



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 23 and 30 July 2019



Glencarron

Type of Service: Nursing Home
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Assurance, Challenge and Improvement in Health and Social Care

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

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 44 patients.

3.0 Service details

<p>Organisation/Registered Provider: Glencarron Homes Ltd</p> <p>Responsible Individuals: Brendan Liddy Bridget Liddy</p>	<p>Registered Manager and date registered: Oonagh Grant – 21 December 2011</p>
<p>Person in charge at the time of inspection: Oonagh Grant</p>	<p>Number of registered places: 44</p> <p>Of the 44 residents accommodated there shall be a maximum of 4 assessed as NH-DE and a maximum of 10 in categories NH-PH & NH-PH(E). The home is also approved to provide care on a day basis for a maximum of 9 persons or a maximum of 5 persons of high dependency.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 44</p>

4.0 Inspection summary

An unannounced inspection took place on 23 July 2019 from 09.30 hours to 17.20 hours, and 30 July 2019 from 11.00 hours to 14.00 hours.

This inspection was undertaken by the care, pharmacist and finance inspectors.

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 for improvement in respect of previous estates, finance and medicines management inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, staff recruitment, staff training and development, adult safeguarding, communication, nutrition management, management of incidents and quality improvement. Further good practice was observed in relation to the delivery of compassionate care and with maintaining good working relationships.

In relation to medicines management, evidence of good practice was found in the administration of medicines, medicine records, the storage of medicines and the management of controlled drugs.

In relation to the finance inspection areas of good practice were found in maintaining up to date records of the reconciliations of patients' monies, informing patients and their representatives in advance of any increase in fees, and the hairdresser and podiatrist signing records to confirm that the treatments took place.

Areas requiring improvement were identified in relation to wound care, the environment and repositioning. Two areas of improvement identified at the last finance inspection in relation to the recording of transactions undertaken on behalf of patients and the updating of patients' property have been stated for a second time.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others.

Comments received from patients, people who visit them, other 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, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*5

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

Details of the Quality Improvement Plan (QIP) were discussed with Oonagh Grant, 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 9 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 9 October 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

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

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.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. 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 week commencing 22 July 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate
- two patients' finance files including copies of written agreements
- a sample of records of payments to the hairdresser and podiatrist
- a sample of records of purchases undertaken on behalf of patients
- a sample of records of monies held on behalf of patients
- a sample of records of reconciliations of patients' monies
- a sample of records of patients' personal property

The following areas/records were reviewed during the medicines management inspection:

- management of medicines on admission
- management of distressed reactions and controlled drugs
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- medicines management audits
- storage of medicines

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either 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 previous inspections

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 14 (2) (a) (c) Stated: Second time	The registered person shall ensure that the hazards identified on inspection are managed effectively to ensure patient safety.	Met
	Action taken as confirmed during the inspection: Hazards previously identified had been managed appropriately.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Criteria (2) Stated: First time	The registered person shall ensure that a system is in place to assure compliance of best practice in hand hygiene.	Met
	Action taken as confirmed during the inspection: Appropriate hand hygiene was observed during the inspection and at the right times. There was evidence that hand hygiene audits had been conducted in the home.	
Area for improvement 2 Ref: Standard 45 Criteria (2) Stated: First time	The registered person shall ensure that a system is in place to assure pressure mattress settings are monitored to ensure that they are correctly set for the patient.	Met
	Action taken as confirmed during the inspection: A system was in place to ensure that pressure mattress settings were maintained to the correct setting.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall that the identified patient's nutritional assessments and care plans are reviewed to ensure that they reflect the patient's current needs.	Unable to validate

	<p>Action taken as confirmed during the inspection: The identified patient no longer resided in the home.</p>	
<p>Area for improvement 4 Ref: Standard 23 Stated: First time</p>	<p>The registered person shall ensure that where a patient requires repositioning, the patient’s care plan will reflect the frequency of the repositioning and the patient’s repositioning records will reflect the position that the patient has been repositioned too.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Patients’ care plans did reflect the frequency of repositioning and repositioning records reflected the position the patient was repositioned from and to.</p>	

There were no areas of improvement from the last medicines management inspection on 17 July 2017.

Areas for improvement identified at the last finance inspection have been reviewed. Of the total number of areas for improvement, two were assessed as not met and have been stated for a second time.

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 22 July 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Patients’ needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients’ needs.

A review of a recently employed staff member’s recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that Access NI checks had been conducted.

Staff confirmed that newly employed staff would work alongside a mentor, who would be identified on the duty rota, in a supernumerary capacity for a minimum of three shifts to allow the new member of staff to become familiar with the homes routines and policies and procedures.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Compliance with training was monitored monthly on a training matrix. A system was in place to communicate with staff whose training was about to lapse to ensure completion. Additional upcoming training was advertised on a staff notice board. A 2019 training planner was available for review. Staff also confirmed that the home's management encouraged staff to suggest additional training which would be pertinent to their role.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures. A monthly safeguarding log was maintained in preparation for the completion of an annual position report. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Falls in the home had been monitored monthly for pattern and trend. A review of accident records evidenced that these had been completed appropriately and that the correct actions had been taken following the accident.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, corridors and stairwells were observed to be clear of clutter and obstruction. However, a fire sensor was not fitted within an identified room containing an electrical distribution box. This was discussed with the manager and identified as an area for improvement. Fire sensors were evident throughout the home in all other rooms reviewed. Bedrooms and communal rooms were maintained clean and tidy. Compliance with best practice on infection prevention and control had been well maintained. Although, a review of the laundry room evidenced that the flooring could not be effectively cleaned and required repair/replacement. This was discussed with the manager and identified as an area for improvement. There were no malodours detected in the home. Appropriate doors had been locked to promote patient safety.

Management of Medicines

Medicines were managed in compliance with legislative requirements, professional standards and guidelines. The management of medicines was undertaken by trained and competent staff and systems were in place to review staff competency. There were robust systems in place to audit all aspects of the management of medicines. Systems were in place to ensure the safe management of medicines when a patient arrives at the home. Systems were in place to manage the ordering of medicines to ensure adequate supplies were available and to prevent wastage. The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were robust arrangements in place for the management of medicine related incidents.

Medicines records complied with legislative requirements, professional standards and guidelines. Medicine records were legible and accurately maintained as to ensure that there was a clear audit trail. Where medicines were prescribed on a ‘when required’ basis, parameters of use were clearly defined in the patient’s records.

Medicines were safely and securely stored. They were stored in accordance with the manufacturer’s instructions. Medicine storage areas were clean, tidy and well organised. Staff on the ground floor were reminded that the date of opening should be recorded on eye preparations and inhaled medicines.

The management of medicines prescribed to manage pain, distressed reactions and thickened fluids was examined and found to be satisfactory. All of the appropriate care records had been completed. It was noted that the reason and outcome of administering diazepam had not always been recorded for patients on the ground floor but had been recorded on the first floor. It was agreed with the registered manager that this would be recorded consistently.

Controlled drugs were safely managed. The receipt, administration and disposal or return of Schedule 2 and 3 controlled drugs were maintained in a controlled drug record book. There were arrangements to store controlled drugs in a controlled drugs cabinet and for stock balances to be reconciled on each occasion when the responsibility for secure storage was transferred.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, staff training and monitoring of professional registrations.

Areas of good practice in relation to medicines management were identified in relation to the management of medicines on admission, medicines prescribed for distressed reactions and controlled drugs.

Areas for improvement

Areas for improvement were identified in relation to the fitting of a fire sensor and with the repair/replacement of flooring in the laundry to ensure effective cleaning.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

Dietary requirements, such as the need for a diabetic diet, were communicated through staff handovers. Information also included the consistency of patients’ food and fluids. Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. The menu offered a choice of meal for lunch. Patients who required to have their meals modified were also afforded choice of meal. Food was served directly from the kitchen when patients were ready to eat their meals or be assisted with their meals. Food taken outside of the dining room was covered on transfer. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. Patients consulted confirmed that they enjoyed the meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. When a risk was identified, such as immobility, poor diet or incontinence, a care plan was developed to guide staff in measures to prevent skin breakdown. We reviewed one patient's wound care records. A clear wound care plan was not evident within the patient's care records to guide the dressing regime and management of the wound. This was discussed with the manager and an area for improvement was made. Records of repositioning had been maintained. Patients' care plans did reflect the frequency of repositioning and repositioning records reflected the position the patient was repositioned from and to. However, a review of two patients' repositioning records evidenced that the patients had not been repositioned in accordance with their care plans. This was especially evident within overnight records maintained. This was discussed with the manager and identified as an area for improvement.

Falls risk assessments were completed on admission and reviewed monthly. Accident records had been maintained indicating that the appropriate persons had been notified of the fall. Monthly falls charts were evident at nurses' stations identifying the number of falls and dates the falls occurred. There was evidence of falls analysis in the home.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients' care plans.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover, teamwork, use of restrictive practice and nutrition management.

Areas for improvement

Areas for improvement were identified in relation to wound care and with the recording of repositioning.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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 were observed to deliver care in a caring and timely manner. Patients confirmed that they were happy with the interactions that they had with staff. Some of their comments can be found in this section. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

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

- "I would like to express my thanks to you and all your staff for making my stay and recuperation easier. Their friendliness and craic made my day."
- "We would like to thank each and every one of you for the love and care you provided to ... over the years."

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Glencarron was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- "It is grand here."
- "Staff are very nice."
- "It's ok here. Foods ok and the staff are ok."

Two patients' visitors were consulted during the inspection. Patient representatives' questionnaires were left for completion. Two were returned. Patients' representatives commented:

- "This is a very good home. The best around. The staff are very nice and always welcoming. The place is as clean as a pin."
- "My sister has been here for seven years so we are very happy with the care."

One questionnaire was returned which did not indicate if they were from relatives or patients. The respondent indicated that they were very satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

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

- “It’s great. I love it here.”
- “I love it. I enjoy the work.”
- “It is good, I am happy here.”
- “I enjoy my work. Really love it here.”
- “It is very good here. Everyone helps me.”
- “It’s good, I enjoy my work.”

A visiting professional spoke positively in relation to the responses of the home to recommendations made by their team.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A review of the staff duty rota evidenced the name of the nurse in charge of the home in the absence of the manager.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. The complaints procedure was displayed at reception. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records and infection prevention and control. We reviewed the infection prevention and control audits. Auditing records evidenced the actions taken in response to any shortfalls that were identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, Trust staff and other healthcare professionals.

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

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Findings from finance inspection

A finance inspection was conducted on 30 July 2019. A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection; these included copies of patients' written agreements, records of purchases undertaken on behalf of patients, records of the reconciliations of monies held on behalf of patients, records of patients' personal property and records of payments to the hairdresser and podiatrist.

A review of a sample of records of transactions undertaken on behalf of patients evidenced that a number of the recorded entries had either been written over or correction fluid was used. This was identified as an area for improvement at the last finance inspection and has been stated for the second time within the QIP of this report.

A review of a sample of property records for two patients evidenced that the records had not been updated with items belonging to the patients. There was no evidence that the records had been reconciled at least quarterly as in line with the Care Standards for Nursing Homes, April 2015. This was identified as an area for improvement at the last finance inspection and has been stated for the second time within the QIP of this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents, management of complaints, quality improvement, maintaining good working relationships, maintaining up to date records of the reconciliations of patients' monies, informing patients and their representatives in advance of any increase in fees, and the hairdresser and podiatrist signing records to confirm that the treatments took place.

Areas for improvement

There were no new areas for improvement identified in the well led 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 Oonagh Grant, 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 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 16 August 2019</p>	<p>The registered person shall ensure a wound care plan is developed for any wound treated in the home and contains up to date detail of the wound dressing regime and treatment plan.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>New recording documentation has been drawn up and implemented. Audit of wound management will be conducted weekly to ensure that the treatment plan is up to date</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>Area for improvement 1</p> <p>Ref: Standard 14.11</p> <p>Stated: Second time</p> <p>To be completed by: 31 July 2019</p>	<p>The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As per policy 13 staff have been re advised that written mistakes must be amended in a way that preserves the original entry. A single line must be drawn through erroneous entries and the time, date and name of staff written down.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.26</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Individual inventories, updating personal items have been commenced and will be completed by 30/9/19</p>

<p>Area for improvement 3</p> <p>Ref: Standard 48 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019</p>	<p>The registered person shall ensure that a fire sensor is fitted within the identified room containing the electrical distribution box.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Hairdressing room has now been fitted with a fire sensor (29/8/19)</p>
<p>Area for improvement 4</p> <p>Ref: Standard 44 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that the flooring in the identified laundry room is repaired/replaced to ensure that it can be cleaned effectively.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Repairs have been undertaken to facilitate effective cleaning</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 23 August 2019</p>	<p>The registered person shall ensure that patients are repositioned in accordance with their care plans and that all records of any repositioning are maintained up to date.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Audit of repositioning charts ongoing and staff advised that repositioning entries must be aaaaaaaamaintained throughout the night.</p>

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



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