

# Unannounced Care Inspection Report 23 March 2018



## The Cottage

**Type of Service: Nursing Home (NH)**  
**Address: 25 Lodge Park, Coleraine, BT52 1UN**  
**Tel No: 028 70344280**  
**Inspector: Bridget Dougan**

[www.rgia.org.uk](http://www.rgia.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 67 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Merit Retail Limited  <b>Responsible Individual:</b> Therese Elizabeth Conway	<b>Registered Manager:</b> Carol McAlary
<b>Person in charge at the time of inspection:</b> Carol McAlary	<b>Date manager registered:</b> 8 November 2017
<b>Categories of care:</b> Nursing Home (NH) TI – Terminally ill DE – Dementia 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	<b>Number of registered places:</b> 67

### 4.0 Inspection summary

An unannounced inspection took place on 23 March 2018 from 10.30 to 17.00.

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.

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.

There were examples of good practice found throughout the inspection in relation to staffing levels, skill mix and the environment. There were also examples of good practice found in relation to governance arrangements and the culture of the home which promoted a sense of teamwork.

There were no areas for improvement under the regulations. Areas of improvement under the standards were identified in relation to documentation in respect of the prevention and treatment of pressure wounds.

Patients and relatives said that they were satisfied with the care and services provided and patients described living in the home in positive terms.

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>	0	3

This inspection resulted in three areas for improvement under the standards being identified. Findings of the inspection were discussed with Carol McAlary, registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 12 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 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
- written and verbal communication received since the previous care inspection which may include 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
- the previous medicines management report

During the inspection the inspector met with thirty patients, twelve staff and three patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

The following records were examined during the inspection:

- duty rotas for nursing and care staff
- a sample of incident and accident records
- complaints record
- three staff recruitment and induction files
- nine patient care records
- supplementary care charts for example; repositioning charts, food and fluid charts, bowel records
- a selection of governance audits

- 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.

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 12 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 2 & 3 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered persons must ensure the safe administration of medicines. Medicines must not be left unattended and registered nurses must only sign for the administration of medicines which they have actually administered.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager informed the inspector that all registered nurses had been made aware of safe and correct procedures for the administration of medicines and these were regularly audited and observed by the registered manager. No medicines were observed to be left unattended on the day of the inspection. There was evidence that medication audits had been completed on a monthly basis and actions taken to address any deficits.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that registered nurses have oversight of the urinary output and bowel records, to ensure that indicators of infection, dehydration and constipation are identified and acted upon; this information should be included in the daily progress notes.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and review of care records evidenced that records of urinary output and bowel movements had been accurately recorded. There was evidence of action taken in the event of infection, dehydration or constipation.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that the assessment of patient need is kept under review and revised to reflect patients' changing needs; this refers particularly to patients who have been readmitted to the home following a period of hospitalisation.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Assessment of patient need, including risk assessments had been reviewed and updated for patients who had been readmitted to the home following hospitalisation.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) and (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that the treatment to patients reflect their current needs. This refers specifically to the management of patients who have been identified as losing weight.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>In a sample of care records of four patients who had been identified as losing weight, there was evidence that nutritional screening and care plans were in place and reviewed at least monthly. There was evidence of prompt referrals made to relevant healthcare professionals, including the dietician and the recommendations made by relevant healthcare professionals had been included in care plans and were being adhered to.</p>		

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16 (1) and (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons must ensure that patients' care plans accurately reflect the current and/or changing needs of the patient and evidence is present of regular meaningful evaluation of care.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Nine patients care records were reviewed. In general, care plans accurately reflected the current and/or changing needs of the patient and evidence was present of regular, meaningful evaluation of care. An area for improvement under the standards has been identified in section 6.5 in respect of the prevention and management of pressure damage.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should review the number and ratio of staff on duty to ensure that the patients' care needs are met at all times. This review should also include contingency arrangements for covering staff shortages during the working week.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that the registered manager had reviewed patient dependency levels and the number and ratio of staff on duty to ensure the needs of patients were met. Contingency arrangements had been put in place to cover staff shortages including the recruitment of three new care assistants. Duty rotas evidenced that planned staffing levels had been adhered to.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that recruitment records include information to explain the reasons for leaving previous employment.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three recruitment records were reviewed and evidenced that any gaps in employment were explored and explanations recorded.</p>		

<b>Area for improvement 3</b> <b>Ref:</b> Standard 23.5 <b>Stated:</b> First time	The registered persons should ensure that registered nurses review the need for specialist pressure relieving equipment, as part of the readmission process or in response to the changing needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that registered nurses had reviewed the need for specialist pressure relieving equipment as part of the readmission process or in response to the changing needs of patients.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered persons should ensure that the care records reflect care delivered in respect of the care of PEG sites.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that no patients accommodated at the time of the inspection required PEG feeding. The registered manager informed the inspector that this matter had been discussed during supervision with registered nurses and PEG competencies had been completed and she was assured that nurses understood their responsibilities in this respect.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered persons should ensure that the clinical hours worked by the registered manager are clearly recorded on the staffing rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of four weeks duty rotas were reviewed for weeks commencing 2, 9, 16 and 23 March 2018 and evidenced that no clinical hours had been worked by the registered manager. This was confirmed by the registered manager and staff.	



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 16.11</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that any concerns raised during patients' or relatives' meetings are recognised as such; and should be recorded in the home's complaints record and managed in accordance with the DHSSPS Care Standards for Nursing Homes 2015.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The minutes of patients/relatives meetings held on 18 October 2017 and 5 January 2018 were reviewed and evidenced that no concerns were raised; however issues requiring clarification (for example, meals and activities) were raised by relatives and clarified by the registered manager.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 35.4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons should ensure that the auditing processes are further developed to ensure that shortfalls identified during this inspection are identified and follow up action taken to address any identified deficits. This refers specifically to the care records; bowel records; urinary output records; and patients' weights audits.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager confirmed that auditing processes had been further developed and there was evidence of improvements in the management of care records, bowel records; urinary output records; and audits of patients' weights. Weekly management audits were completed from information provided by the electronic care management system and more in depth monthly audits were carried out over a range of areas including care records, patients' weights, bowel and food and fluids records.</p>		

<b>Area for improvement 8</b> <b>Ref:</b> Standard 35.18 <b>Stated:</b> First time	The registered persons shall implement a robust system to manage alerts received in relation to medication, equipment and devices; and Chief Nursing Officer (CNO) alerts regarding staffs who have sanctions imposed on their employment by professional bodies.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A robust system was in place to manage alerts.	
<b>Area for improvement 9</b> <b>Ref:</b> Standard 35.4 <b>Stated:</b> First time	The registered persons should ensure that care staff are aware of the indicators of dehydration, urinary infections and constipation; and the importance of reporting appropriately to the registered nurses.  Evidence of how this is addressed with staff must be retained in the home for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that supervision had been completed with care staff to enable them to identify the indicators of dehydration, urinary infections and constipation and the importance of reporting abnormalities. Discussion with care staff evidenced that they were knowledgeable in respect of these areas.	

### 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 rotas for weeks commencing 2, 9, 16 and 23 March 2018 evidenced that planned staffing levels were adhered to. The registered manager advised that three new care assistants had been employed recently.

Discussion with patients, representatives and staff evidenced that two staff and one representative had some concerns regarding staffing levels. This information was shared with the registered manager for follow up as required.

Observation of the delivery of care at the time of inspection provided evidence that patients' needs were met by the levels and skill mix of staff on duty.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

Review of nine patients care records evidenced that a range of validated risk assessments were completed as part of the admission process and had been reviewed on a monthly basis or more frequently as required.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed 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. Patients/representatives spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels, skill mix and the environment.

### Areas for improvement

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

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

### 6.5 Is care effective?

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

Review of nine patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required.

The majority of care records reviewed accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

The care records of five patients who had been assessed as being at risk of developing pressure damage were reviewed. A care plan for the prevention of pressure damage was not in place for three patients. An area for improvement was identified.

We reviewed the management of wound care for three patients. While wound care was well documented for two patients, appropriate wound care documentation was not in place for one patient. There was evidence that, two days prior to the inspection, the patient had been assessed as having a grade two pressure wound and a dressing had been applied. A body map was in place and details of the patients wound care regime had been recorded in the evaluation of a care plan for the prevention of pressure damage. There was no evidence of a wound assessment or care plan for the treatment of the patient's wound. Daily progress notes contained no information regarding the condition of the patients wound; however a note had been made in the daily report for 20/3/18 that the patient had been identified as having a pressure wound. An area for improvement was identified.

Review of the care records of one patient whose behaviour challenged others evidenced that they were well maintained. A documented behaviour support plan for the management of the patient's behaviour was in place and agreed with the patient/relatives and relevant professionals and there was evidence that it had been regularly reviewed for effectiveness.

Supplementary care charts such as bowel charts, food and fluid records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. While repositioning records were generally well maintained, they did not include any information on the condition of patients' skin upon being repositioned. An area for improvement has been identified.

Staff demonstrated an awareness of the importance of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered. There was evidence of regular monthly audits of a number of areas including care records, falls management and infection control. Action plans had been developed and there was evidence that the actions had been embedded.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held every four to six months. Patients and relatives expressed their confidence in raising concerns with the staff and registered manager.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between patients, relatives and staff.

**Areas for improvement**

Three areas for improvement under the standards were identified in to documentation in respect of the prevention and treatment of pressure wounds.

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with patients and staff evidenced that arrangements were in place to meet patients’ religious and spiritual needs within the home.

Observation of the lunchtime meal confirmed that patients were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated patients with dignity and respect, affording patients adequate time to make decisions and choices and offered reassurance and assistance appropriately.

Patients who were able to communicate their feelings indicated that they enjoyed living in The Cottage and that staff were caring and attentive.

Comments included:

“I’m very happy here, I’ve no concerns”  
 “the staff are all very good to me”

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. A copy of the most recent annual report and action plan were available.

We spoke with three relatives during this inspection all of whom were complimentary regarding the management, staff and the care provided to their loved ones. One relative commented that, although they had no concerns regarding the care provided, at times staff appeared rushed and they felt there may not be enough staff on occasions. This comment was shared with the registered manager for follow up as required.

Some comments received from relatives during the inspection included:

“I am very happy with the care and attention my mother is receiving. The staff are all very good. If there are any issues, they are dealt with”  
 “I have no concerns”

Twelve questionnaires were left with the registered manager to issue to relatives and patients who were not consulted during the inspection and none were returned.

A poster was also displayed for staff inviting them to provide online feedback to RQIA. No feedback was received following the inspection.

We met with twelve staff during the inspection. Staff commented that they were satisfied that the care provided to patients was safe, effective and compassionate and that the home was well led. They confirmed there they had attended mandatory training and there were opportunities for further training in specialist areas relevant to their roles and responsibilities. Two staff felt that the provision of an additional hoist would enhance the care provided to patients. This comment was shared with the registered manager and the regional manager during feedback. The inspector was informed that this suggestion would be taken forward and an additional hoist would be provided.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff awareness of patients’ needs, wishes and preferences, patient and staff interactions.

**Areas for improvement**

No areas for improvement were identified within this domain 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.**

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The registration certificate was up to date and displayed appropriately.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Since the last inspection there was evidence that the governance arrangements in place were more robust which resulted in positive outcomes for safe effective care and the operational management of the home. Discussion with the registered manager confirmed that the senior clinical team had been developed to include three senior nurses and a nursing sister. The plans going forward were for increased quality monitoring to identify shortfalls and ensure effective measures were taken to drive improvements. This includes, but not limited to; care plan audits; home manager audits and wound care practice audits.

Discussion with the registered manager and 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 Care Standards for Nursing Homes 2015.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that they were managed appropriately.

Review of records evidenced that unannounced quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was included within the report to address any areas for improvement and was reviewed at the next visit. Copies of the quality monitoring reports were available in the home.

Discussions with the staff confirmed that there were good working relationships and that management were 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 and maintaining good working relationships.

### Areas for improvement

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

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



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that where a patient is assessed as at risk of pressure damage, a documented pressure damage prevention programme is drawn up and agreed with relevant professionals and entered in to the patients care plan.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Residents at risk of pressure damage have care plans in place to reflect their assessment. The assessments are updated monthly or more often if changes noted and are cross referenced with the care plans.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that where a patient is assessed as having a wound; a care plan is in place and includes the grade and size of the wound and the prescribed dressing regime. An assessment of the wound should be recorded after each dressing change.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> More robust system in place for auditing of wound care to ensure that residents with wounds have care plans and wound charts in place and that they are updated.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 April 2018</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of patients' skin is documented upon the patient being repositioned.</p> <p>Ref: Section 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Supervisions have been carried out with all care staff regarding skin care focusing on skin inspection and repositioning. New re-positioning charts have been devised and care staff educated on completing these.</p>

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



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