



# Unannounced Care Inspection Report 9 and 11 May 2018



## Dunmurry Manor

**Type of Service: Nursing Home (NH)**  
**Address: 2A Hazel Avenue, Dunmurry, Belfast, BT17 9QU**  
**Tel no: 02890610435**  
**Inspector: Dermot Walsh**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 76 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Runwood Homes Ltd</p> <p><b>Responsible Individual(s):</b> Gavin O'Hare-Connolly</p>	<p><b>Registered Manager:</b> Julie McKearney</p>
<p><b>Person in charge at the time of inspection:</b> 9 May 2018: Hannon Billingsly (nurse in charge) Amanda Leitch (Head of Quality and Governance)</p> <p>11 May 2018: Julie McKearney (Registered Manager)</p>	<p><b>Date manager registered:</b> 10 August 2017</p>
<p><b>Categories of care:</b></p> <p>Nursing Home (NH) DE – Dementia.</p> <p>Residential Care (RC) DE – Dementia.</p>	<p><b>Number of registered places: 76</b></p> <p>A maximum of 40 patients in category NH-DE to be accommodated on the First Floor and a maximum of 36 residents in category RC-DE to be accommodated on the Ground Floor.</p>

### 4.0 Inspection summary

An unannounced inspection took place on 9 May 2018 from 09.30 to 17.45 hours and on 11 May 2018 from 10.00 to 13.00 hours.

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

The inspection on 9 May 2018 assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service. In response to the information received, a further unannounced day of inspection was conducted on 11 May 2018 from 10.00 to 13.00 hours. The system to monitor the registration status of care workers in accordance with the Northern Ireland Social Care Council required improvement. See section 6.4 for further information.

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

Evidence of good practice was found in relation to staffing arrangements, recruitment, training and development of staff and with record keeping. Good working relationships were maintained. Patients were treated with dignity and privacy was maintained. Governance arrangements in respect of accident and incident management and quality improvement was managed appropriately.

Areas requiring improvement under regulation were identified in relation to monitoring of care workers' registrations with Northern Ireland Social Care Council, completion of competency and capability assessments for nurse in charge and with compliance with Control of Substances Hazardous to Health legislation. Areas requiring improvement under standards were identified in relation to compliance with infection prevention and control, recording of wound dimensions and with identification of the nurse in charge on the duty rota.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. The environment was calm and relaxed during the inspection.

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
<b>Total number of areas for improvement</b>	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Amanda Leitch, Head of Quality and Governance and Hannon Billingsly, nurse in charge on 9 May 2018 and with Julie McKearney, registered manager, on 11 May 2018 as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 29 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 29 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection

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

During the inspection on 9 May 2018, the inspector met with eight patients, six staff and three patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Ten questionnaires were also left in the home to obtain feedback from patients' representatives.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 30 April 2018
- staff training records
- incident and accident records
- three staff recruitment and induction files
- four patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

In addition, on 11 May 2018, the following areas were examined during the inspection:

- the use of Dunmurry Manor to conduct business in respect to another service
- governance and management arrangements

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 January 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 29 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time	The registered person shall ensure that registered nurses record any changes re catheter care and management in accordance with best practice and clinical guidelines.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a patient's catheter care records clearly indicated all appropriate information in respect of the catheter management including catheter changes.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 30 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the

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

Review of three staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC). However, the system to monitor care staff registration with the Northern Ireland Social Care Council (NISCC) required improvement. It could not be evidenced that all staff were registered appropriately with NISCC. This was discussed with the registered manager and identified as an area for improvement under regulation. Following the inspection RQIA received information confirming that the registered manager had contacted NISCC for advice in relation to the identified staff and was adhering to the recommendations made by NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. 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. Staff commented that 'there is really good training offered here' and another staff member commented 'staff here are well trained'. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. There was evidence of upcoming training in May 2018 in relation to application of topical preparations, dementia management, first aid, moving and handling, fire safety and on adult safeguarding.

Discussion with registered nursing staff and a review of records evidenced that a competency and capability assessment for any nurse left in charge of the home in the absence of the registered manager had not been completed. This was discussed with the registered manager and identified as an area for improvement under regulation.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Guidelines on how to make referrals were displayed at staffing areas. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

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



Discussion with the registered manager and review of records confirmed that, on at least a monthly basis, falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. In response to the number of falls within the nursing dementia unit on the first floor, the home have separated the unit into two separate units and aligned dedicated staff, including a unit manager, into each of the units. Staff confirmed that this has improved the level of supervision of patients and the manager confirmed that the number of falls on the first floor since the implementation of the units has reduced.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Inappropriate storage was observed within a sluice room in the home and two dispensers containing personal protective equipment had not been replenished after five hours. This would not be in accordance with best practice in infection prevention and control. This was discussed with the manager and identified as an area for improvement under standards.

During the review of the environment a harmful chemical was observed to be accessible to patients in an identified room. This was discussed with the manager and identified under regulation as an area for improvement in relation to compliance with control of substances hazardous to health (COSHH) legislation.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails. Restrictive practices were monitored on a monthly basis in the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and the home's general environment.

### **Areas for improvement**

Areas were identified for improvement under regulation in relation to monitoring of NISCC registrations, completion of competency and capability assessments and compliance with COSHH legislation.

An area for improvement was identified under standards in relation to compliance with best practice in infection prevention and control.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	1



## 6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weights and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. The manager confirmed that care plan audits were conducted on a weekly basis in the home.

Wound records reviewed included photographs. The wound care plans were in accordance with the recommendations of the tissue viability nurse. Wound observation charts had been completed at the times the wound had been dressed. Although, one patient's wound observation chart did not evidence that the wound dimensions had been recorded since the initial assessment 19 days prior. This was discussed with the manager and identified as an area for improvement under standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. The manager confirmed that new documentation to aid in the recording of pressure care, repositioning, safety checks and personal care had been implemented at the beginning of May 2018. Staff commented positively on the impact of the new documentation. Comments included, 'much more organised now in the way we record care' and 'the documentation is much more specific; much better than before'.

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 were also positive in regards to the use pre-printed handover sheets available to provide essential patient information.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. A comment from staff included 'teamwork was really good'. Staff also confirmed that if they had any concerns, they could raise these with their line manager or the registered manager.

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

Patient representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, care planning, teamwork and communication between residents, staff and other key stakeholders.

## Areas for improvement

An area for improvement was identified under standards in relation to regular recording of wound dimensions at the time of wound dressing.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.30 hours on the first day of inspection and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality. Patient care records were maintained electronically requiring a password to access.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. There was signage reflecting the use of communal rooms such as the dining room and patient bedrooms had individualised pictures on the outside of doors to assist patients in identifying their own room.

The serving of lunch was observed in the dining room. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements. The manager confirmed that mealtime assessments were conducted monthly in the home.

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

- “To all the wonderful staff at Dunmurry Manor. Thank you for looking after our wee dad.”

We consulted with eight patients in Dunmurry Manor. Patients were presented well in their appearance. As previously stated, patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Three patient representatives were consulted during the inspection. Ten patient questionnaires were left for completion. Seven questionnaires were returned within the timescale for inclusion in this report. All respondents indicated that they were satisfied or very satisfied with the care provision across all four domains. Some patient representative comments were as follows:

- “I have always been happy with the care in Dunmurry.”
- “I have no problem with the care provided here.”
- “As a family we are very satisfied with the overall care our mother gets in Dunmurry Manor.”
- “Meals are of good quality and varied; level of staffing is always good; cleanliness is very good; Access at any time is never a problem; staff are very professional.”

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “Everything is really improving here.”
- “It’s fine working here.”
- “I love it here. The other staff are so good.”
- “This is a really good home here.”
- “Staff are well trained here. We have a lot less agency staff now than before.”
- “It’s fine, much better now.”

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in dignity and privacy values.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care. An application has been submitted to RQIA and is currently under review with the aim to register the residential unit as a separate registered premises.

The registered manager advised that the premises were not used to conduct business in respect to another service. They were not aware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

The registered manager, Julie McKearney, was registered with RQIA on 10 August 2017. The registered manager is supported by a residential unit manager and two nursing unit managers. Unit managers avail of two days per week, supernumerary from rostered staff on the duty rota, to conduct their managerial responsibilities. Unit managers spoke positively of a 'Deputy Manager Developmental Programme' training which they were attending. Unit managers informed us that this was a Royal College of Nursing (RCN) accredited course which had been designed specifically for Runwood homes staff and which they had found beneficial to their roles.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home. The registered manager confirmed that they felt supported in their role by senior management.

A review of the duty rota evidenced that staff were unable to identify the person in charge of the home in the absence of the registered manager/manager. This was discussed with the manager and identified as an area for improvement under standards.

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

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Complaints were reviewed during the monthly monitoring visits to the home. The complaints procedure was on display at the reception area in the home.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, infection prevention and control practices, care records and restrictive practice. Actions taken in response to shortfalls were evidenced within the auditing records.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Reports were dated, timed and signed. Details of the person receiving feedback from the visit were also documented. Action plans were included within the reports to address any shortfalls and a review of the previous month's action plan was evidenced within the reports. There was evidence of consultation with patients, staff and patients' representatives within the reports. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There is a system in place to escalate areas for concern up through the governance structures within Runwood homes.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas of good practice

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

### Areas for improvement

An area for improvement under standards was identified in relation to the identification of the nurse in charge of the home on the duty rota in the absence of the registered manager.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Leitch, Head of Quality and Governance and Hannon Billingsly, nurse in charge on 9 May 2018 and with Julie McKearney, registered manager, on 11 May 2018 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (5) (d)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 May 2018</p>	<p>The registered person shall ensure that the system to monitor staff registration with NISCC is more robust.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> NISCC checks completed on all care staff employed at Dunmurry Manor and approved/signed off by Home Manager. This will be checked monthly.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>The registered person shall ensure that registered nurses given the responsibility of taking charge of the nursing home in the absence of the registered manager will have completed a competency and capability assessment for the nurse in charge role.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All Registered Nurses at Dunmurry Manor have a completed competency and capability assessment in place. Current induction processes for agency nurses cover all relevant competencies required and agency organisations are responsible for assessing agency nurses as competent to take charge of the home however Runwood induction form for agency nurses has been adapted to reflect competency to take charge of the home in the absence of the Registered Manager.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> In respect of airfreshener left in unlocked store, supervision held with Housekeeping staff to ensure COSHH regulations are adhered to at all times. Ongoing elearning and face to face COSHH training for all staff.</p>



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<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 46 Criteria (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 18 May 2018	<p>The registered person shall ensure that the infection control areas identified on inspection are managed appropriately.</p> <p>Ref: Section 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Audit systems reviewed in line with infection control policy. Allocation sheet now include restocking of PPE. Infection control link nurse appointed.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4 Criteria (9)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 May 2018	<p>The registered person shall ensure that wound dimensions are recorded regularly when completing wound observation charts at the time of wound dressing.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Computer System update now carries forward wound measurements and prescribed dressings. Wound now carried forward in diary to include tick boxes for dressing change, photo, measurements, assessment and careplan. Wound care flow chart displayed at each Nurses station.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 30 May 2018	<p>The registered person shall that the nurse in charge of the home in the absence of the registered manager is identified on the duty rota.</p> <p>Ref: Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Nurse in charge is indicated on the off duty with an asterix and relevant key code. Reception notice board displays name of Nurse in Charge.</p>

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



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