

Announced Post-Registration Care Inspection Report 28 June 2017



County Care Home

Type of Service: Nursing Home
Address: 42 Tempo Road, Enniskillen, BT74 6HR
Tel No: 028 6632 3845
Inspector: Sharon Loane

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 58 persons.

3.0 Service details

Organisation/Registered Provider: EBAY Limited Responsible Individual: Mr Patrick Anthony McAvoy	Registered Manager: See below
Person in charge at the time of inspection: Adam Kane	Date manager registered: Mr Adam Kane – Acting – No Application
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. Residential Care (RC) I – Old age not falling within any other category.	Number of registered places: 58 comprising: A maximum of 22 patients in category NH-DE and maximum of 6 patients in category RC-I. The home is also approved to provide care on a day basis to 5 persons.

4.0 Inspection summary

An announced post registration inspection of the County took place on 28 June 2017 from 10.30 to 16.15 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection sought to assess progress with any areas for improvement identified during and since the change of ownership and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. On 8 May 2017, ownership of the home transferred to EBAY Limited. Mr Patrick McAvoy is the responsible individual.

Evidence of good practice was found in relation to the governance and management arrangements; quality improvement processes, the maintaining of good relationships within the home; staff knowledge of patient preferences; record keeping and care delivery. The culture and the ethos of the home promoted treating patients with dignity and respect ensuring quality of services provided.

Areas requiring improvement were identified in relation to the recording of repositioning records and an area for improvement identified at a previous care inspection in regards to training was partially met and therefore has been stated for a second time.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2*

*The total number of areas for improvement includes one standard which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with, Patrick McAvoy, Responsible Individual, Adam Kane, Manager, and other management representatives 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 last inspection dated 20 April 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 20 April 2017 when the home was owned and managed by Four Seasons Healthcare. Following that inspection and the lack of progress in relation to addressing the shortfalls identified at the previous inspection on 20 February 2017, the previous registered persons of Four Seasons Healthcare attended a meeting at RQIA on 28 April 2017, to discuss our intention to serve two Failure to Comply Notices in regards to the quality of nursing care and governance arrangements.

During the intention meeting management representatives from Four Seasons Healthcare acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to achieve full compliance with the required regulations. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the two Failure to Comply Notices.

It was agreed at the meeting that robust management arrangements would be in place going forward and that Four Seasons Healthcare would undertake to communicate the shortfalls identified and the proposed actions to the relevant stakeholders including the Western Health and Social Care Trust (WHSCT).

As previously discussed the home changed ownership from Four Seasons Healthcare to EBBAY Limited on 8 May 2017.

During the post registration inspection, 28 June 2017 a decision was made by RQIA to review what progress had been made in addressing the areas for improvements made during the previous care inspection held 20 April 2017, to re-assess the homes level of compliance with legislative requirements and the Care Standards for Nursing Homes and to determine the delivery of safe effective care.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- the action plan submitted following the previous care inspection
- pre inspection assessment audit

During the inspection the inspector met with seven patients individually and with others in smaller groups, three registered nurses, nine care staff, two visiting professionals and one patient's representative.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- duty rota for all staff from 19 June to 2 July 2017
- staff training records
- incident and accident records
- four patient care records
- two patient care charts including food and fluid intake charts and repositioning charts
- a selection of governance audits
- complaints record
- RQIA registration certificate
- certificate of public liability
- Statement of Purpose
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was followed up during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 April 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that the provision and deployment of staffing in the home is reviewed to ensure that there is adequate staff on duty to meet the needs of the patients.</p> <p>Records of the necessary action taken to address staff shortages should also be maintained.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A discussion with management, staff and patients, a review sample of duty rotas and observations evidenced that planned staffing levels were adhered to and that these were sufficient to ensure the delivery of safe, effective and compassionate care.</p> <p>Furthermore, staff reported that since the home had been taken over, there have been no shortages of staff.</p> <p>Please refer to section 6.3.2 for further detail.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p>	<p>The registered person must ensure that the treatment and care provided to each patient meets their identified assessed needs and reflects their plan of care in relation to the management of pressure damage and/or wounds. This should include the completion of all documentation pertaining to this area of practice.</p> <p>Action taken as confirmed during the inspection: A review of two patients care records pertaining to this area of care delivery evidenced that the necessary improvements had been met.</p> <p>Please refer to section 6.3.3 for further detail.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered person must make suitable arrangements to minimise the risk of infection and the spread of infection between patients and staff.</p> <p>Action taken as confirmed during the inspection: A discussion with staff and observations made evidenced that this area for improvement had been met. Staff were knowledgeable in this area and practices observed were consistent with infection prevention and control guidelines.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p>	<p>The registered person must ensure care records are kept under review and updated in accordance with any changes in the patient's condition and reflect any recommendations made and/or treatment required by the general practitioner and multidisciplinary team.</p> <p>Action taken as confirmed during the inspection: A review of patient care records confirmed that a range of validated risk assessments and care plans were completed as part of the admission process, reviewed and updated as required. Care plans reviewed evidenced that any recommendations made by the multidisciplinary team for example; the Dietician, Tissue Viability Nurses (TVN) were referenced in the care plan.</p> <p>Refer to section 6.3.3 for further detail.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the home is conducted to make proper provision for the nursing, and where appropriate, treatment and supervision of patients. This relates particularly to, but is not limited to, the management of patients' food and fluid intake.</p> <p>Action taken as confirmed during the inspection: A review of care records pertaining to the management of food and fluids, wound care, accidents and incidents evidenced that safe effective and compassionate care was being delivered in regards to patients assessed needs and care plans were in place.</p> <p>Refer to section 6.3.3 for further detail.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the use of restraint and/or restrictive practices is in accordance with legislative requirements and best practice guidance.</p> <p>Action taken as confirmed during the inspection: A discussion with the manager and staff, a review of one care record pertaining to this area of practice evidenced that this area for improvement had been met. A review of one care record evidenced that the decision to implement restraint was clearly recorded, consent was obtained and a care plan was in place. A record of any restraint used in relation to patients was maintained appropriately.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p>	<p>The registered person must ensure that robust management and governance arrangements are in place that assures the safe delivery of quality care within the home and that the home is well led. These structures and processes should include; comprehensive auditing systems and monthly monitoring reports. Robust action plans should be developed and evidence available that actions have been followed up to ensure the quality improvements. This requirement is also made to ensure compliance is achieved within the timescale identified in this and subsequent Quality Improvement Plans (QIP).</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the manager, a review of auditing systems and processes confirmed that this area for improvement had been met.</p> <p>Refer to section 6.3.5 for further detail.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12 Criteria 11</p> <p>Stated: First time</p>	<p>The registered person should ensure that adequate numbers of staff are present when meals are served to ensure risks when patients are eating and drinking are managed; and required assistance is provided.</p>	Met
	<p>Action taken as confirmed during the inspection: An observation of the mid-day meal in the general nursing unit evidenced the necessary improvements made in this area of care delivery. Staff were observed assisting and encouraging patients with their meal in a timely manner. A registered nurse was observed supervising the serving of the meal and given assistance and support as deemed appropriate.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered manager should ensure that the dining experience for patients, particularly in the general nursing unit, is reviewed in line with current best practice guidance and actioned accordingly.</p>	Met
	<p>Action taken as confirmed during the inspection: As outlined above the serving of the mid-day meal was observed in the general unit. Practices observed evidenced that this was managed to a satisfactory standard and patients observed and spoken with appeared to enjoy the food and the mealtime experience.</p>	

Area for improvement 3 Ref: Standard 35 Criteria 16 Stated: Second time	The registered person should make available a copy of the monthly quality monitoring report to patients, patient representatives, staff and stakeholders.	Met
	Action taken as confirmed during the inspection: A sign was displayed in the main foyer in regards to the information outlined above.	
Area for improvement 4 Ref: Standard 41 Stated: Second time	The registered person should ensure that the staff duty record is maintained in accordance with the DHSSPS Care Standards for Nursing Homes, 2015.	Met
	Action taken as confirmed during the inspection: A review sample of duty rotas evidenced that this area for improvement was met. Refer to section 6.2 and 6.3.2.	
Area for improvement 5 Ref: Standard 4 Criteria 9 Stated: Second time	The registered person should ensure that nursing records are completed contemporaneously. This recommendation relates particularly to, but is not limited to, food and fluid intake records.	Met
	Action taken as confirmed during the inspection: A review of care records to include; food and fluid intake charts, wound care records, accidents and incident records, personal care records evidenced that this area for improvement was met. Refer to section 6.3.3 for further detail.	

<p>Area for improvement 6</p> <p>Ref: 39 Criteria 4</p> <p>Stated: First time</p>	<p>The registered person should provide training for staff in relation to their roles and responsibilities in the following identified areas:</p> <ul style="list-style-type: none"> • the management of wounds and pressure care • the management of nutrition and weight loss • the management of restraint and restrictive practices • the nursing process including record keeping <p>All of the training provided should reference the documentation to be completed as outlined in relevant best practice guidance.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A discussion with the manager and a review of information confirmed that arrangements had been made to facilitate the training outlined in this area of improvement. The training was scheduled for 28 July 2017. There was evidence that some staff had completed training in relation to the management of restraint and the use of restrictive practices.</p> <p>This area for improvement has been stated for a second time and will be monitored during a subsequent care inspection to ensure compliance is fully met.</p>	<p>Partially met</p>
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6.3 Inspection findings

6.3.1 Transition to new ownership

Discussion with the responsible individual, manager, staff and patients evidenced that all were satisfied with the transition to the new ownership. Some of those consulted stated that the changes had been “seamless” and advised of the improvements made within the short timeframe. These included; improved staffing arrangements, effective communication and management arrangements.

A meeting had been held in April 2017 to introduce the new owners and their senior management team to patients, relatives and staff. Since the takeover a staff meeting was held on 10 May 2017 and the new senior management team had also made themselves available to staff on a one to one basis. A relatives’ meeting was held on both the 12 and 15 May 2017 and the responsible individual said “they were pleased with the positive feedback received so far from staff, patients and relatives”.

The home's Statement of Purpose had been updated to reflect the change of ownership and was available in the home.

A review of the homes environment was undertaken and included a number of bedrooms, bathrooms, lounges and dining rooms. The home was presented to a satisfactory standard of hygiene and cleanliness throughout. The rooms reviewed were warm and comfortable. Fire exits and escape routes were observed to be free from obstruction.

The new owners have plans to improve the premises and an application to vary the premises will be submitted to RQIA once these plans are finalised.

Areas of good practice

There was evidence that the change of ownership had been managed effectively and efficiently and improvements had been made in a short timeframe.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.2 Staffing

The manager confirmed the planned staffing levels for the home and stated that these were kept under regular review, in response to changes in patients' dependencies. Duty rotas reviewed confirmed that planned staffing levels were adhered to.

Staff consulted advised of the improvements made in relation to the staffing arrangements since the takeover. Staffing levels had been reviewed and amended throughout the 24 hour period to ensure the delivery of safe effective care. A discussion with management, staff and a review of duty rotas confirmed that the home had not used any agency staff since May 2017. All staff rostered on the duty rota were employed by Ebay Limited. Discussion with patients and observations of care delivery evidenced that patients' needs were being met in a timely manner and that staff were attentive, caring and knew their patients' preferences and wishes. For example, call bells were answered promptly and one care assistant had 'set up' the patient's chair and side table prior to the patient entering the lounge – anticipating need. Interactions between staff and patients were also observed to be appropriate, and there was evidence of good relationships.

Staff confirmed that they were required to attend a handover report at the commencement of their shift and daily safety briefings were held to review patient's ongoing health and wellbeing.

Staff confirmed that they were expected to attend mandatory training. Discussion with the manager confirmed that training was scheduled for the near future as identified as an area of improvement at a previous care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of staffing which assured the delivery of safe, effective and compassionate care.

Areas for improvement

No new areas for improvement have been identified.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Care practices and care records

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

A review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed and updated as required. Risk assessments informed the care planning process and both were reviewed as required. Overall the standard of record keeping and documentation had improved since the last inspection. However, an area for improvement has been made in relation to the recording of 'repositioning charts' to ensure that they are maintained in accordance with best practice guidelines.

A review of two care records in relation to the management of wounds indicated that when a patient required wound care and/or pressure care management, appropriate actions were taken. These included wound assessment and care plans being updated on a regular basis. There was evidence that the care and treatment provided was reflective of that outlined in the care plan. Where applicable, specialist healthcare professionals were involved in prescribing care in relation to the management of wounds. Pressure relieving equipment was in place and being used appropriately. A review of repositioning records evidenced that positional changes were carried out in accordance with the schedule in place however, as discussed above these were not always maintained in accordance with best practice. This has been identified as an area for improvement under the Care Standards.

A review of information evidenced that patients' weights were being monitored and recorded accordingly. Records reviewed identified any weight loss and/or gain and subsequent actions taken. A sample review of food and fluid intake charts evidenced improvement in this area of practice. The information recorded included food and fluids offered and refused. There was evidence that food and fluids were offered at regular intervals. Supplements given were also recorded. Charts reviewed evidenced that the total 24 hour fluid intake was calculated and totalled and subsequently recorded in the patient's daily progress notes. A comparison of information recorded within food and fluid charts and the daily progress notes confirmed the accuracy of the recordings across the two records in most instances. Entries recorded accurately reflected when food and fluid intake was satisfactory and/or inadequate; there was evidence that appropriate actions had been taken when intake was poor for example; communication with the General Practitioner and Dietician. At the time of the inspection, a Dietician visiting the home confirmed that this area was managed satisfactorily. No concerns were raised.

Review of accident and incident records evidenced that these were maintained in keeping with good practice and regulatory requirements. The manager undertook a review and an analysis of the falls and incidents occurring in the home on a monthly basis to identify patterns and/or trends. There was evidence that any deficits identified were addressed. This analysis informed the monthly visit undertaken on behalf of the provider and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – Regulation 29.

Review of records evidenced that RQIA were appropriately notified of accidents or incidents occurring in the home in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – Regulation 30.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, care delivery and the communication of patients' needs.

Areas for improvement

An area for improvement under the care standards has been made in relation to the recording of 'repositioning charts'.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.4 Consultation

During the inspection, we met with seven patients individually; nine care staff, three registered nurses, two catering staff, two activities staff, two visiting professionals and one patient's representatives.

Staff

Staff spoken with were satisfied with the care delivered and other services provided in the home. Staff spoken with commented positively regarding the new management and leadership of the home.

Patients

All patients spoken with during the inspection commented positively about the care they received and the management of the home.

Some comments included:

"Very happy, all staff good day and night, when I need help it is provided."

"Everything is good; I enjoyed the church service this morning."

"All good, I am very happy."

Patient representatives

As previously discussed, one patient's representative was spoken to at the inspection. They commented positively with regard to the standard of care and communication in the home.

We also issued ten questionnaires to staff and relatives respectively; and five questionnaires were issued to patients. At the time of writing this report three questionnaires were returned by relatives within the timeframe specified. All respondents indicated that they were “very satisfied” with the care and services provided in the home. One response received included the following additional written comment; “the manager is much more visible in the home.” No questionnaires were returned by staff and/or patients.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the atmosphere in the home, listening to and valuing patients, taking account of the views of relatives and staff knowledge of patients’ wishes and preferences.

Areas for improvement

No areas for improvement were identified during the inspection

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.5 Management and governance arrangements

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All those consulted with stated that the manager was very visible and approachable. This was also confirmed by a relative who included a written comment in the returned questionnaire as outlined in the previous section of the report. Staff also stated that the owners and the senior management team were in the home on a frequent basis and that they were available at any time if the need arose. Since the last inspection, there was evidence that the governance arrangements in place were robust which resulted in positive outcomes for the delivery of safe, effective and compassionate care and the operations of the home. For example; quality monitoring systems were sufficiently robust to identify shortfalls and effective measures had been taken to drive improvements. These included but not limited to; care plan audits; home manager audits; wound care practice audits; and weight monitoring audits. Evidence was available to demonstrate that where shortfalls had been identified, actions plans were developed and followed up to ensure quality improvement.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of the report completed for May 2017, evidenced that the shortfalls identified at the last inspection had been reviewed and followed up appropriately.

Observations of patients evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last inspection confirmed that these were managed appropriately, in keeping with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management support and the development and maintaining of good working relationships between staff and management.

Areas for improvement

No areas for improvement were identified during the inspection

	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 quality improvement plan (QIP). Details of the QIP were discussed 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 to the RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: 39 Criteria 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person should provide training for staff in relation to their roles and responsibilities in the following identified areas:</p> <ul style="list-style-type: none"> • the management of wounds and pressure care • the management of nutrition and weight loss • the management of restraint and restrictive practices • the nursing process including record keeping <p>All of the training provided should reference the documentation to be completed as outlined in relevant best practice guidance.</p> <p>Ref: Section 6.2 & 6.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: <i>The registered manager has scheduled and provided external training in accordance with Wounds, Pressure care nutrition, weight loss, restraint and record keeping. All training stipulated best practice guidelines.</i></p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that repositioning records are maintained in accordance with best practice guidelines to assure the delivery of care in this area of practice.</p> <p>Ref: Section 6.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: <i>The registered person carried out a blanket supervision with all relevant staff so as to ensure that repositions in records are maintained in accordance with Best Practice Guidelines. Further formal training will be scheduled to instil best practice with regards all record-keeping.</i></p>



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