



# Unannounced Care Inspection Report 24 February 2021



## **Our Mother of Mercy**

**Type of Service: Nursing Home**

**Address: 1 Home Avenue, Newry, BT34 2DL**

**Tel No: 028 3026 2086**

**Inspector: Jane Laird**

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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 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 48 patients in the categories of care as listed in section 3.0 below.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Kilmorey Care Ltd</p> <p><b>Responsible Individual:</b> Cathal O'Neill</p>	<p><b>Registered Manager and date registered:</b> Elizabeth Doran 4 November 2013</p>
<p><b>Person in charge at the time of inspection:</b> Elizabeth Doran</p>	<p><b>Number of registered places:</b> 48</p> <p>A maximum of 13 patients in category NH-DE and maximum of 2 patients in category NH-LD/LD(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> 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. LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 39</p>

### 4.0 Inspection summary

An unannounced inspection took place on 24 February 2021 from 11.30 to 18.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing arrangements
- infection prevention and control (IPC) measures
- care delivery
- care records
- the home's environment
- management, leadership and governance arrangements.

The findings of this report will provide management with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*4	*8

\*The total number of areas for improvement includes one regulation which has been stated for a second time and one standard which has been stated for a third and final time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Doran, manager and Cathal O'Neill, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' 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.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 15 and 22 February 2021
- six patients' care records
- five patients supplementary charts including dietary/fluid intake and repositioning
- incidents and accidents
- compliments and complaints
- staff mandatory training records
- one staff recruitment and induction file
- adult safeguarding folder
- records confirming registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- a sample of governance audits/records
- a sample of monthly monitoring reports from January 2021.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 30 September 2019.

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 (7)  <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.  A more robust system to ensure compliance with best practices on infection prevention and control must be developed.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of governance records and observation of the environment evidenced that this area for improvement has not been met. This is discussed further in section 6.2.2.  This area for improvement has not been met and has therefore been stated for a second time.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that harmful chemicals in the home are not accessible to patients in keeping with COSHH legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12 <b>Stated:</b> Second time	The registered person shall ensure that when a patient's dietary intake requires monitoring, that the fluid intake is accurately recorded and measured against the patient's fluid target.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and supplementary charts evidenced that this area for improvement has not been met. This is discussed further in section 6.2.4.  This area for improvement has not been met and has therefore been stated for a third and final time.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that thickening agents are stored appropriately and are not left accessible to patients at any time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced that this area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that the identified patient's care plans are written in a person centred manner and reflect the actual specific care requirements in meeting their assessed needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the identified patient's care plans evidenced that this area for improvement has been met.	

## 6.2 Inspection findings

### 6.2.1 Staffing Arrangements

On arrival to the home we were greeted by the manager and staff who were helpful and attentive. The manager confirmed that the planned staffing levels for the home were safe and appropriate to meet the assessed needs of the patients accommodated.

Review of staff duty rotas confirmed the staffing arrangements. However, there were a number of issues regarding the maintenance of the rota. For example, abbreviations were used

throughout the duty rota without any code to signify what these represented, shifts were recorded as '8-8' and did not distinguish between day or night and the full names of ancillary staff were not consistently recorded. This was discussed in detail with the manager and an area for improvement was identified.

Discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- "Very happy working here."
- "The manager is very supportive."
- "Everyone works really hard to make sure the residents are well cared for."
- "Good induction."
- "Really enjoy working here."

We also sought staff opinions and views via the online survey. There were no responses received within the two week time frame allocated.

Review of one staff recruitment file evidenced that this was maintained in accordance with the Regulations and an enhanced Access NI check was sought, received and reviewed prior to commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). However, two staff working within the home were not included within the monitoring checklist and we were therefore unsure if these staff were suitably registered. Following the inspection on the 4 March 2021, the manager provided written confirmation that these staff were registered with their relevant professional body as required and that their names had been added to the checklist.

### **6.2.2 Infection prevention and control (IPC) measures**

On arrival to the home the manager was prompted to take the inspector's temperature and contact tracing details. The management team confirmed that checks were carried out on all persons entering the home in line with the current COVID-19 guidelines for visiting care homes.

We found that there was an adequate supply of gloves and hand sanitising gel within the home and an area identified to safely remove personal protective equipment (PPE). Aprons were stored within cupboards at various locations throughout the home and were easily accessible to staff.

Review of the laundry room identified concerns regarding the overall management and cleanliness of the environment. The room was disorganised with wet clothing observed within baskets; washing machines and tumble dryers were full with clothes and baskets with unclean linen was situated beside the washing machine. The area around the sink was cluttered with socks, patient belongings and various other items. The mop and bucket to clean the laundry room were unclean and there was dust and debris evident to the floor, the back of the washing machines and tumble dryers. This was discussed in detail with the manager and the responsible individual who agreed to review the laundry and an area for improvement was

stated. Following the inspection on the 2 March 2021, the manager verbally confirmed that the laundry room had been deep cleaned and was being monitored during daily walk arounds.

A number of deficits were identified during the inspection in relation to the environment and IPC. We observed that a number of urinal bottles, toilet brushes, privacy curtains, the underneath of commodes and shower chairs had not been effectively cleaned following use. These issues were similar to what had been identified at a previous care inspection as mentioned above in section 6.1 which has been stated for a second time.

### 6.2.3 Care delivery

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

We reviewed a selection of cards and letters of compliments and thanks which were maintained within a folder. Some of the comments recorded included:

- "Thank you for the constant daily/regular updates."
- "I wish to say a profound thank you to each one of you for the great care you took of my dear ....."

Patients told us that they were well looked after by the staff and felt safe and happy living in Our Mother of Mercy. Comments from patients included:

- "Staff are very friendly."
- "Everyone is good here."
- "Very happy."
- "Food is lovely."

We observed the serving of the lunch time meal and saw that staff attended to the patients' needs in a prompt and timely manner. However, staff did not wear aprons when assisting patients with their meals. We discussed this with the staff and then the manager and staff were observed wearing the correct PPE during the provision of meals for the remainder of the inspection. We further identified that there was no menu on display and discussed this with the manager as an area for improvement.

Concerns were identified regarding the safe administration of medicines for one patient. We identified a medicine cup with medicine in a patient's bedroom and immediately brought this to the attention of the staff and then the manager who acknowledged that the patient should have been supervised taking the medication and the potential risks associated with this type of practice. This information was shared with the pharmacy inspector and an area for improvement was identified. Following the inspection on the 3 March 2021, the manager confirmed in writing that a medicine competency assessment had been completed with the staff member and relevant action taken to reduce this from happening again.



#### **6.2.4 Care Records**

Review of six patient care records evidenced that care plans and risk assessments were reviewed regularly. However, a number of deficits were identified as follows:

- There were inconsistencies regarding the equipment required for moving and handling within the care plan and risk assessment for two identified patients'
- the Malnutrition Universal Screening Tool (MUST) assessment for two patients had not been completed correctly
- information within two patients care plans regarding prescribed treatment were no longer relevant and had not been updated
- there were no care plans in place for three patients regarding relevant medical history to direct the care required.

Specific examples were discussed in detail with management who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records. An area for improvement was identified.

Review of three patient care records evidenced that whilst supplementary recording charts contained the recommended frequency of repositioning, care plans did not and 'gaps' were evident in the recording of repositioning within supplementary charts. We further identified that three patients' pressure relieving mattresses was set incorrectly, which had the potential to impact on the patient's skin integrity. These deficits were discussed with the manager and an area for improvement was identified.

We reviewed four patients' hydration records. Records did not demonstrate that the required fluid target had been achieved in three of the patients' records. Fluid targets were recorded within the patients profile page but not within the care plan. Care plans did not demonstrate the actions to take should the targets not be met. This was discussed with the manager and an area for improvement in this regard has been stated for a third and final time.

We reviewed three patient's care records regarding wound care which identified that one patient did not have a care plan for a specific wound to direct the care required. The wound assessment chart for another patient had 'gaps' in the recording as per the recommended frequency of dressing renewal within the patient's care plan. There were inconsistencies within the wound assessment chart and the care plan regarding the dressings used and the frequency of renewal which had the potential to impact on the healing of the wound. The management team acknowledged the shortfalls in relation to wound management and an area for improvement was stated.

#### **6.2.5 The home's environment**

Whilst the majority of the environment and equipment within the home was well maintained and bedrooms had recently been refurbished, we observed surface damage to a small number of bedframes, wardrobes, floor coverings in identified bedrooms and a corridor. We further identified a communal bathroom without a door and two toilet seats that were loose in two identified toilets. This was discussed with the manager and responsible individual who advised that the bathroom door had been ordered and would be installed once received and the toilet

seats were repaired during the inspection. The responsible individual further agreed to review all of the issues identified and to action as necessary. This will be reviewed at a future inspection.

On observation of the environment we identified a number of en-suites and a communal bathroom to be cluttered with patient equipment; duvets stored on the floor of a linen store and the carpet within the corridor on the ground floor unclean. This was discussed with the manager and responsible individual who agreed to review these issues and to communicate with relevant staff regarding appropriate storage of patient equipment. In order to drive and sustain improvement an area for improvement was stated.

We identified four windows in a dayroom on the first floor that were fitted with window restrictors with the potential to be tampered with. One window restrictor fitting was not fitted appropriately and we requested that a risk assessment of all window restrictors is carried out to ensure that the restrictors are suitable and that they cannot be tampered with or removed easily. Further concerns were identified in regards to the potential ligature risks associated with window dressings and the need to review all window dressings to assess any potential risks to ensure patients safety. The aligned RQIA estates inspector for the home was notified regarding the window restrictors and an area for improvement in relation to current health and safety guidelines was identified. Following the inspection on the 25 February 2021, the responsible individual confirmed in writing that the identified window restrictor had been repaired.

We also observed a key cabinet within a linen store on the ground floor unlocked which contained keys for service areas within the home and discussed the importance of ensuring that these keys are secured. The manager and responsible individual agreed to discuss this with relevant staff regarding the importance of keeping this cabinet locked and to monitor during daily walk arounds. This will be reviewed at a future inspection.

### **6.2.6 Management, leadership and governance arrangements**

We reviewed audits completed in relation to the home's environment, IPC measures and hand hygiene. IPC audits were completed monthly and whilst they were identifying deficits they did not have an action plan, time frames, the person responsible and/or follow up of actions required. We further identified that care record audits had not been completed. Details were discussed with the manager and responsible individual and an area for improvement was identified.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the director, on behalf of the responsible individual. The manager advised that these visits were carried out remotely during the COVID-19 pandemic and that any future visits would be onsite. A copy of the reports was taken by the inspector for review and following the inspection feedback was provided to the manager. Whilst the reports provided an action plan they did not consistently contain time frames and some sections were not fully completed. The manager agreed to share this information with the responsible individual to review and action as necessary.

### **Areas of good practice**

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients.

## Areas for improvement

Ten new areas for improvement were identified during the inspection. Details can be found throughout the body of the report and in the Quality Improvement Plan (QIP).

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	7

### 6.3 Conclusion

During the inspection, we observed positive interactions between staff and patients. Staff were observed to have caring, cheerful and friendly interactions with patients. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Doran, manager and Cathal O'Neill, responsible individual, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure compliance with best practices on infection prevention and control must be developed.</p> <p>Ref: 6.1 and 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A more robust system is now in place all old urinal bottles have been discarded and replaced, Toilet brushes have been replaced and Domestic staff have been instructed to replace toilet brushes as the need occurs. Care assistants have been instructed to decontaminate commodes and shower chairs after each use.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that the laundry room is organised and kept clean.</p> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The laundry room has been deep cleaned and reorganised and will be checked daily.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>This is in specific reference to care plans and risk assessments:</p> <ul style="list-style-type: none"> <li>• care plans and risk assessments must contain consistent information regarding the equipment required for moving and handling</li> <li>• the MUST assessment is completed correctly</li> <li>• where a prescribed treatment is no longer relevant the care plan is updated</li> <li>• care plans are implemented for all relevant medical history to direct the care required.</li> </ul> <p>Ref: 6.2.4</p>

	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Nurses have been instructed to ensure care plans have all the relevant medical history within them to direct the care required.</p> <p>To ensure MUST assessments are completed correctly</p> <p>To ensure care plans are updated and where prescribed treatment is no longer relevant it is discontinued.</p>
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (t)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• window blinds and curtain tie backs</li> <li>• window restrictors</li> </ul> <p>Ref: 6.2.5</p>
<p><b>Response by registered person detailing the actions taken:</b> Window blinds and tiebacks have been risk assessed and removed where necessary. Window restrictors have been repaired.</p>	
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> Third and final time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that when a patient's dietary intake requires monitoring, that the fluid intake is accurately recorded and measured against the patient's fluid target.</p> <p>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Achievable targets for each individual have been set and staff instructed to record accurately patients fluid intake.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that the staff duty rota:</p> <ul style="list-style-type: none"> <li>• clearly identifies the hours worked by staff in a format that differentiates between day and night duty</li> <li>• abbreviations have clear codes to reflect what they represent</li> <li>• the full names of staff are consistently recorded.</li> </ul> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All duty rotas are now in 24 hour format. Abbreviations have clear codes to reflect what they represent Full names of staff are now consistently recorded.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p>	<p>The registered person shall ensure that menus are displayed in a format that is easy to read and understand.</p> <p>Ref: 6.2.3</p>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Menus are now displayed in a format that is easy to read and understand</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that prescribed medicines are administered safely.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Nurses have been reminded of the importance of administering medicine safely and have been instructed to adhere to guidelines. The nurse in question has had supervision.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> <li>• the recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan</li> <li>• the recommended frequency of repositioning to be recorded within the care plan and the repositioning chart.</li> </ul> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Mattresses are checked daily to ensure they are at the proper setting and are included in care plans Nurses have been instructed to ensure that the recommended frequency of repositioning is reflected in care plans and repositioning.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 23.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that where a wound has been assessed as requiring treatment, the following measures are implemented:</p> <ul style="list-style-type: none"> <li>• a care plan is implemented to include the dressing type and frequency of dressing renewal and is updated when necessary to reflect any changes</li> <li>• the wound assessment chart is completed in accordance with the care plan.</li> </ul> <p>Ref: 6.2.4</p>

**Response by registered person detailing the actions taken:**

A care plan was implented to include dressing type and frequency of dressing renewel and is updated when necessary. The wound assessment chart is completed in accordance with the care plan.



<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 44.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With Immediate effect</p>	<p>The registered person shall ensure that the home is kept clean and hygienic at all times in accordance with infection prevention and control best practice.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the storage arrangements in the home for patient equipment</li> <li>• linen is stored off the ground</li> <li>• the carpet within the corridor on the ground floor is kept clean.</li> </ul> <p>Ref: 6.2.5</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 24 March 2021</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• Care records</li> <li>• IPC</li> <li>• Environment</li> </ul> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> care records IPC and environment audits are being maintained to assess the delivery of care in the home.</p>

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



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