manager told us that some preliminary discussions between the manager and the regional manager had taken place, with plans to convert the room into a bedroom and then to convert one of the smaller bedrooms into a store room. It was agreed that the manager would submit a variation application to RQIA in due course should these potential changes be decided upon.

In general we found the home to be clean, warm, well lit, and patient bedrooms were tidy and personalised with pictures and photos.

6.2.3 Infection Prevention and Control and Personal Protective Equipment

The home was fully engaged in the planned and regular testing for COVID-19, and to date had remained free from any COVID-19 outbreaks. The home was also operating a visiting policy in line with the Department of Health (DOH) COVID-19 visiting guidance. Visits took place by appointment only and visitors were monitored for symptoms through health declarations and temperature checks. PPE and hand sanitiser were provided and the visiting room was decontaminated between use. We reviewed the visiting records and could see, on average, three visits per day were taking place and accurate records were maintained. A visiting champion was appointed each day to coordinate the visits and this system was working well.

Some work had taken place in relation to the DOH's Care Partner initiative, in that letters had been sent to all patients' next of kin, explaining the initiative. The home had already identified one patient who may benefit from having a Care Partner and the manager had started the process of engaging with the patient and family member to complete a risk assessment. There was also a relevant policy in place. It was positive to note the proactive approach being taken by the home in relation to implementing this guidance.

While we found that the general areas of the home were cleaned to a good standard, we noted some areas that required more attention in relation to cleanliness, namely, interior window sills

and the undersides of toilet paper dispensers. We also observed some unlamented notices and a wall mounted information rack which contained old magazines. An area of improvement was made.

Staff spoken with told us that they felt the pandemic was being managed well and that they felt safe in work. Staff also expressed that they had ample PPE and were kept up to date with the latest guidance on the COVID-19 pandemic. We observed PPE donning and doffing stations located in strategic locations around the home and could see that staff used the PPE appropriately and adhered to good hand hygiene practices. The uniform policy was also being followed.

Patients spoke in positive terms about the management of the pandemic and how they felt living in the home during this time:

- “They’ve kept the virus out...I feel safe and happy...they keep the place clean, but always forget my window sill, they do a good job on the floor.”
- “They have managed the Covid well so far...it’s good to be getting the vaccine.”
- “I don’t like the Covid tests but they have kept us safe...great news that we are getting the vaccine tomorrow.”
- “My room is kept very clean.”
- “They are more than good, I talk to my family on the phone and I get a visit once a week.”

Staff said:

- “I feel safe here...we are up to date with the guidance and we even get update calls from the seniors regularly...there is always enough PPE.”
- “With the new uniform policy they (uniforms) all get washed on site...we are tested regularly...the cleaning schedules have changed and a domestic is on until 7pm now...there is a guidance folder at the front desk for us.”

6.2.4. Care delivery

During the inspection we observed the lunch service and found this to be organised and unhurried. Patients were offered a choice of meals and also chose where they ate their meals. The food appeared and smelled appetising and staff were seen to wear the appropriate PPE. In one area for food serving, we found some foods being stored inappropriately in a cupboard, such as uncovered biscuits, bread and condiments. An area for improvement was made.

Three patients’ care records were reviewed. We found that records contained recent photos for identification, pre-admission assessments were in place and there was evidence of relevant consent having been obtained for photographs for treatment purposes and restraint practices. Initial assessments and care plans were completed in a timely manner following admission and assessments were reviewed on at least a monthly basis.

In one patient’s care records we found that all relevant risk assessments and care plans were up to date and any specialist input from other disciplines such as speech and language therapy (SALT) and dietetics were documented clearly. Also, instructions in the patient’s care plans correlated with the instructions in any supplementary documentation, such as repositioning charts and food and fluid intake charts.

However, in another patient's records we found that there were three care plans which contained inconsistencies when cross referenced, such as, the frequency of repositioning required. In addition, the skin integrity care plan did not reference the Braden score or the pressure relieving device being used, and the pressure risk care plan made reference to the incorrect air flow mattress type and setting.

The third patient's care records contained the relevant assessments and care plans in place, however, the most recent SALT recommendations were not updated in the supplementary charts which still stated the previous recommendations, and the pressure risk care plan did not have the correct airflow mattress type or setting stated. These inconsistencies were highlighted to the manager and nurse in charge and action was taken immediately to correct the records. An area for improvement was made.

During the inspection we observed a Christmas party, which included festive music, food and refreshments, and a musical entertainer who was set up outside the home under a canopy. Patients were assisted to gather with appropriate social distancing, in a large dining room where they could see and listen to the entertainer. Patients reported that they enjoyed this and it was evident that staff and patients enjoyed the relaxed and social atmosphere.

Patients told us:

- "(food) I generally get what I like."
- "(food) varies...if I don't like what's on I usually get something different."
- "This Christmas is so different but at least I will get to see my (relative)."
- "If I went home I'd like to come back and visit here...it's a unique place...they are all friendly."
- "The food is good."
- "We are well looked after."
- "The food is lovely, I couldn't fault it."
- "They are good to me...I got a big jam donut with tea today and loved it...I just tell them if I don't want something."
- "We made Christmas cards earlier, we had a great time...with the party as well today we are all in the Christmas mood...the staff have been so good."

6.2.5 Governance and management

There was a clear managerial structure in the home and the manager was supported by a regional manager and the organisation's human resources department. Staff expressed that there was a culture of openness in relation to dealing with management and said that they felt confident in processes relating to adult safeguarding and whistleblowing.

A sample of governance systems were reviewed, these included audits on; accident and incidents, care records, IPC and hand hygiene, medicines management, tissue viability, restraint practices, adult safeguarding and complaints. We also looked at the provider's monthly monitoring records from October 2020 and November 2020. We could see that the audits were completed monthly and gave the manager a good overview of the quality of the service. Audits were detailed in respect of the subjects reviewed, findings, and actions required to improve quality. There was also evidence of senior or regional staff review of the governance in the home through the electronic records system. The provider's monthly monitoring records showed that these visits were monthly, unannounced and resulted in a written report with an action plan for the manager to address. The action plans detailed who was responsible for

each action required and set a timescale for expected completion. The manager expressed that they found this process beneficial for ongoing quality improvement.

Staff said:

- "(Management) are lovely and supportive, we can ask questions...it makes a good team."
- "We have been supported by management to progress into NVQ level three training."
- "We don't get praised enough by the organisation but Viktoria (manager) and Ancuta (deputy manager) are fantastic...they have an open door policy."
- "(Management) Have been brilliant...they are friendly but strict when needed...the organisation could support us better with better pay."

Areas of good practice

Areas of good practice were identified in relation to staff engagement with patients and team work, the management of COVID-19 measures and the manager's pro-active approach to the Care Partner initiative.

Areas for improvement

Areas for improvement were identified in relation to; pre-employment recruitment checks, access to items which had the potential to be hazardous to health, environmental IPC deficits and consistency in care records.

	Regulations	Standards
Total number of areas for improvement	2	3

6.3 Conclusion

On the day of the inspection there was a warm and social atmosphere in the home. Staff and patients presented in good spirits and were enjoying the Christmas festivities. Patients looked well cared for and comfortable in their surroundings. Staff were seen to behave in a professional manner, were warm and engaging with patients and helpful and accommodating during the inspection. Patients' needs were attended to in a timely manner.

The staff appraisal program was ongoing and will be looked at again on the next inspection. There was a programme of works ongoing in relation to environmental improvements such as painting, and we noted some flooring that still required replacement since the last inspection. This area for improvement was stated for a second time. We also found some uncovered food stored inappropriately in a patient meal serving area and an area for improvement was made.

Hazards identified on the inspection, such as Control of Substances Hazardous to Health Regulations (COSHH) breaches and access to prescribed thickening agents, were highlighted to staff and addressed immediately. An area for improvement was made to prevent these failings reoccurring.

Anomalies identified in care records were also address immediately by the nurse in charge, who provided evidence that the identified care records were updated. An area for improvement was made to embed good practice within the nursing team to update records as soon as changes

occur and ensure information is correctly shared with the care staff on the supplementary charts.

We discussed recruitment processes with the manager, who acknowledged that an oversight had occurred in the pre-employment checks for one employee. The manager was accepting of this serious failing and displayed good understanding of the legislation around recruitment. An area for improvement was made to ensure robustness in the process when being conducted in-house.

The manager gave assurances that the areas for improvement identified in relation to environmental IPC would be addressed immediately and that cleaning regimes would be reviewed to ensure attention to detail. The practice of displaying unlamented items was to cease. An area for improvement was made.

During the inspection we identified one room with unclear purpose. The manager explained that this room was originally allocated to be a lounge but patients never used it and the space was wasted. The manager explained that the organisation had plans to change the room into a bedroom and one smaller bedroom would be changed into a store. We discussed the requirement for a variation application to RQIA to ensure that standards were met. The manager agreed to discuss this with the regional manager and advised that a variation application would be submitted in due course.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Viktoria Hiriza, 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 21 (1) (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the fitness of workers employed in the home by having a robust system in place to evidence that all pre-employment checks have been completed.</p> <p>No employee will commence work prior to all required checks being in place.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Employee files have been reviewed to ensure all checks are in place. Checklist to be used for all new starting staff to ensure that all documentation and all checks are in place.</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all measures are taken to reduce the risk of harm to patients. This is with specific reference to:</p> <ul style="list-style-type: none"> • Solutions which fall under the COSHH regulations are stored securely • Prescribed thickening agents are secured when not in use. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Keypad locks to be installed on all domestic and sluice rooms by 03.03.21. Supervision done with staff in regards to thickening agents being stored in the treatment room when not in use. This will be monitored by the Home Manager and the Nurse in Charge for compliance</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Stated: Second time To be completed by: 13 March	<p>The registered person shall ensure that the following identified matters are addressed in relation to the premises:</p> <ul style="list-style-type: none"> • Damaged paintwork throughout the home is repaired • Damaged tiles in the first floor clinical room are replaced/repared <p>Ref: 6.1& 6.2.2</p> <p>Response by registered person detailing the actions taken: Damaged tiles in the first floor clinical room to be replaced by own</p>

	Maintenance Person by 13 March 2021 Damaged paint work (window sills) to be repaired by 13 March 2021
Area for improvement 2 Ref: Standard 37 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance. This refers specifically to the storage of care records in the home. Ref: 6.1 Response by registered person detailing the actions taken: Lock is now in place, door locked at all times and key only available to Administrator and Manager.
Area for improvement 3 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there are systems in place for safe storage of food items in unit dining/meal service areas. Ref: 6.1 Response by registered person detailing the actions taken: Containers purchased for safe storage, also service area included in daily cleaning schedule. This will be monitored by the Manager and the Nurse in Charge for compliance.
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: with immediate effect	The registered person shall ensure that infection prevention and control standards are maintained in the home. This is with specific reference to the areas identified during the inspection: <ul style="list-style-type: none"> • thorough cleaning of undersides of toilet paper dispensers • cleaning of window sills • removal of unlaminated notices • the removal of old magazines from wall mounted information holders. Ref: 6.2.3 Response by registered person detailing the actions taken: All unlaminated notices and old magazines from wall mounted information holders have been removed and disposed off. Cleaning of window sills and of the undersides of toilet paper dispensers have been added to daily cleaning records. This will be spot checked by the Manager as part of the IPC audit

<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2020</p>	<p>The registered person shall ensure that care records accurately reflect current needs and prescribed care. This is with specific reference to:</p> <ul style="list-style-type: none"> • SALT recommendations are updated in all relevant documentation at all times, as necessary • Care plan instructions are reflected accurately in the supplementary charts • The details of pressure relieving devices and correct settings are updated in the care plans as and when changes occur <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Supervision completed with nursing staff in regards to timely updating records to reflect current needs and prescribed care. 4x Care file Audits carried out monthly to ensure this is kept under review.</p>

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



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