

Unannounced Care Inspection Report 3 October 2017



The Court Care Home

Type of Service: Nursing Home
Address: 1a Queens Avenue, Ballymoney, BT53 6DF
Tel no: 028 2766 6866
Inspector: James Lavery

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: Claire Wilkinson
Person in charge at the time of inspection: Claire Wilkinson	Date manager registered: 15 March 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 45 comprising: NH-DE, NH-I, NH-PH A maximum of three persons in category NH-PH. A maximum of 14 patients in category NH-DE to be accommodated in the dementia unit.

4.0 Inspection summary

An unannounced inspection took place on 3 October 2017 from 10:00 to 17:45 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 inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in regards to governance processes relating to quality assurance; staff awareness relating to adult safeguarding; communication between staff and patients and wound care.

Areas for improvement under regulation were identified in relation to compliance with Control of Substances Hazardous to Health (COSHH) regulations and the storage of medicines.

Areas for improvement under standards were identified in relation to infection prevention and control (IPC) practices; the home environment; care records; care delivery and governance processes relating to the selection and recruitment of staff.

Patients who were spoken with expressed a high degree of confidence in the registered manager and satisfaction with the delivery of care. Patients' comments are discussed further in section 6.6.

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	2	5

Details of the Quality Improvement Plan (QIP) were discussed with Claire Wilkinson, registered manager, and Louisa Rea, regional 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 14 June 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 June 2017. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- pre-inspection audit
- the previous medicines management inspection report

During the inspection the inspector met with six patients, five staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

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

The following records were examined during the inspection:

- duty rota for all staff from 25 September to 3 October 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the registered manager and regional manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 June 2017

The most recent inspection of the home was a medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 27 October 2016

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 20 (1) (a) Stated: First time	The registered provider must ensure that the number and skill mix of staff working in the home over a 24 hour period is adequate to ensure the delivery of safe effective care. Evidence of decision making information should be retained.	Met
	Action taken as confirmed during the inspection: Review of the off duty for the period 25 September to 3 October 2017 and discussion with the registered manager and staff evidenced that the number and skill mix of staff working in the home over a 24 hour period was adequate to ensure the delivery of safe effective care.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered provider must minimise the risk of infection and the spread of infection between patients and staff. This requirement is made specifically in relation to the cleaning and decontamination of toileting aids including raised toilet seats.	Met
	Action taken as confirmed during the inspection: Observation of toileting aids including raised toilet seats confirmed that these areas had been satisfactorily cleaned in keeping with infection, prevention and control best practice standards.	

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 39 Criteria 4</p> <p>Stated: First time</p>	<p>The registered provider 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 including weight loss • the nursing process including record keeping <p>A system should be developed and implemented to ensure that the learning has been embedded into practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of training records and discussion with the registered manager and staff evidenced that:</p> <ul style="list-style-type: none"> • ‘Clinical wound care’ training had been provided for nursing staff, • the management of nutrition including weight loss had been addressed with staff during supervision and focused on areas such as the use of the ‘malnutrition universal screening tool’ (MUST); fluid balance recording/management and weight loss, • the nursing process including record keeping had been addressed with staff during supervision. The completion of repositioning records for patients is discussed further in section 6.5. <p>Discussion with the registered manager confirmed that the aforementioned areas will continue to be addressed as required during the supervision of staff to ensure that best practice standards are embedded into practice.</p>	<p>Met</p>

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 25 September to 3 October 2017 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels. The registered manager also advised that there are currently six registered nurse vacancies within the home and that effort to recruit permanent nursing staff remains ongoing. Discussion with the registered manager confirmed that existing contingency measures to manage the lack of permanent nursing staff includes the thorough induction of any agency staff and 'block' booking of staff that are familiar with the home. The use of agency nursing staff is referenced further in section 6.7.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Discussion with the registered manager also confirmed that three care staff members were nearing completion of the Four Seasons Healthcare 'Care Home Assistant Practitioner' (CHAPS) training. The registered manager stated that this will enable these staff members to further support nursing staff within the home.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

Review of the home's 'maintenance book' evidenced that issues identified by staff were addressed by the maintenance staff member. It was noted however that the date on which any maintenance works were carried out by maintenance staff was not recorded. This was discussed with the registered manager and it was agreed that maintenance records should also evidence the date on which any remedial work is carried out and completed.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Deficits were highlighted in regards to infection, prevention and control practices. A chair used by nursing staff and a recliner chair used by a patient within a communal area were found to be in a state of disrepair; a radiator cover within a patient's bedroom was observed to be worn and frayed; a commode seat cover was noted to be torn and a trolley used to store activity therapy materials was also found to be in poor condition. These observations were highlighted to the registered manager and an area for improvement under the standards was stated.

It was further observed that two windows within one communal lounge could not be opened and closed effectively. In addition, a wicker style bookcase within the same communal lounge was not securely fastened to the wall. These matters were highlighted to the registered manager who agreed to liaise with the home's maintenance staff to ensure that remedial action was taken as necessary. Following the inspection the registered manager confirmed that the bookcase had been secured to ensure patient safety. With regards to the faulty windows, the registered manager stated that new handles and hinges are being sourced. An area for improvement under the standards has been stated.

During a review of the environment the inspector identified two areas within the home where patients could potentially have had access to several harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

During the inspection it was observed that a treatment room had been left unlocked. It was further noted that a fridge used within the same treatment room was also unlocked. Furthermore, review of the environment evidenced three areas in which patients' medications had been inappropriately stored within communal areas. These weaknesses were highlighted to the registered manager and it was agreed that all medicines should be securely stored at all times. The registered manager also confirmed that an order had been placed for a new fridge within the treatment room identified. Following the inspection these observations were discussed with the home's aligned pharmacist inspector and an area for improvement under regulation has been stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to promoting a culture of teamwork within the home and adult safeguarding.

Areas for improvement

Areas for improvement under regulation were identified in relation to COSHH and the storage of medicines.

Areas for improvement under the standards were identified in relation to Infection prevention and control practices and the home environment.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

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

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

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT).

Food and fluid intake records evidenced that they were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff also demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. However, deficits were highlighted within nurses' daily progress notes with regards to patients' bowel function. Care records for one patient did not clearly inform the reader about the patient's bowel function for seven consecutive days. This was discussed with the registered manager who agreed that although a patient's bowel function may be evidenced in other supplementary records, it should be clearly recorded by nursing staff within the patient's daily progress notes. An area for improvement under the standards was stated.

A review of three patients' care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were also clearly and effectively communicated to staff and reflected in the patients' records. Regular communication with representatives within the daily care records was also found. The care records for one patient requiring regular wound care also evidenced that the patient's risk assessments and care plans were completed in a comprehensive and timely manner. Nursing staff had regularly reviewed this patient's care plans and effectively cross referenced between care plans in order to promote an holistic delivery of care. This good practice is commended.

Weaknesses were identified with regards to the management of patients assessed as being at risk of developing pressure ulcers. The supplementary care records for two such patients whose care plans advised that they should be repositioned every two hours evidenced that the patients had not been repositioned every two hours in a consistent manner. It was also evidenced that both patients required the use of an alternating pressure relieving mattress. While clear guidance for staff as to the required settings for these mattresses was found both within the patients’ care records and bedrooms, the settings on the mattresses were noted to be incorrect. This was immediately brought to the attention of the registered manager who agreed to ensure that the mattress settings were corrected. An area for improvement under the standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to multidisciplinary team working and wound care.

Areas for improvement

Two areas for improvement under the standards were identified in relation to care records and the delivery of care.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

- “It’s very good.”
- “The nurses treat me well.”
- “They’re very good to me.”
- “I’d recommend here.”

Furthermore, feedback received from a patient’s relatives/representative during the inspection included the following comment:

“This is one of the best homes I’ve ever been in.”

Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan.

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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 10 for relatives and eight for patients. At the time of writing this report one completed staff questionnaire was received and confirmed that they were 'very satisfied' with the delivery of care.

Observation of the lunch time meal on the first floor evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with the registered manager confirmed that the layout of the dining room had been specifically arranged to reflect patients' expressed preferences and promote interaction. It was also noted that staff were discreetly playing a selection of music chosen by patients in order to enhance their dining experience. This good practice is commended. It was observed on two occasions that staff assisted patients with eating and drinking their lunch from a standing position. This was discussed with the registered manager and it was agreed that staff should provide such care in a manner which promotes patient dignity more effectively.

Observation of one patient's bedroom also evidenced that the patient's incontinence products were stored in plain view. This was highlighted to the registered manager and it was agreed that patients' incontinence products should be stored in such a way as to promote and safeguard patient dignity at all times.

Discussion with the registered manager and review of the environment also evidenced that the home's personal activity leader (PAL) produces a monthly newsletter. This contained information such as pending events for patients; church service details and an expression of sympathy following the passing of a previous patient. This good practice is to be commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the home which focuses on patient outcomes and delivering care in a holistic manner.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Staff spoke positively about the strong sense of leadership which exists within the home together with the approachability of the registered manager. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

Discussion with the registered manager and review of the home's complaints records 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. Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the use of bed rails; the use of restraint; food hygiene and patients' weights. The registered manager also confirmed that she conducts a daily walk around the home and completes a daily medication audit. The registered manager also stated that she regularly encourages senior members of staff to assist her in this quality assurance exercise. Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of recruitment records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Staff recruitment information was available for inspection and records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, the recruitment records for one staff member were reviewed and highlighted that the staff member's physical and mental health assessment was not evidenced. An area for improvement under the standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements for quality assurance and service delivery; management of complaints and incidents and monthly monitoring.

Areas for improvement

An area for improvement under the standards was identified in regards to governance processes relating to the selection and recruitment of staff.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Wilkinson, 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 the 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 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that chemicals are stored in keeping with COSHH regulations.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: https://rqiacrm.sharepoint.hscni.net/rqia_inspection/IN028154-The Court Care Home (1451)supervisions continue with staff, staff meeting to reiterate importance of locking doors and COSHH with all departments. regular area monitoring and supervision by HM SN on duty and CHAPs</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that any medicine within the home is stored in a secure place at all times.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: moniotring and supervisons continue regarding importance of locking treatment door. signage remains insitu as prompt to staff. Regular monitoring by SN and CHAPs to ensure thickening agents are appropriately stored and managed. Lockable facilities now available for correct storage. Thickening agent supervisons continue. Faulty fridge lock reported 13/10/17 to relevant department, awating replacement.</p>
<h3>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</h3>	
<p>Area for improvement 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered persons shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: all items mentioned have been removed, many have been replaced with new alternatives infection control supervisons continue.</p>

<p>Area for improvement 2</p> <p>Ref: Standard E10</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2017</p>	<p>The registered persons shall ensure that that all areas used by patients have windows which open and closed effectively in compliance with legislative and best practice standards.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: windows reported on 29/9/17 to maintenance company. 2/10/17 contractor reviewed and removed handle for reference purposes. 13/10/17 handles fixed 19/10/17 hinges replaced. all windows in working order. incident was being managed prior to inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons shall ensure that patient's care records accurately reflect the bowel function of patients, specifically within the daily nursing record.</p> <p>Ref: Section 6.5.</p> <hr/> <p>Response by registered person detailing the actions taken: ongoing supervision with SN/CHAPs regular monitoring by HM to ensure compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients who require assistance with the prevention/management of pressure ulcers:</p> <ul style="list-style-type: none"> • are repositioned in adherence with their relevant risk assessments and care plans, • that all pressure relieving aids are used in compliance with the manufactures' instructions and that any required settings are detailed in relevant care plan(s). <p>Ref: Section 6.5.</p> <hr/> <p>Response by registered person detailing the actions taken: ongoing supervision with all care staff and SNs regarding importance of accurate repositioning twice daily mattress setting moniotring by CHAPs/SCA regular monitoring of reposistioning booklets to ensure reposistioning schedule is correct for resident- as per careplan.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered provider must ensure that staff are not employed within the home until all the legislative requirements and best practice standards have been met.</p> <p>Ref: Section 6.6</p>
<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: pre-employment health declaration completed by 6/10/17 as per email sent 6/10/17 to inform inspector, as per his request. HM and HA to review all new employees since Jan 17</p>

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



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