



Unannounced Care Inspection Report 19 July 2018



Gillaroo Lodge

Type of Service: Nursing Home
Address: 134 The Roddens, Larne, BT40 1PN
Tel no: 028 2826 0044
Inspector: Dermot Walsh

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 25 persons.

3.0 Service details

Organisation/Registered Provider: Gillaroo Lodge Nursing Home Ltd Responsible Individuals: Elizabeth Rowan Margaret Boyle	Registered Manager: Nicola Susan McCrudden
Person in charge at the time of inspection: Nicola Susan McCrudden	Date manager registered: 13 May 2013
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.	Number of registered places: 25

4.0 Inspection summary

An unannounced inspection took place on 19 July 2018 from 09.00 to 17.55 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 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.

Evidence of good practice was found in relation to staffing arrangements, recruitment practice, staff training, monitoring registration status of staff and the home's general environment. Additional good practice was identified in relation to risk assessment, teamwork and communication between residents, staff and other key stakeholders' governance arrangements, management of incidents, quality improvement and maintaining good working relationships. Good practice was also identified in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

An area requiring improvement was identified under regulation in relation to the monitoring of a patient following a head injury. An area for improvement under regulation in relation to avoidable hazards accessible to patients has been stated for a second time. Areas for improvement identified under standards were identified in relation to staff health assessments, environmental issues, a wound care plan, hydration and repositioning records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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 one under regulation which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Nicola McCrudden, registered manager and Elizabeth Rowan, responsible individual, 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 24 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 October 2017. There were no further actions required to be taken following the most recent 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 the inspector met with nine patients, eight staff and five patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

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 inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

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 16 July 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three 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.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 17 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) Stated: First time	The registered person shall ensure that the home is conducted in a manner which protects the health and welfare of patients. The practice of propping open doors must cease with immediate effect	Met
	Action taken as confirmed during the inspection: Observation during a review of the environment evidenced that this area for improvement is now met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that doors leading to rooms which pose a hazard to patients remain locked at all times when not in official use.	Not met
	Action taken as confirmed during the inspection: During a review of the environment, three areas were observed where preventable hazards were identified accessible to patients. This area for improvement has not been met and has been stated for a second time.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall review the laundry systems in the home to ensure compliance with best practice in infection prevention and control.	Met
	Action taken as confirmed during the inspection: Discussion with staff and a review of the current laundry system evidenced that this area for improvement is now met.	

Area for improvement 2 Ref: Standard 11 Stated: First time	The registered person shall review the provision of activities to ensure the needs of patients in the nursing home are met.	Met
	Action taken as confirmed during the inspection: Discussion with patients and staff and a review of the programme for activities evidenced that this area for improvement is now met. See section 6.6 for further information.	

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 16 July 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 one staff recruitment file evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. However, there was no evidence within the records reviewed that a physical and mental health assessment had been undertaken with the new employee. This was discussed with the registered manager and identified as an area for improvement. 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) and care staff registration with the Northern Ireland Social Care Council (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 also confirmed that the majority of training was conducted face to face rather than electronically as staff had found electronic learning less effective. 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. Staff confirmed that they were encouraged to request additional training from the home's management that they deemed suitable to enhance their roles.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified. The registered manager confirmed that there were no ongoing safeguarding concerns relating to the home. A record was maintained of all adult safeguarding referrals made from the home. The registered manager confirmed that a three monthly report was submitted to the commissioning Trust in relation to any referrals made.

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. Notifications were submitted in accordance with regulation. However, accident records did not demonstrate that the appropriate monitoring of a patient, following a fall where a head injury had occurred, was adhered to in accordance with best practice guidance. There was evidence that central nervous system (CNS) observations were conducted at the time of the fall. There were no further records of any monitoring CNS observations taken within the patient's care records or accident records. This was discussed with the registered manager and identified as an area for improvement.

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.

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. However, there were deficits identified within the laundry room. Damage was observed to walls within the laundry room. The radiator in the laundry room was rusted and clean laundered clothing was in contact with the radiator. The flooring in an identified communal toilet was lifting away from the skirting. Both rooms could not be effectively cleaned given these deficits. This was discussed with the registered manager and identified as an area for improvement. Patients and staff spoken with were complimentary in respect of the home's environment. One patient commented on 'the lovely views' around the home. Fire exits and corridors were observed to be clear of clutter and obstruction.

During the inspection the fire alarm sounded twice unexpectedly. Staff responded immediately to the fire alarm and the registered manager directed staff appropriately to ensure patient safety and to reassure patients. Staff response to the fire alarms were observed to have been timely, appropriate and managed very well.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of alarm mats. There was also evidence of consultation with relevant persons. Care plans were in place for the management of alarm mats.

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 arrangements, recruitment practice, staff training, monitoring registration status of staff, accident management and the home's general environment.

Areas for improvement

An area for improvement was identified under regulation in relation to the monitoring of a patient following a head injury.

Areas for improvement under standards were identified in relation to environmental issues and completion of staff physical and mental health assessments.

	Regulations	Standards
Total number of areas for improvement	1	2

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 relevant risk assessments were conducted on admission and reviewed appropriately. Risk assessments informed care plans. We reviewed the management of nutrition, patients' weights, restrictive practice and wound care.

A review of one patient's wound care records evidenced that the appropriate assessments had been conducted; a body map completed and wound observation charts completed including wound dimensions. There was evidence that the tissue viability nurse had given advice in relation to the wound dressing regime and that this advice had been followed. Although, a review of the patient's wound care plan did not demonstrate an actual wound dressing regime. This was discussed with the registered manager and identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians.

Bowel management was recorded well within all records reviewed. There were significant gaps observed within one patient's repositioning records. The patient was not repositioned in accordance with the directions indicated in their care plans. A review of a second patient's fluid intake identified that the patient's daily fluid target was consistently not achieved. There were no identified actions to take, should the target not be met, within the patient's care plan. Both of these concerns were discussed with the registered manager and identified as areas for improvement under standards.

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. Comments from staff included teamwork was 'great' and 'we always work well together and always help each other out'. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home's management were 'very friendly' and 'welcoming and listen to concerns'.

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

Patient and 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, teamwork and communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement under standards were identified in relation to an identified patients' wound care plan, repositioning records and fluid intake.

	Regulations	Standards
Total number of areas for improvement	0	3

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 09.00 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late 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. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

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.

A programme of daily activities for the month of July 2018 was displayed at the entrance to the home. Staff confirmed that they are allocated daily to conduct activities with patients. Staff consulted also confirmed that all staff available are involved in the provision of activities and not just the allocated staff. Discussion with the registered manager confirmed that a recent art project, involving pupils from a neighbouring school and patients accommodated in the home, had been

completed resulting in an impressive artwork displayed in the conservatory of the home. Records of activity involvement were maintained within patients' care records. The registered manager described an upcoming intervention which will further link patients with young people carrying out joint activities over 10 meetings; the content of which will be decided by the participants.

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.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Tables were covered with table cloths and dressed with flowers. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. Food was covered on transfer to patients' bedrooms. The food served appeared nutritious and appetising. Meat, potatoes and vegetables were distinguishable in puree meals. 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. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

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

- "The work you guys do is awesome. Thank you so much for all the care and dignity that you provided to ... during her stay at Gillaroo."
- "I shall never forget how well you cared for my mum."
- "A note to say a sincere thank you to each and every member of staff for the loving care ... received during his stay."

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Gillaroo was a positive experience. Ten patient questionnaires were left in the home for completion. Two were returned within the timeframe.

Patient comments:

- "Staff are very good. I get everything I need."
- "No issues. Food is good. Staff kind. 100%."
- "It's always nice here. Nice people."
- "It is very good here. Staff are very good."
- "I am very happy here."
- "Staff are very good here."
- "It's great. I really like it."

Two questionnaires were returned which did not identify if they were from patients or patients' representatives. Both respondents indicated that they were very satisfied with the service provision across all four domains.

Five patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. All were returned within the timeframe. Some patient representative comments were as follows:

- “Mum is treated with respect and well cared for. Nice environment with dedicated caring staff. Relatives are made to feel welcome.”
- “We remain very happy about the quality of care our father receives.”
- “Staff are very friendly. Happy with the care.”
- “Very pleased with the care. Staff are very accommodating.”
- “My ... is very content here. I have no complaints.”
- “The care here is fine. No complaints.”

Eight staff were consulted during the inspection. In addition, staff were asked to complete an online survey; we had six responses within the timescale specified. All respondents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led. Comments from staff included:

- “I really love it here.”
- “It is lovely. It’s just their wee home.”
- “I enjoy coming to work. Everyone is really friendly.”
- “I am really happy being here. Nicky is really good.”
- “I love it here.”
- “It’s a really nice job. I really enjoy it.”
- “There is good teamwork here and a good atmosphere.”
- “Excellent place to work Great Staff team, excellent team work.”
- “Gillaroo Lodge is a great place, where people are treated with respect and compassion. Staff work together to the better of the residents.”

A visiting professional commented:

- “I visit this home on a regular basis to see residents I find the staff helpful and caring. No issues or concerns.”

Any comments from patients, patient representatives and staff in returned questionnaires/online responses 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registered manager and staff, and observations confirmed that the home was operating within its registered categories of care.

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.

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 and care records. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home.

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. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

The registered manager confirmed that policies in the home were subject to a three yearly review and that on a monthly basis, a 'policy of the month' was selected by the home's management for all staff to read and sign once read.

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 and that management were supportive and responsive to any suggestions or concerns raised.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola McCrudden, registered manager and Elizabeth Rowan, responsible individual, 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 14 (2) (a) Stated: Second time To be completed by: With immediate effect	<p>The registered person shall ensure that doors leading to rooms which pose a hazard to patients remain locked at all times when not in official use.</p> <p>Ref: Sections 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: This has been reinforced to all staff during a supervision session.</p>
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: 31 July 2018	<p>The registered person shall ensure that registered nurses monitor patients' neurological observations in the event of a head injury, in accordance with best practice guidance and professional standards, for example; National Institute of Health and Care Excellence (NICE) post falls management guidance.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staff Nurses have been reminded to ensure this guidance is followed when required.</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 38 Criteria (3) Stated: First time To be completed by: 31 August 2018	<p>The registered person shall ensure that a physical and mental health assessment has been conducted on all new employees in the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Application form includes this clause. All staff including volunteers to complete this clause as and from this date.</p>
Area for improvement 2 Ref: Standard 44 Stated: First time To be completed by: 30 September 2018	<p>The registered person shall ensure that the environmental issues observed within the laundry room and the identified communal toilet, are repaired/replaced to allow for effective cleaning of these areas.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Laundry room is being repainted, radiator has been replaced. New flooring to be laid in communal toilet.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that the identified patient's wound care plan is reviewed to include a clear wound dressing regime.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care plan has been updated.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4 Criteria (8)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that care records evidence that desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care records have been updated.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that the identified patient's repositioning records are compliant with the patient's repositioning regime identified within their care plan.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: As part of a supervision session staff have been reminded to ensure all records are completed when residents have been repositioned.</p>

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



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