



The **Regulation** and
Quality Improvement
Authority

Unannounced Secondary Care Inspection Report 14 February 2020



The Cottage

Type of Service: Nursing Home

Address: 25 Lodge Park, Coleraine, BT52 1UN

Tel No: 028 7034 4280

Inspector: Jane Laird and Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 67 persons.

3.0 Service details

Organisation/Registered Provider: Merit Retail Limited Responsible Individual: Therese Elizabeth Conway	Registered Manager and date registered: Carol McAlary 8 November 2017
Person in charge at the time of inspection: Carol McAlary	Number of registered places: 67
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 64

4.0 Inspection summary

An unannounced inspection took place on 14 February 2020 from 10.20 hours to 17.50 hours.

The inspection assessed progress with all 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.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas for improvement were identified during this inspection in relation to the dining experience, risk management of hot surfaces, medicine storage, the environment, storage of equipment and cleaning schedules. Areas identified at the previous care inspection in relation to infection prevention and control (IPC), risk management, pressure area care and quality governance audits have been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them, professionals 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	*5	*5

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

Details of the Quality Improvement Plan (QIP) were discussed with Carol McAlary, registered manager, 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 18 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 18 September 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 February 2020 to 20 February 2020
- staff training records
- incident and accident records
- three patient care records
- three patient repositioning charts
- a sample of governance audits/records

- a sample of monthly monitoring reports from November 2019

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

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

6.0 The inspection

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 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Partially met
	Action taken as confirmed during the inspection: Review of the environment evidenced that infection prevention and control issues identified, during the previous inspection, had not been fully addressed. This is discussed further in 6.2.4 Therefore this area for improvement is stated for a second time.	
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to: <ul style="list-style-type: none"> • storage of food thickening agents, denture cleaning tablets and toiletries including razors • kettles and toasters 	Partially met
	Action taken as confirmed during the inspection: Observations of the environment evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.2 Therefore this area for improvement is 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 23 Stated: First time	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan along with the type of mattress • where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. 	Partially met
	<p>Action taken as confirmed during the inspection: Review of a sample of supplementary charts and care records evidenced that this area for improvement had not been fully met. This is discussed further in 6.2.3.</p> <p>Therefore this area for improvement is stated for a second time.</p>	
Area for improvement 2 Ref: Standard 6 Stated: First time	<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: Observations during the inspection confirmed that this area for improvement had been met.</p>	
Area for improvement 3 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to audits and ensuring:</p> <ul style="list-style-type: none"> • action plans are implemented where deficits are identified • a follow up on the action plan to establish if the necessary areas for improvement have been met. 	Not met

	<p>Action taken as confirmed during the inspection: Review of a sample of governance records/audits confirmed that this area for improvement had not been met. This is discussed further in 6.2.5.</p> <p>Therefore this area for improvement is stated for a second time.</p>	
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6.2 Inspection findings

6.2.1 Staffing provision

On arrival to the home at 10.20 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in bed as per their preference and/or assessed needs.

We reviewed staffing rotas from 7 February 2020 to 20 February 2020 and identified that a number of shifts had been cancelled at short notice. Discussion with the manager confirmed that where possible shifts were 'covered' with available staff and on occasions herself as a registered nurse. In addition recruitment for suitably skilled and experienced care assistants and registered nurses was on-going. Staff spoken with confirmed what the manager had discussed with us and stated that they felt supported by the manager and work really well as a team. Comments included:

- "Really enjoy my work."
- "Lots of training."
- "Very supported."
- "Great team work here."

We reviewed staff training records specific to the Mental Capacity Act (MCA) (Northern Ireland) 2016 deprivation of liberty safeguards (DOLS) which evidenced that the majority of staff had completed level 2 training and all relevant staff taking charge of the home had completed level 3 training. Staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place. This is discussed further in 6.2.2.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with management or the nurse in charge.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Patient health and welfare

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. We observed staff attending to patients needs in a caring manner and as promptly as possible.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that further work was to be carried out. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The dining rooms were presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals. However, we observed that the menu and date was not consistently displayed throughout the home and meals were left uncovered within the Benone Suite kitchenette whilst staff were attending to patient's needs. This was discussed with the manager and an area for improvement was identified.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in The Cottage was a positive experience. Patient comments included:

- "Very happy."
- "Staff are very nice."
- "They are very good to me here."
- "Food is nice here."
- "The staff are lovely."

Patient representatives/visitors spoke positively in relation to the care provision in the home. They said:

- "This is a very good home."
- "Staff are very attentive."
- "Inform me of everything that happens."
- "Manager very approachable."
- "Staff are very good here."

Although staff were knowledgeable regarding DOLS as discussed above in 6.2.1 we observed the use of a keypad on the outside of a bathroom door within the dementia unit which we considered to be restrictive practice.

We discussed this with the manager regarding the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. We further identified that the homes draft policy in relation to DOLS was not in accordance with current legislation. Following the inspection written confirmation was received from the manager that the keypad had been removed and the DOLS policy had been updated to reflect current legislation.

On review of the environment we identified exposed pipes leading from radiators above skirting board height within several bedrooms which were hot to touch and discussed this with the manager regarding the potential risk to patients. The manager stated that she had already completed a risk assessment regarding several radiators/pipes and agreed to have all exposed pipes covered to reduce the risk to patients. Following the inspection the manager confirmed that all exposed pipes and necessary radiators had been reviewed by maintenance personnel and would be covered as soon as the appropriate materials were available. This was shared with the estates inspector at RQIA and an area for improvement was identified.

Topical preparations were observed to have been inappropriately stored in two communal bathrooms without a label to indicate the name of the patient or the date of opening. This was discussed with the manager and the topical preparations were removed. This information was shared with the pharmacy inspector at RQIA and an area for improvement was made in relation to the safe storage of medication.

Razors were observed to be unsecure within identified patients' bedrooms within the dementia unit and unsupervised access to a kettle and a toaster was observed within the kitchenette of the dementia unit. The manager was made aware of the urgent need to review all potential risks and storage arrangements to ensure patients safety. This was identified as an area for improvement at the previous care inspection in relation to current health and safety guidelines and has been stated for a second time.

Areas for improvement

Areas for improvement were identified in relation to the dining experience, risk management of hot surfaces and medicine storage.

	Regulations	Standards
Total number of areas for improvement	2	1

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 patients. We reviewed the management of nutrition, patients' weight, management of falls and wound care. There was evidence of regular communication with families and other healthcare professionals within the care records. A system was also in place to audit patient care records and each patient had a key worker. We identified several beds with no duvets and there was no evidence within the patients care plans to advice of their preference in relation to preferred bed clothes. This was discussed with the manager who agreed to review all relevant care plans and update accordingly. This will be reviewed at a future inspection.

On review of a sample of repositioning records it was positive to note that the condition of the patient's skin was being recorded following each repositioning intervention, however, there were gaps identified within the charts where the patient had not been repositioned as per their care plan and a code was identified under "safety checks" which was not included in the list of recommended codes. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure area care and to communicate with relevant staff to ensure that the frequency of repositioning is in accordance to the patients care plan and that the appropriate codes are utilised. Pressure area care was identified as an area for improvement at the previous care inspection and has been stated for a second time.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

Since the last inspection positive improvements had been made where new floors had been fitted to the reception area, lounge and dining room within the Rose Suite which had also been redecorated with new furniture, wall paper and paint. However, there were a number of areas throughout the home where multiple bedroom walls and skirting boards were scuffed, identified floor coverings in shower rooms were unsecure and a bath labelled "out of order" was identified in the Dunluce Suite. Damage was observed to the surface of a patient's kitchenette area within the Benone Suite and cushions were missing from a number of armchairs with fabric torn within the Dunluce Suite. The manager agreed to carry out a detailed review of all rooms/areas within the home and to submit a refurbishment plan. This was received on 6 March 2020 and shared with the estates inspector for RQIA and an area for improvement was identified.

Observation of the environment specific to infection prevention and control (IPC) evidenced that the issues identified at the previous care inspection had not been fully addressed. The underneath of patient equipment/furniture had not been effectively cleaned after use and topical creams were observed unlabelled within communal bathrooms and a shared bedroom. We observed net pants/tights within identified patient ensuites which had not been laundered appropriately and laundry baskets labelled "sluice bags" with soiled linen/clothes within identified communal bathrooms. The above deficits were discussed in detail with the manager and an area for improvement has been stated for a second time in relation to IPC.

We identified that a bathroom in the Rose Suite area of the home was continuing to be used as a store for commodes/shower chairs despite this being discussed with the manager at the previous care inspection. The manager agreed to remove the equipment and to liaise with the responsible individual for the home regarding storage arrangements. This was shared with the estates inspector at RQIA and identified as an area for improvement.

The kitchen surfaces and equipment within the Benone suite kitchenette were observed to be unclean. On review of the cleaning schedule it was documented that this area had been cleaned by care staff on 7 February 2020 but there was no evidence regarding the exact detail of what had been cleaned within the kitchen as the recording sheet only recorded the staff signature and date. We observed inappropriate storage of hoists with slings in communal bathrooms and there was no

evidence of a system for the cleaning of wheelchairs and hoist slings between patient use. This was discussed in detail with the manager and an area for improvement was identified.

Areas for improvement

Areas for improvement were identified in relation to the environment, storage of equipment and cleaning schedules.

	Regulations	Standards
Total number of areas for improvement	1	2

6.2.5 Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded on most occasions. However, as discussed previously in section 6.2.1 the manager did confirm that she had covered registered nurses hours but did not always document this on the rota. The manager also agreed to ensure that all hours worked, by herself, and in what capacity would be recorded going forward.

A number of governance audits were reviewed which were completed on a monthly basis by the management team. Environmental audits captured some of the issues identified during inspection but did not have an action plan with time frames or follow ups where deficits were identified. We further observed dust within identified areas of the home to high and low surfaces and on review of the cleaning schedules some of these areas had been documented as recently having been deep cleaned. This was discussed with the manager who acknowledged that robust audits were required to ensure that areas of the home were being cleaned effectively. In order to provide the necessary assurances and to drive/sustain improvements an area for improvement that was identified at the previous inspection in relation to quality governance audits has been stated for a second time.

Areas for improvement

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

	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 Carol McAlary, 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 27 (2) (t)</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • storage of food thickening agents, denture cleaning tablets and toiletries including razors • kettles and toasters <p>Ref: 6.1 and 6.2.2</p>
	<p>Response by registered person detailing the actions taken: A Health and Safety Assessment is carried out yearly and the risk assessments for the storage of thickening agents, storage of denture cleaning tablets and toiletries including razors have been reviewed, updated and shared with staff. New lockable bathroom cabinets have been ordered and a lockable unit has been ordered for the kitchenette to enhance the secure storage of the above high risk items.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.1 and 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Feedback from the Inspection was verbally communicated to staff with immediate actions taken to highlight to staff the importance of infection prevention and control measures. Laundry baskets labelled "sluice bags" were moved with immediate effect to the sluice room and are collected by laundry personnell.</p> <p>A detailed cleaning regime has been put in place for the cleaning of residents equipment /furniture after use. Compliance will be monitored by the Home manager through the Infection prevention and Control Audit.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that all parts of the home to which patients have access to are free from hazards and unnecessary risks.</p> <p>With specific reference to ensuring that a risk assessment is completed on all hot surfaces such as radiators and that all exposed pipes are covered to reduce the potential risk to patients.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The risk assessment for hot surfaces including radiators and exposed pipes has been updated and implemented. As per the approved refurbishment programme, the manufacture, supply and installation of radiator covers and casings is being actioned. Please note, unfortunately due to the precautionary closure of the Home due to threat of Corona Virus the agreed timescales will be amended and agreed when the Home is open again for works to be carried out.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered manager should ensure that external preparations are individually labelled and administered only to the patient for whom they are prescribed. Medicines must be stored securely under the control of registered nurses.</p> <p>Ref: 6.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: As per the report unlabelled creams were immediately removed from the communal bathroom. Feedback was discussed with the nursing staff as a group supervision which revisited the importance of ensuring all external preparations are individually labelled and administered to the resident who was prescribed them. The nursing staff are aware that all medicines are stored securely under the control of the registered nurses and the Home manager will monitor this compliance through daily walkround checks.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2020</p>	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified furniture, the refurbishment of the kitchenette within the Benone Suite, floors within identified rooms and walls in multiple areas throughout the home.</p> <p>Ref: 6.2.4</p>

	<p>Response by registered person detailing the actions taken: A reburishment plan was forwarded to the RQIA on 06.03.2020 this details the replacement of furniture and refurbishment of the Benone kitchenette. Painting works to various bedrooms & ensuites including skirtings and architraves. Please note, unfortunately due to the precautionary closure of the Home due to threat of Corona Virus the agreed timescales will be amended and agreed when the Home is open again for works to be carried out.</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 23</p> <p>Stated: Second time</p> <p>To be completed by: With Immediate effect</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan along with the type of mattress • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning. <p>Ref: 6.1 and 6.2.3</p> <p>Response by registered person detailing the actions taken: Further focus has been applied for the prevention, detection and treatment of pressure damage. The Repositioning chart was reviewed and amended to include a code for Bedrails (BR). The repositioning charts documents the type of mattress, the frequency and intervention which is reflected in the careplan.</p> <p>The staff have been reminded to ensure the settings on mattresses are checked at each repositioning and documented on the repositioning and safety chart.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to audits and ensuring:</p> <ul style="list-style-type: none"> • action plans are implemented where deficits are identified • a follow up on the action plan to establish if the necessary areas for improvement have been met <p>Ref: 6.1 and 6.2.5</p>

	<p>Response by registered person detailing the actions taken: A regional meeting was held on 12th March 2020 to confirm the monthly schedule. To ensure a full audit cycle is being carried out a new monthly audit analysis and action plan tool was agreed and is currently being implemented. Outstanding actions will be reviewed by the regional manager during Regulation 29 visits.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that the dining experience is reviewed within the home.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • food is kept covered and warm prior to serving • menus are appropriately displayed with the correct date throughout the home. <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Kitchen staff have been advised to ensure no meals are leaving the kitchen without appropriate food warming covers. Staff have been reminded to ensure meals served from Benone kitchenette are being kept covered and stored in the Bann Marie until ready to be served. Menu boards reflect the correct details of menu for the day and this has been re-iterated to all staff to ensure it reflects this information on a daily basis.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that the nursing home, including all spaces, is only used for the purpose for which it is registered. With specific reference to ensuring that the equipment stored in the identified bathroom within the Rose suite is removed.</p> <p>Ref:6.2.4</p> <p>Response by registered person detailing the actions taken: A variation is to be submitted for a change of use with the identified bathroom changing into a storage area for commodes/shower chairs.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection with established systems to assure compliance.</p> <p>With specific reference to ensuring that robust cleaning schedules are implemented for:</p> <ul style="list-style-type: none"> • kitchenettes throughout the home • wheelchairs and hoist slings <p>Ref:6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Enhanced cleaning regimes have been put in place for the cleaning of kitchenettes within the Rose and Benone suites and the Wheelchairs and hoist slings. Compliance will be monitored by the Home manager through the Care and Environment audit.</p>

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



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