The Regulation and Quality Improvement Authority

Inspection Report

11 May 2021

Aughnacloy House

Type of Service: Nursing Home (NH)
Address: 2 Tandragee Road, Lurgan, Craigavon, BT66 8TL
Tel No: 028 3834 6400

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: MD Healthcare Ltd **Responsible Individual:** Mrs Lesley Catherine Megarity	**Registered Manager:** Ms Constance Mitchell **Date registered:** 12 February 2015
Person in charge at the time of inspection: Ms Constance Mitchell	**Number of registered places:** 71 A maximum of 33 patients in category NH-DE located on the first floor only. The home is also approved to provide care on a day basis only to 4 persons.
Categories of care: Nursing Home (NH) 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.	**Number of patients accommodated in the nursing home on the day of this inspection:** 61
Brief description of the accommodation/how the service operates: This is a registered nursing home which provides nursing care for up to 71 persons. The home is divided into two units over two floors. The ground floor provides general nursing care and the first floor provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2021, from 9.30am to 6.30pm and was conducted by a care Inspector.

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.

Areas requiring improvement were identified in relation to care records; infection prevention and control practices; personalisation of patients' bedrooms; the transportation of meals to patients' bedrooms; and to the management of potential hazards.

The outcome of the inspection provided assurance that the delivery of care provided in Aughnacloy House was safe, effective, compassionate and well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning trust.

Throughout the inspection, patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine whether effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with eight patients, one relative and 14 staff. All those spoken with expressed positive experiences in relation to either living in, working in or visiting the home. We received no completed questionnaires.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, relatives, and staff, are included in the main body of this report.

An anonymous source contacted RQIA following the inspection in regard to some aspects of service provision; we discussed this with the manager who provided assurances that these aspects of service delivery were being effectively managed.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 04 February 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 4 **Stated:** First time	The registered person shall ensure that patient care records are maintained in an up to date and accurate manner specifically in relation to: • responding to behaviours; and • ensuring the rationale for any referral for treatment is detailed in patients' care records.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of care records confirmed that this area for improvement was met.	
Area for improvement 2 **Ref**: Standard 48 **Stated:** First time	The registered person shall ensure that the fire risk assessment report evidences that any recommendation made in the report has been addressed.	**Met**
	Action taken as confirmed during the inspection: Review of the fire risk assessment, dated 16 June 2020, evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

A sample of staff recruitment files were reviewed and showed that safe systems were in place for the selection and recruitment of staff.

Staff were provided with a comprehensive induction to prepare them for working with patients. One induction was underway at the time of inspection and this new member of staff told us that they were 'buddied up' with an experienced member of the team; the inductee told us that this was working well and that they felt supported. Some staff described their inductions as "excellent" and "good".

Where necessary, new care staff were supported in relation to applying for registration with the Northern Ireland Social Care Council (NISCC). Review of governance records provided assurance that all other staff were registered with either NISCC or the Nursing and Midwifery Council (NMC) and that these registrations were effectively monitored by the manager. A colour coded system was in place which identified staff who were approaching professional registration renewal dates; this gave the manager good oversight of staff registration status and was identified as an area of good practice.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours and capacity worked were stated on the duty rotas and the person in charge at each shift in the absence of the manager was clearly identified. Any staff in charge of the home during the manager's absence had a 'nurse in charge' competency completed and reviewed yearly.

The duty rota also had a colour coding system in place which clearly demonstrated the skill mix of staff on duty. This colour coded system also allowed the person in charge to identify where additional support and supervision among staff may be needed. This was identified as good practice.

The manager explained how safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients. It was noted that there was enough staff in the home to respond to the needs of patients. Staff told us that patients' care and welfare were very important to them and were seen engaging with patients in a warm and reassuring manner.

Staff told us that there was enough staff on duty, and while some days they were very busy, they worked well as a team and had access to any necessary training, supplies and equipment required to carry out their roles. The manager stated that a recruitment drive was ongoing and that some candidates had been successfully appointed. Assurances were given that agency/temporary staff are used in the event that unplanned staff absences cannot be filled by the home's own staff.

Patients told us that they were satisfied with the staffing levels and availability of staff. One patient commented that the staff are "very busy" and another commented that staff come "if they are handy"; all patients said that they get what they need and that staff respond to the nurse call bells. Patients described staff as "lovely and helpful".

The relative we spoke with said that staff were very good and that as a family they were happy with the care.

We spoke to the manager about the provision of activities to patients within the home. It was noted that the activities staff member had been redeployed within the home to focus on facilitating current visiting and Care Partner arrangements which were being provided in line with regional guidance. The manager recognised that this had resulted in the reduction of available activities for patients within the home; however, the manager stated that in order to

address this, two new staff members had been appointed who would be tasked with facilitating visiting and Care Partner arrangements. These new staff members were currently being inducted and the manager anticipated that once that process was completed, the home's activities staff member would be free to concentrate on the provision of a holistic activities programme. The manager also confirmed that recruitment was underway to employ another activities person which would further enhance activities provision within the home. The home had also recently purchased an interactive TV which could be wheeled to any part of the home for patients' entertainment.

There was a system in place to ensure that mandatory training for staff was kept up to date. While it was acknowledged that the majority of mandatory training was being provided on an eLearning platform due to the COVID-19 pandemic, some face to face practical training sessions had been taking place either on a one to one basis with new staff or in smaller staff groups. Staff spoken with did not raise any concerns about training, with some saying the provision of training was good and one staff member said that management would always remind them if they have a course that is due for update.

One staff member who contacted RQIA following the inspection expressed concern that some staff were overdue the practical element of their moving and handling training. This concern was discussed with the manager who acknowledged that the pandemic had caused some delays in the usual training calendar and provided assurances that moving and handling practical sessions had resumed thanks to two in-house trainers.

In summary, assurances were provided that staffing arrangements within the home was safe.

5.2.2 How does this service ensure patients feel safe and are safe from harm?

The manager told us that they were also the home's appointed safeguarding champion; this means that the manager has responsibility for implementing the regional adult safeguarding protocol and the home's safeguarding policy.

There were policies and procedures in place to be followed in the event of any allegation of harm towards a patient and staff were provided with safeguarding training to a level relevant to their roles. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice and said that they felt confident in raising concerns if needed.

We looked at arrangements relating to the use of restrictive practices, such as bed rails or alarm mats. Review of a selection of patient records showed that relevant risk assessments were in place, there had been best interest discussions involving next of kin and relevant professionals such as the patient's GP and staff from the home, and where appropriate, consent had been obtained from the patient. Restrictive practices were reviewed at least monthly and the manager had oversight of these by means of a monthly audit.

We observed the environment of the home and noted that in some patient areas there was unsecured access to materials, fixtures / equipment, or food thickening agent which potentially posed a risk to patients. This was highlighted to the manager and senior team who acted immediately to make these areas safe. An area for improvement was identified.

In summary, a review of the safeguarding processes and discussions with staff demonstrated that safeguarding systems were robust and helped to keep patients safe. An area for improvement was identified in relation to ensuring that the internal environment was safe and that potential risks were effectively managed.

5.2.3 How does the home's environment meet the needs of the patients?

We observed a range of rooms throughout the home including patients' bedrooms and communal areas. All areas of the home were free from malodour.

Bedrooms were clean, fresh and well-lit. However, there was an absence of personalisation within some patient's bedrooms such as photos or memorabilia. Personalisation of individual patient's space would encourage memory connections, stimulate cognition, and provide a more homely feel. An area for improvement was identified.

The standard of interior décor varied throughout the home. Some corridor walls and patients' bedroom walls were in need of repainting. This was discussed with the manager who had already identified the need for redecorating. Following the inspection and within an agreed timeframe, the manager provided RQIA with a refurbishment plan which detailed what areas would be repainted and the expected completion date for these works. This will be reviewed at the next inspection.

Fire safety measures were in place such as corridors, stairwells and fire exits being free from clutter or obstruction.

The dining rooms were clean and spacious. Cupboards and fridges were clean, tidy and well organised. Tables were set in advance of patients arriving for meals, and there was low level background music playing which added to the relaxed and social atmosphere of mealtimes. However, it was noted that there was a lack of menus on display within the dementia unit and that the menu on display within the nursing unit was out of date. An area for improvement was identified.

It was positive to note that during the inspection the home's Wi-Fi was being upgraded, which would improve the overall quality of the service for patients; the manager hoped that it would also improve access to Wi-Fi in more parts of the home and help patients keep in touch with family and friends via video calls.

In summary, while the layout and décor of the home was arranged to meet the needs of the patients, areas for improvement were identified in regard to greater personalisation of patients' bedrooms and their dining experience.

5.2.4 How does this service manage the risk of infection?

Signage was on display at the entrance of the home to reflect the current guidance on COVID-19. All visitors had their temperature checked and a health declaration completed on arrival. Details of all visitors to the home were maintained for track and trace purposes. There were facilities to carry out hand hygiene and put on the recommended Personal Protective Equipment (PPE) before proceeding further into the home.

Visiting arrangements were in place in keeping with current regional guidance although the role of Care Partner was referred to as 'essential visitors'. Essential visitor arrangements were communicated to all patients' next of kin and a number of people had taken on this role. Risk assessments and agreements were in place for each essential visitor. Training in the correct use of PPE had been completed by all visitors and agreements included strict adherence to the home's Infection Prevention and Control (IPC) policy.

As part of the regional programme for planned and regular testing for COVID-19, patients were tested every four weeks and staff and essential visitors were tested weekly.

The cleanliness of the home was maintained to a high standard and staff recognised the importance of maintaining this; domestic staff told us that in addition to their regular cleaning schedules, all frequently touched points such as handrails and handles were cleaned more regularly. Staff said that everyone was aware of their roles and responsibilities in relation to infection control and that they had adequate PPE and cleaning supplies. Staff were seen to practice hand hygiene at key moments and use PPE appropriately.

Some environmental IPC issues were noted, namely, inappropriate storage, items of furniture being worn or damaged, and the use of a soap bar in a communal bathroom. The manager later provided evidence that all of the above issued had been addressed. An area for improvement in environmental IPC governance was identified.

Patients said that they were happy with the cleanliness of the home and made positive comments about domestic staff being very good and thorough. No concerns were raised by staff or relatives in relation to the cleanliness of the home or the management of COVID-19 restrictions.

In summary, there were effective arrangements in place in relation to the management of COVID-19; an area for improvement was identified in relation to some aspects of IPC practice within the home.

5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patient's care needs, ensure patients' rights to privacy and dignity are maintained and the management of skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes to the needs of the patients and prioritised any special arrangements for that day, such as, facilitating visits from health professionals. In addition, care records were available to inform nursing and care staff of patients' needs. Staff were knowledgeable of individual patients' needs, and their daily routine, wishes and preferences.

Staff demonstrated respect for patients' privacy through actions such as discussing patient care in a confidential manner and by discreetly offering personal care to patients. This was identified as good practice.

Patients who required assistance with mobilising were attended to by staff and the staff interventions were documented accordingly. While there was no concerns regarding patients' skin integrity, it was noted that there was inconsistency in relation to the frequency with which staff provided such assistance to patients. An area for improvement was identified.

Discussion with the manager provided assurance that there was a sufficient availability of moving and handling equipment within the home. The manager stated that one steady aid had been decommissioned and removed from use. It was agreed with the manager that it would be beneficial to keep staff updated in regard to such equipment being repaired and/or decommissioned.

Where a patient was identified as being at risk of falls, measures to reduce this risk were put in place, for example, call bells were accessible, aids such as bedrails and alarm mats were used, patient areas were clutter free, staff encouraged patients to wear suitable footwear when walking and to use walking aids, and staff conducted regular checks on patients throughout the day and night.

Records confirmed that in the event of a patient falling, a post falls pathway was followed, and all relevant parties such as the next of kin, trust key worker and RQIA were informed, as appropriate. The post falls pathway evidenced that staff took appropriate action following a fall, for example, neurological observations were monitored as needed and medical assistance was sought if required.

The manager completed a monthly falls analysis to identify patterns or trends and to determine if any other measures could be put in place to further reduce the risk of patients experiencing a fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime meal was observed and found to be a pleasant experience, with music playing, spontaneous and friendly social interactions between patients and staff, and a relaxed and unhurried service.

As stated in Section 5.2.3, there was a lack of menus available and patients and staff were unaware of what food was on offer until it arrived from the kitchen. Once the food was available, staff were seen to offer choice to patients and a range of drinks were made available. Those patients requiring modified diets as recommended by Speech and Language Therapy (SALT) were also afforded a choice of meals and drinks. The food was attractively presented, smelled appetising, and portions were generous.

Staff told us that they were made aware of patients' individual nutritional needs and that any special requirements such as SALT or dietetic recommendations were stated on the supplementary records booklet as well as in the patients' main care records.

Staff were seen to offer support to patients with their meals with levels of intervention ranging from verbal encouragement and supervision to full assistance. This assistance was provided while maintaining patients' dignity and was identified as good practice.

Patients were offered a choice of where they wished to have their meals and some chose to eat in their bedrooms or in a communal lounge rather than the dining rooms. However, there was inconsistent use of food covers when food was being transported to some patients' bedrooms; an area for improvement was identified.

Patients' weights were monitored monthly or more often if required. A record was maintained of each patient's food and fluid intake on a daily basis.

Patients said that overall, the food was good and tasty; however, some patients told us that portion sizes were sometimes “too much.” One patient suggested that meals could be improved with the availability of more fresh vegetables. This suggestion was shared with the manager who agreed to discuss with the chef and review the provision of more fresh vegetables.

There was evidence of onward referral to specialist disciplines when required, such as Tissue Viability Nurse (TVN), podiatry, Speech and Language Therapy (SALT), dietetics and falls prevention team.

In summary, there were effective arrangements in place to manage the needs of those patients at risk of falling; staff were also observed engaging with patients in a respectful and dignified manner. An area for improvement was identified in regards to the repositioning of patients and their dining experience.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?

Patients’ needs were assessed at the time of admission into the home. Following this initial assessment, care plans were developed to direct staff on how to meet the patient’s needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. Expected assessments such as dependency needs, Malnutrition Universal Screening Tool (MUST), oral needs, choking risks, falls risks, pain scales, and skin integrity risks, were in place and any identified needs were addressed in the patients’ care plans.

It was noted that for those patients who required pressure relieving equipment such as specialised mattresses or cushions, there was inconsistency in relation to how staff recorded the type of mattress in place or the correct settings required. An area for improvement was identified.

In keeping with their capacity to do so, patients were involved in planning their own care and the details of care plans were shared with patients’ relatives, if this was appropriate. It was positive to note the inclusion of patient’s social histories in each care record as this assisted staff with understanding each individual patient, their wishes and values, and gave insight into the patient’s lives before moving into nursing care.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of any visits from any healthcare professional was also recorded.

Each patient should be provided with an annual review of their care with the responsible trust care manager or key worker. Records indicated that some patients were overdue their annual review and the manager maintained a record of any correspondences between the home and the responsible trust. It was acknowledged that some delays had been caused with this process because of the COVID-19 pandemic, but alternative arrangements for holding care reviews should be explored, such as using teleconference facilities. The manager agreed to continue liaising closely with the relevant trusts; this will be reviewed at a future care inspection.

In summary, care records were held securely and there was evidence of good communication with patients' next of kin and relevant healthcare professionals. The documenting of pressure relieving devices required some improvement.

5.2.7 How does the service support patients to have meaning and purpose to their day?

There were regular patient meetings which provided them with an opportunity to comment on aspects of the running of the home, for example activities and menu choices. An annual quality survey was completed to gather patients' opinions regarding the overall service in the home.

Staff routinely offered choices to patients which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

As discussed in section 5.2.1 the activities staff had been redeployed to facilitate the visiting and care partner arrangements during the pandemic. However more staff had been newly recruited into both activities and managing visiting. The arrangements for activity provision will be reviewed again at the next care inspection.

Patients were seen to be enjoying watching television or listening to music in communal lounges, or spending time in their rooms reading. Staff and patients were seen to engage in impromptu singalongs or reminiscence sessions.

In summary, there were suitable systems in place to support patients to have meaning and purpose to their day. The provision of an organised activities programme will be reviewed at the next care inspection.

5.2.8 What management systems are in place to monitor the quality of care and services provided and to drive improvement?

There was a clear management structure within the home and staff were aware of who the person in charge of the home was at any given time. The manager is supported by a deputy manager and a charge nurse for each unit.

Staff understood their own roles and responsibilities and how to raise any concerns about patients, care practices or the environment. Staff spoken with said that they felt comfortable enough to raise any issues and felt confident that matters would be dealt with appropriately.

The manager provided assurances that an open door policy was in place and that this would be reiterated with staff. It was noted that during a general staff meeting held on 4 March 2021, staff suggested that they would benefit from having team meetings specific to each unit so that issues could then be more easily identified and addressed by each unit manager. The home manager confirmed that this staff suggestion had been listened to and as a result, individual team/unit meetings were due to commence in the coming weeks. This was evidence of effective and responsive communication between management and staff.

The manager was further supported with a deputy and charge nurse for each unit.

The home is visited each month by a representative of the registered provider to consult with patients, relatives and staff and to examine all areas of the running of the home. A review of the monthly monitoring records from March 2021 showed that these visits were unannounced and resulted in a written report which was made available to the manager for ongoing quality improvements. This report contained an update on any progress made from the previous visit, consultation with patients and staff, a review of a sample of records, and concluded with an action plan to further drive improvement.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or members of the team completed regular audits of areas such as, but not limited to, accidents and incidents, wound care, restrictive practices, IPC and hand hygiene practices.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and records were maintained. Complaints were seen as an opportunity for the team to learn and to continually improve the service. Patients and their relatives said that they knew who to approach if they had a complaint.

A record of compliments to the home was held in each unit and a recent thank you card said "…in my relative's last days you allowed myself and my brother to stay…this gave great comfort."

Patients or the relative spoken with did not raise any concerns about the management of the home.

In summary, there were robust systems in place to monitor all aspects of service delivery and care provision within the home and the manager exercised effective oversight of these. The manager gave assurances that all expressions of dissatisfaction were taken seriously and that there was an ongoing commitment by management to ensuring that all staff feel they can approach management with concerns.

6.0 Conclusion

Discussion with patients and staff, review of records and observation of the environment provided assurances that care was delivered in a safe, compassionate and well led manner. Patients spoke positively about their care and staff were observed meeting patients' needs in a respectful and dignified manner. One relative told us that they had never seen their relative smile as much since they moved in to Aughnacloy House.

While the majority of care was provided effectively, improvements were identified specifically in relation to the repositioning of patients, patients' dining experience and the use of pressure relieving equipment. Other areas for improvement were also identified in regard to the environment, risk management and IPC practices.

Areas of good practice were identified in relation to monitoring the professional registration of staff, the staff duty roster and current visiting arrangements.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
Total number of Areas for Improvement	2	5

Areas for improvement and details of the Quality Improvement Plan were discussed with Constance Mitchell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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:** First time **To be completed by:** With immediate effect	The registered person shall ensure that robust arrangements are in place in relation to managing risks within the environment; this relates specifically to those matters identified within Section 5.2.2. Ref: 5.2.2
	Response by registered person detailing the actions taken: Further robust arrangements have been implemented in the home to ensure that inappropriate items are stored securely. This will also be monitored by the Home Manager and senior team in the home.
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that robust systems are in place to monitor and address potential or actual environmental IPC issues in a timely manner. Ref: 5.2.4
	Response by registered person detailing the actions taken: All areas identified on the day of the inspection were addressed immediately and evidence of this forwarded onto the inspector. The Home Manager and senior team in the home will continue to monitor these areas through the auditing process.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 43.6 **Stated:** First time **To be completed by:** 30 July 2021	The registered person shall ensure that patients' bedrooms are personalised as far as reasonably possible. This is with specific reference to bedroom walls. Ref: 5.2.3
	Response by registered person detailing the actions taken: A refurbishment program was supplied to the inspector. The inspector was informed on the day of the inspection that the home had been without a maintenance person and were awaiting someone to commence once pre employment checks were completed. A new maintenance person has now started and the refurbishment programme has recommenced throughout the home. Families are encouraged to bring in personal items such as photgraphs and pictures that are meaningful to promote a homely environment.

Area for improvement 2 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that menus are displayed in a suitable format for patients and that the correct menus are on display each day. Ref: 5.2.3
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** Following a meeting with staff on 20.05.21, to discuss and further enhance the residents dining experience, the menu format has been reviewed in conjunction with the residents and the pictorial menus are being further developed for easier reference. The menus on display each day are updated daily by a designated member of staff to ensure residents & staff are aware of what food is being served. This will be monitored by the Home Manager and senior team in the home.

Area for improvement 3 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that care records relating to the repositioning of patients are completed in a person centred, comprehensive and accurate manner at all times. Ref: 5.2.5
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** Nursing staff have undertaken further supervision sessions to support and remind them of the importance of recording person centred care plans for residents repositioning regimes. This will be monitored by the Home Manager and senior team in the home through the auditng process.
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that food is appropriately covered at all times when being transported to patient bedrooms. Ref: 5.2.5
To be completed by: With immediate effect	**Response by registered person detailing the actions taken:** All staff transporting food to residents have been further instructed to ensure food is covered with a plate cover, without exception. This is being closely monitored by the Home Manager and senior staff in the home on a daily basis.
Area for improvement 5 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that patients' care records clearly state at all times the type of any pressure relieving device being used including any relevant settings. Ref: 5.2.5

To be completed by:	Response by registered person detailing the actions taken:
With immediate effect	Nursing staff have undertaken further supervision sessions to support and remind them of the importance of recording the type of any pressure relieving device for residents. This will be monitored by the Home Manager and senior team in the home through the auditng process.

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

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