

Unannounced Enforcement Compliance Inspection Report 15 July 2019



Deanfield

Type of Service: Nursing Home
**Address: 19 Deanfield, Limavady Road,
Londonderry, BT47 6HY**
Tel No: 028 7134 4888 / 028 7134 1754
Inspectors: Helen Daly & Jane Laird

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide care for up to 28 patients.

3.0 Service details

Registered Provider: Loughview Homes Ltd Responsible Individuals: Mr Paul Steele Mr Michael Curran	Manager: Mrs Joy McLaughlin
Person in charge at the time of inspection: Mrs Joy McLaughlin	Date manager registered: 13 December 2007
Categories of care: Nursing Home (NH): I – old age not falling within any other category	Number of registered places: 28

4.0 Inspection summary

An unannounced inspection took place on 15 July from 10.00 to 17.15.

This inspection was undertaken by care and pharmacy inspectors.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

The last medicines management inspection in the home on 7 May 2019 resulted in a Failure to Comply (FTC) Notice being issued by RQIA on 17 May 2019. The FTC Notice (FTC000045), related to the management of medicines, and to breaches in Regulation 13 (4) of The Nursing Home Regulations (Northern Ireland) 2005. The areas identified for improvement and compliance with the regulations included ensuring that patients had a continuous supply of their prescribed medicines, that robust governance systems were in place with regards to medicines management and that medication related incidents were reported to RQIA. The date of compliance with the FTC Notice was 15 July 2019.

Evidence was available during this inspection to validate compliance with the Failure to Comply Notice. No new areas for improvement were identified in relation to the management of medicines.

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

Evidence of good practice was found in relation to adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement were identified in relation to fire safety, care plans, pressure care, infection prevention and control (IPC) and maintenance checks. Two areas from improvement identified at the previous care inspection have not been fully met and have been stated for a second time in relation to post falls management and quality governance of auditing systems.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	*3	*4

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Joy McLaughlin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further 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 home was reviewed. This included the following:

- recent inspection reports and returned QIPs
- recent correspondence with the home
- the management of medication and care related incidents

During the inspection we met with one registered nurse the manager, five care assistants and the maintenance person.

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

- medicines requested and received
- personal medication records
- medicine administration records
- duty rota for all staff from 7 July 2019 to 20 July 2019
- staff training records
- incident and accident records
- a sample of patient care charts including food and fluid intake charts and reposition charts
- medicine and governance audits
- three patient care records
- medicine storage temperatures
- complaints record
- compliments received
- a sample of reports of visits by the registered provider from May 2019
- statement of purpose

Areas for improvement identified at the last medicines management inspection had been included in the Failure to Comply Notice and were reviewed and assessed for compliance with the regulations.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection (3 April 2019) and medicines management inspection (7 May 2019)

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Third and final time Included in Failure to Comply Notice FTC000016	The registered persons must ensure that: <ul style="list-style-type: none"> • Systems are in place so that patients have a continuous supply of their prescribed medicines. • Robust auditing systems are developed and implemented which identify deficits in the availability of prescribed medicines and evidences the corrective action taken. • Systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration. 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Systems were in place to ensure that patients had a continuous supply of their prescribed medicines. Stock levels of medicines were reviewed each weekend and medicines were ordered promptly to ensure that any potential issues were resolved before the current supply had run out. A 'follow up' book was in place to record the issues identified and the actions taken.</p> <p>Robust auditing systems were in place to identify deficits in the availability of prescribed medicines and evidence the corrective action taken. All registered nurses were made aware of their accountability regarding ensuring that patients had a continuous supply of their prescribed medicines. Each named nurse audited their assigned patients' medicines monthly. There was evidence that these audits were reviewed by the manager.</p> <p>We reviewed the medication administration records from 17 May 2019 to the day of the inspection. One medicine had been omitted for three doses as there was a manufacturers' supply problem. This had been followed up with the prescriber and an alternative medicine prescribed. One medicine had been omitted for one dose and a third medicine had been delayed. There was evidence that these issues were discussed at handover and followed up.</p> <p>Systems were in place to ensure that RQIA was notified when prescribed medicines were not available for administration. The manager advised that all registered nurses were aware that the prescribers, RQIA and Trust must be notified when prescribed medicines were not available for administration. The need to report medication related issues involving manufacturers' supply issues, dispensing and prescribing errors was discussed.</p>	
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Areas for improvement from the last care inspection (3 April 2019)		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: Second time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: The environmental and infection prevention and control issues identified during the previous inspection had been addressed. This is discussed further in 6.2.4.	
Area for improvement 2 Ref: Regulation 27 (4) (e) Stated: First time	The registered person shall ensure that all persons working at the nursing home receive suitable training from a competent person in fire prevention, awareness/management. Training must be provided at least twice every year.	Met
	Action taken as confirmed during the inspection: The inspector reviewed training records which evidenced that fire safety training had taken place by a competent person in fire prevention, awareness/management and that further training was to be arranged for a future date.	
Area for improvement 3 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that cleaning chemicals were suitably labelled and stored in accordance with COSHH regulations during the inspection.	

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>On review of the accident records it was identified that not all unwitnessed falls were being managed in line with current best practice. This is discussed further in 6.2.3.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.</p> <p>This is in relation to ensuring:</p> <ol style="list-style-type: none"> 1. Patients care plans and risk assessments are reviewed on a monthly basis or more frequently if deemed necessary 2. Patients at risk of weight loss have a care plan in place to direct the required care 3. Staff accurately document the daily events within patients care records. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of care records which evidenced that the assessment of patients' needs are kept under review in a timely manner and revised at any time when it is necessary to do so.</p>		

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	Validation of compliance	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The manager must ensure;</p> <ol style="list-style-type: none"> 1. A schedule for the laundering of privacy curtains and replacement of mop heads is maintained 2. There is a system in place for segregation of laundry 3. Urinal bottles are effectively cleaned after use and replaced when necessary 4. The National colour coding system for cleaning is utilised by all staff. <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed management systems in relation to the above area for improvement which evidenced that robust systems were in place and this area for improvement has been met. The home are not using the National colour coding system for cleaning but have devised their own colour coding system and notices are displayed in relevant areas to remind staff.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of the patient's skin is recorded following each repositioning intervention.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed a sample of care records and recording charts which evidenced that the condition of the patient's skin is recorded following each repositioning intervention. This is discussed further in 6.2.3.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p>	Met

	<p>Action taken as confirmed during the inspection: The inspector reviewed the current arrangements in relation to ensuring that patients' privacy is upheld. There was evidence within the revised statement of purpose that this area for improvement has been met.</p>	
<p>Area for improvement 4 Ref: Standard 41 Stated: First time</p>	<p>The registered person shall ensure that the staffing rota clearly identifies the first and surname of all staff employed in the home and the managers hours are recorded as per the capacity worked.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector has reviewed the duty rota which clearly identifies the first and surname of all staff employed in the home and the managers hours are recorded as per the capacity worked.</p>	
<p>Area for improvement 5 Ref: Standard 35 Stated: First time</p>	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The manager must ensure;</p> <ol style="list-style-type: none"> 1. Environmental audits are carried out on a monthly basis 2. Care records are reviewed regularly to ensure that they accurately reflect the needs of the patient 3. Accident/incident audits identify where neurological observations have not been recorded following an unwitnessed fall and the necessary action taken 	Partially Met
	<p>Action taken as confirmed during the inspection: On review of management systems it was evident that environmental audits were being carried out on a monthly basis. However, there were deficits identified in relation to record keeping within identified care records and recording charts. There were also deficits identified in relation to the accurate recording of neurological observations following an unwitnessed fall. This is discussed further in 6.2.3.</p>	

6.2 Inspection findings

FTC Ref: FTC000045

Notice of failure to comply with The Nursing Home Regulations (Northern Ireland) 2005

Health and Welfare of patients

Regulation 13.—

(4) Subject to paragraph (5), the registered person shall make suitable arrangements for the ordering, storage, stock control, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the nursing home to ensure that –

- (a) any medicine which is kept in a nursing home is stored in a secure place; and
- (b) medicine which is prescribed is administered as prescribed to the patient for whom it is prescribed, and to no other patient; and
- (c) a written record is kept of the administration of any medicine to a patient.

In relation to this notice the following three actions were required to comply with this regulation.

The registered persons must ensure that:

- Systems are in place so that patients have a continuous supply of their prescribed medicines.
- Robust auditing systems are developed and implemented which identify deficits in the availability of prescribed medicines and evidences the corrective action taken.
- Systems are in place to ensure that RQIA is notified when prescribed medicines are not available for administration.

The findings of the inspection and the actions taken by the management team and registered nurses to evidence compliance is detailed in Section 6.1.

Evidence was available to validate compliance with this Failure to Comply Notice.

Care Inspection Findings:

6.2.1 Staffing provision

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week commencing 7 July 2019 and 14 July 2019 evidenced that the planned staffing levels were adhered to.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff comments included; “I love it here”, “Great place to work” and “Very supported by the manager”.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a caring and prompt manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Deanfield. Comments included; "Great staff here", "Happy here" and "No concerns". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame allocated.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Staff meetings are held quarterly and the minutes were available on the day of inspection.

Areas for improvement

There were no areas for improvement identified within this domain during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.2.2 Staff Training

We discussed the provision of mandatory training with staff and reviewed staff training records for fire awareness, infection prevention and control (IPC) and control of chemicals hazardous to health (COSHH). Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. This was an area for improvement which had been identified at the previous care inspection and has been suitably addressed.

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

There were no areas for improvement identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, however, it was identified that one patient had a number of medical conditions which did not have a relevant care plan in place. This was discussed with the manager who agreed to review the patient's care record and implement the necessary care plans and to communicate with all registered nurses the importance of ensuring that each patient has relevant care plans to reflect their current needs. This was identified as an area for improvement.

On review of the repositioning records it was positive to note that the condition of the patients skin was being recorded following each repositioning intervention, however, there were gaps identified within the charts where patient's had not been repositioned as per their care plan. The manager confirmed that the identified patients did not have any current skin conditions but acknowledged that there was a potential for skin breakdown if the frequency of repositioning is not completed as per the patients care plan. This was identified as an area for improvement.

We reviewed accidents/incidents records and identified that a patient who was prescribed anticoagulants had an unwitnessed fall and staff did not follow the correct post falls management. There was no contact made with the doctor and neurological observations were not continued as per best practice. This was an area for improvement which was identified at the previous care inspection and has been stated for a second time.

The following areas were identified for improvement in relation to care plans and pressure care.

	Regulations	Standards
Total number of areas for improvement	1	1

6.2.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. However, we identified that the door leading to the laundry room was propped open and the laundry door was held open with a chain attached to a hook. The laundry room was unsupervised and washing machines/tumble dryers were in operation. This was discussed with the manager who agreed to discuss the importance of ensuring that all fire doors are kept closed within the laundry. Both doors were closed immediately. This was shared with the estates inspector and identified as an area for improvement.

There was evidence that the environmental and infection prevention control issues that were identified at the previous care inspection had been suitably addressed. However, we observed items of patient clothing steeping within a container of water on top of the sink in the laundry room, cobwebs to high surface areas and dust inside the light fixture on the ceiling. An air vent was also covered with fabric instead of a plastic/metal grille covering. This was discussed with the manager who provided assurances that the covering to the air vent would be replaced and a deep clean of the laundry would be scheduled. Assurances were also provided that this would be monitored closely to prevent recurrence. This was shared with the estates inspector and identified as an area for improvement.

If was further identified that window restrictors on the first floor required immediate review to maintain patient safety as a number of restrictors were either broken or had no restrictors in place. This was discussed with the manager who acknowledged that this was over looked and agreed to review the management of the maintenance checks. Following the inspection the manager confirmed that a review of the windows had taken place by a professional window company. The estates inspector for the home was notified of the above findings and an area for improvement was identified.

The following areas were identified for improvement in relation to fire safety, maintenance checks of window restrictors and IPC practices within the laundry.

	Regulations	Standards
Total number of areas for improvement	1	2

6.2.5 Management and Governance of the home

Since the last inspection there has been no change to management arrangements. A review of the duty rota evidenced that the manager’s hours, and capacity in which these were worked were recorded. Discussion with the staff and patients evidenced that the managers working patterns supported effective engagement with patients, their representatives and the multidisciplinary team. Staff were able to identify the person in charge in the absence of the manager. The name of the nurse in charge was also highlighted on the rota.

A number of governance audits were reviewed which were completed on a monthly basis by the manager and/or clinical lead to assure the quality of care and services. On review of the audits completed regarding accidents/incidents, IPC practices, the environment and care records it was evident that the audits were not fully robust as they did not capture some the issues identified during inspection. This was an area for improvement that was identified at the previous care inspection and has been stated for a second time.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and copies of the reports were available for patients, their representatives, staff and trust representatives.

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

There were no new areas for improvement identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

There were five new areas for improvement identified during this care inspection and two stated for a second time from the previous care inspection.

It was positive to note that eight out of the ten areas for improvement from the last care inspection have been met.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Joy McLaughlin, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: On the day of the inspection it was recommended by the inspector to document the guidelines for neurological observations on the front of the accident book. This has been carried out. All registered nurses were spoken to with regards to the guideline and to follow strictly. The guidelines were downloaded and placed for all nurses to refer to if needed. Everyone is now fully aware of them and how to comply with these</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans:</p> <ul style="list-style-type: none"> • Care plans to reflect the patients medical conditions and current needs <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The residents care plan identified on the day of the inspection was updated immediately and a full audit completed to ensure all other needs were identified. The nurse manager spoke with the nurses individually during their supervision and highlighted this issue. During the monthly audits of the care files the nurse manager revised these areas to ensure it was not overlooked in the future.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of patients in the home.</p> <p>Specific reference to ensuring that fire doors are not propped/held open.</p> <p>Ref: 6.2.4</p>
<p>Response by registered person detailing the actions taken: Immediate action was take on the day to rectify this concern. The staff in question was spoken to and an up date given by the nurse manager on the fire risk.</p>	
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 15 September 2019</p>	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The manager must ensure;</p> <ul style="list-style-type: none"> • Environmental audits are carried out on a monthly basis • Care records are reviewed regularly to ensure that they accurately reflect the needs of the patient • Accident/incident audits identify where neurological observations have not been recorded following an unwitnessed fall and the necessary action taken. <p>Ref: 6.1</p>
<p>Response by registered person detailing the actions taken:</p> <p>The Nurse Manager reviewed all audits in relation to this and ammended where a shortfall was identified.</p> <ul style="list-style-type: none"> . environment- audits are carried out in various areas of the home monthly. All documents in place .care records- as stated above in Reg 13(1) a this has been addressed . Accident/incident audit form up dated to include neurological observations. When there has been an unwitnessed fall the staff are now fully aware of the correct procedure to take, the documentation and the recording of appropriate forms. 	

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, an appropriate care plan is implemented.</p> <p>The manager must ensure;</p> <ul style="list-style-type: none"> • The frequency of repositioning within recording charts reflects the patients care plan. • Ensures that patients are repositioned as per the recommended frequency documented within the care plan. <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>On the day of the inspection it was noted that the time scale on a residents repositioning chart did not coincide with the care plan. The following was carried out;</p> <ul style="list-style-type: none"> . All care plans of residents on repositioning charts were audited . All time scales for repositioning now coincide on both care plan and chart. . All nurses and cares spoken to with regards to this <p>The resident in question was repositioned frequently and her pressure areas are intact.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that key members of staff have responsibility for the implementation of infection prevention and control procedures.</p> <p>With specific reference to the laundry room:</p> <ul style="list-style-type: none"> • Patients items of clothing should not be steeped in water • A schedule must be implemented and maintained to ensure that the laundry room is kept clean <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>16/07/19- Full deep clean of laundry room carried out. All unused vents removed and covered appropriately.</p> <p>17/07/19- Laundry room and hallway both redecorated</p> <p>The housekeeper now has a weekly schedule in place to follow. This is audited by the nurse manager</p> <p>The issue with steeping clothing has also been addressed. Our infection control supply NorChem was contacted on the 16/07/19 and a suitable substance for removing stains has been sought and used.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>With specific reference to window restrictors:</p> <ul style="list-style-type: none"> • Maintenance checks of the building are carried out and recorded on a weekly/monthly basis as required. <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>16/07/19- a professional person was sought and carried out a full inspection of all windows in the home. Those needing fixed were attended to.</p> <p>The checking of the windows has now been added to the maintenance records.</p>

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



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