ISSUE 4 NOVEMBER 2025

COMPLIANCE NEWSLETTER

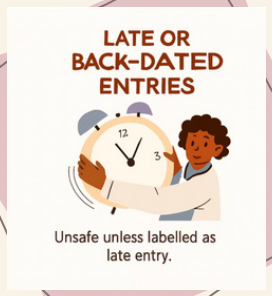
DOCUMENTATION

Accurate and timely documentation is essential in healthcare because it protects both service users and staff. It ensures safe, consistent, and person-centred care by allowing every member of the team to clearly understand what has been assessed, planned, and carried out, reducing the risk of errors, duplication, and missed interventions. At the same time, it provides vital legal and professional protection for staff, as clear records demonstrate clinical reasoning, consent, risk management, and duty of care. In the event of complaints, investigations, or inspections, if it isn't documented, it is treated as not done. Proper documentation is therefore not just an administrative task, but a core part of delivering safe, accountable, and high-quality care.

> "If it's not written, it didn't happen."

In this issue you will find how to improve on our documentation, deescalation, Environment and Kitchen management tips , MRSA and Clozapine guidelines, safeguarding writing and more!

COMMON DOCUMENTATION MISTAKES (AND WHY THEY'RE RISKY)



Late or Backdated Entries – Creates gaps, reduces credibility, and is a legal risk.

Narrative without Clinical Value– Writing stories instead of relevant clinical facts (e.g., "Service User was moody today" – vague and subjective).

Missing Service User's Voice – Failing to record what the service user actually said, especially when refusing care, expressing distress, or giving consent. Using Opinions, Labels, or Emotionally Charged Language – "He was being difficult." / "She is manipulative." is unprofessional and unsafe.

Copy- Pasting Old Entries – Makes it look like no real care was done. Also misses deterioration or progress.

- **Leaving Out Escalation** – Recording the issue but not documenting who was informed or what action was taken (e.g. "BP low" but no escalation pathway recorded).
- **Not Documenting PRN Rationale & Outcome** – "Gave lorazepam" is not enough. Must record trigger, alternatives tried and effect after 30-60 mins.
- **Blank or Incomplete Mandatory Fields** – In RIO or PCS, missing drop-downs (e.g., "pain score," "fluid intake," "skin check") leads to incomplete care evidence.

SETTLED/ UNSETTLED

This seems to be the favorite of most staff. But what does settled mean? What does unsettled mean?

What's unsettled for you, may not be true for the other. Are you familiar with Tourette's syndrome? People suffering from this condition tends to hit themselves or others and often curses without meaning to. Would you then say the person is unsettled when this is the person's usual presentation?

Instead of writing settled/ unsettled, document:

✅ What they were doing
✅ How they looked / behaved
✅ Any intervention you did
✅ Any change from baseline

Examples:

- Service user is in lounge watching TV, calm, no signs of distress. Engaged when spoken to. Breathing normal, no pacing or agitation.
- After reassurance and use of distraction techniques, service user continued to pace around, threatening and unable to follow instructions so Lorazepam 1mg was offered and accepted at around 14:00hrs. At 14:45: pacing stopped, speech slower, sitting with crossword. Effectiveness: positive. No side effects observed.
- At around 1000hrs, patient was asked if he wanted to eat breakfast or have a shower first. Service user said he wants to eat his porridge first then will wash his face and brush his teeth after.
- At 1900hrs, service user continued to respond to unseen stimuli and shouted when staff tried to distract her from auditory hallucination but quickly managed to self-deescalate and requested to go out for fresh air.

Clean and Compliant

Environment Matters

- The environment around our residents plays a huge role in dignity, wellbeing, and safety. Keeping it safe, clean, and well-maintained is a key part of CQC's Regulation 15 – Premises and Equipment.
- Small details like skirting boards, corners, handles, and radiators may seem minor, but they are visible evidence of effective oversight and safe care delivery.
- Clutter, maintenance issues, or hazards must be addressed quickly – if you see it, report it!

The Mum Test

Take 5 minutes today to check one area of your home, ask yourself, would you be happy for one of your family members to live here?

If yes, great! If not, ask yourself why and what could you improve?

Don't Forget!

"Quality is not just what we do - it's what can be seen, monitored, and maintained every day in our environment."

The Importance of Kitchen Records

A clean kitchen is just the start – accurate records show we manage quality, safety, and oversight.

Clear documentation ensures meals are safe, standards are met, and is a key part of CQC's Regulation 17 – Good Governance.

WHY IT MATTERS?

Logs (temperature checks, cleaning schedules, SFBB book) demonstrate oversight and accountability.

Accurate documentation provides a traceable record for inspections and the team, and ensures safe, consistent, high-quality care.

QUICK CHECKS

Are all fridge/freezer temperatures logged?
Is the Safer Food Better Business record up to date?
Are cleaning schedules completed and signed off?
Have all cutlery counts been completed?

Reminder: Documentation is as important as the task itself.

CP 037/ Observations and Engagement Policy

DID YOU KNOW?

• The Nurse in charge and the Manager will also ensure that the Care Coordinator and Funding Authority / Commissioners are informed of the 1:1 observation in writing within 24hrs of commencement.

• Reducing the level of observations should only be carried out after authorization by the Responsible Clinician.

• No staff should be assigned on carrying-out enhanced observations for more than 2 hours.

• Zonal observations and engagement is an alternative approach a ward or clinical area may take to the observation of a particular group of people within a specified ward or clinical area on a specified time.

Safeguarding Writing and Submitting Concerns

Safeguarding is about keeping vulnerable adult safe. It means protecting people's right to live safely, free from abuse and neglect. Therefore, it is vital that all staff must know:

- When to raise safeguarding concern.
- How to raise it
- What information to include.

Below is a simple format staff can follow when writing and submitting a safeguarding concern.

FORMAT:

INITIALS was admitted to WARD on SECTION (WHICH SECTION) OR INFORMAL of the Mental Health Act on DATE OF ADMISSION with a diagnosis of DIAGNOSIS. Since admission INITIALS has had numerous incidents including TYPES OF INCIDENTS OR HAS HAD NO INCIDENTS.

INTIALS is nursed on WHAT OBSERVATIONS.

REPEAT THE ABOVE IF THERE WAS MORE THAN ONE SERVICE USER INVOLVED IN THE INCIDENT

DETAILS OF INCIDENT:

DETAILS OF INCIDENT TO INCLUDE DATE AND TIME OF INCIDENT. FACTUAL ACCOUNT OF THE INCIDENT

IMMEDIATE ACTIONS

DETAIL IMMEDIATE ACTIONS TAKEN BY STAFF to include next of kin informed, care co informed,

DE-BRIEFS

DETAIL DE-BRIEFS PROVIDED TO SERVICE USER

PLAN

Detail the management plan to ensure patient and others are kept safe

Once the safeguarding report is completed, this is submitted to the manager (or on call manager) for review.

After approval, staff can go to the local council safeguarding portal. Our care homes and hospital may have a log in being used to access the said portal so please check with your manager.

Once submitted, staff can check the status of the reported safeguarding through the same portal.

REMINDER

Safeguarding must be raised within24 hours of incident.

DE-ESCALATION

Effective de-escalation is more than a technique–it's a mindset. In care homes and mental health hospitals, early recognition of distress and a calm, supportive approach can prevent behaviours from escalating into incidents. By using clear communication, empathy, and respectful boundaries, staff can help service users regain control, protect their dignity, and maintain a safe environment for everyone.

This month's feature highlights simple, practical strategies you can use every day to reduce tension, build trust, and promote therapeutic relationships.

DEESCALATION in ACTION

Situation:
A resident refuses personal care, shouting, "Leave me alone!"

What the staff did:
Staff stepped back and kept a non-threatening posture. He said calmly, "That's okay. You're in control. We can do this later if that feels better for you."

Staff offered two clear, simple choices: "Would you like to freshen up at 10:30 or after lunch?"

Outcome:
The resident chose after lunch. The refusal ended without confrontation, and personal care was completed later with no issue.

Situation:
A patient starts raising their voice at another patient over a minor disagreement.

What the staff did:
Staff positioned herself between them (but at an angle), using an open hand gesture.
She said, "Let's step outside for a moment—I need your help with something."

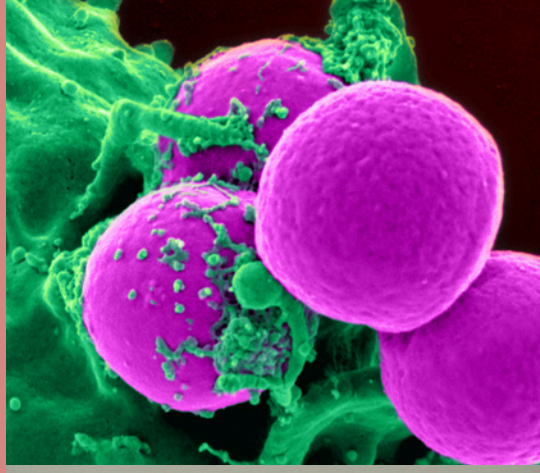
Staff redirected the agitated patient into the garden, engaging him in a conversation about a topic he enjoys.

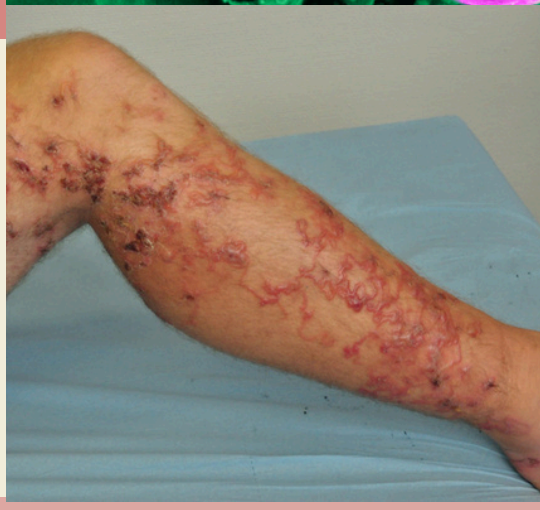
Outcome:
The tension dissolved. Both patients were separated and the situation settled without escalation.

"Every de-escalation technique starts with one thing: knowing the person in front of you."

MRSA

Methicillin-resistant Staphylococcus Aureus





WHAT IS MRSA?

A stubborn type of bacteria that doesn't like most antibiotics. Some service users carry it with no symptoms. Others may get infections, especially if they have wounds.

HOW DOES MRSA SPREAD?

Think of MRSA like glitter it sticks to:

✓ Hands
✓ Equipment
✓ Surfaces
(Not the air!)

SIGNS OF MRSA

Redness or swelling
✓ Pus or discharge
✓ Pain around wounds
✓ Fever or general state of being unwell
✓ Report anything unusual straight away.

YOUR MRSA SUPERPOWERS

- Handwashing - the ultimate defence
- Gloves & aprons - your shield
- Clean surfaces - bye-bye bacteria
- Good wound care - keeps service users safe

KEY REMINDER:
Service users who are MRSA-colonised (not infected) can usually mix normally with standard precautions.

LAUNDRY RULES

- Hot wash at 60°C
- Red bags for soiled laundry
- Don't shake items (no laundry dancing)

REPORTING RULES

Inform the IPC LEAD IMMEDIATELY for:

- All suspected or confirmed MRSA cases
- Any MRSA-positive wound, swab result or infection
- Any service user showing signs of deterioration

Senior Nurse / Clinic Lead/ Registered Manager/ Regional must also be informed.

WHEN TO INFORM THE CQC?

✓ There is a serious infection outbreak, OR
✓ MRSA causes severe illness, hospital admission or death, OR
✓ The situation meets the definition of a notifiable incident under Regulation 18 (Infection Control) or Regulation 20 (Duty of Candour)
For single, contained MRSA cases with no escalation: CQC does not usually need to be notified, but your Registered Manager should always be aware.

CLOZAPINE

CLOZAPINE FACT SHEET – Guidance for Clozapine Management

Clozapine is an antipsychotic used to treat people with schizophrenia who have not responded to other antipsychotics. This is sometimes called Treatment Resistant Schizophrenia. It is also used for people with Parkinson's disease who are experiencing psychosis. Very occasionally it is used in other mental health conditions out with the manufacturer's licensed indications.

Clozapine therapy requires mandatory full blood counts due to risks of lowering white blood cells.
Without a valid blood result, clozapine cannot be supplied.

The frequency of blood tests depends on the length of treatment; weekly, fortnightly, or monthly.

Clozapine like all medicines has side effects.
Individuals on clozapine should be **closely monitored for side effects especially constipation** which can be severe and potentially life threatening and must be escalated promptly to the GP or 999 if out of hours.

Daily Bowel Chart is a must!

In the event of signs of infection e.g., sore throat, raised temperature; get an extra full blood count to check that the white cell count is not too low.
Other side effect to watch:
Sedation/Sleepiness, Hypersalivation, Weight Gain, Seizures, Diabetes, Skin reactions (Sensitivity to light), Heart Problems (Palpitations or Rapid Pulse, Chest Pain)

Inform the service users about symptoms that require immediate reporting.

If clozapine treatment is stopped for more than 48 hours, it must be re-titrated. This increases the risk of a relapse in symptoms.

ESCALATE THIS STRAIGHT AWAY

Smoking lowers levels of clozapine in the blood by around 50%. If there are changes in someone's smoking habit, their clozapine dose may need adjusted.

ESCALATE THIS TO THE GP OR MENTAL HEALTH TEAM

Regular tests are necessary to check that the person's blood counts are in the correct range.

ENSURE ARRANGEMENT and COMPLIANCE FOR YOUR SERVICE USERS

ENSURE THERAPEUTIC DOSE AND TOXICITY LEVELS are CHECKED

CLOZAPINE BLOOD RESULTS

The results of the full blood count are referred to using a traffic light system.

Green - white blood cell count is normal

Amber - white blood cell count is slightly low (requires extra bloods)

Red - white blood cell count is too low (clozapine must stop with urgent daily blood samples)

If Clozapine treatment is stopped, the person is at risk of relapsing. If clozapine is stopped for more than 48 hours, it is termed a 'treatment break'. Clozapine needs to be re-titrated following a treatment break. Most often this will require an admission to hospital.

TOP 6 RULES ABOUT CLOZAPINE

1. BLOOD TESTS = SAFETY
✔️ Regular blood monitoring
❌ No blood → No dose

2. MISSED DOSE OR REFUSAL
Trigger if:
- Missed dose
- Refusal
- ⏱️ 48+ hrs without clozapine

➡️ Inform:
👩‍⚕️ Nurse-in-Charge
👨‍⚕️ GP
🧠 CMHT Clozapine Team
📝 Document actions

🚫 Restart ONLY in hospital

3. CONSTIPATION = EMERGENCY
🚨 Escalate if:

- No bowels for 48 hrs
- Refusal of laxatives
- Abdominal pain / bloating

📞 999 if in pain >48 hrs

4. SMOKING CHANGES MATTER
Report if service user:

- Starts / stops smoking
- Increase in smoking habits.

📞 Inform GP + CMHT
📝 Update care plan

5. RED FLAGS
🌡️ Fever / sore throat
🤧 Flu-like symptoms
💔 Chest pain / fast pulse
😴 Excessive sleepiness
🤤 Drooling
🚽 Severe constipation

✅ Report and escalate. Early action saves lives

6. NO TITRATION IN CARE HOMES
✔️ Support maintenance & monitoring
🚫 Titration ONLY in hospital

REMINDER Clozapine fact sheet should be in every Clinic room.

CAUGHT YOU *Caring*

Every month, during Corporate Clinical Governance (CCG), our care home managers, HR leads, compliance team, and clinical leads—headed by Vanessa and James —come together to nominate and vote for staff who have gone above and beyond. This recognition reflects the collective appreciation of colleagues across the organisation.

For this month, we proudly recognise three outstanding colleagues whose dedication, compassion, and commitment to excellence have made a remarkable impact across our services.

MEET OUR STAFF OF THE MONTH FOR NOVEMBER 2025

JERREH DUNNOR

When Heron View faced escalating challenging behaviours—particularly aggression—Jerreh stepped in with expertise, calm leadership, and hands-on support. Through targeted guidance, coaching, and modelling best practice, the team gained confidence and skill in managing complex behaviours.
The result? A 50% reduction in aggressive incidents.

OLIVIA SPAIN

Behind every compliant, high-quality service is someone working tirelessly in the background. For Langford Centre and Glenhurst Lodge, that person is Olivia.
Her meticulous attention to detail, calm presence, and unwavering support have not gone unnoticed. The Glenhurst team shared how much her guidance has helped them stay both compliant and caring

SUE DAY

Sue continues to embody loyalty, commitment, and professionalism. Her reliability and long-standing service have been a steady foundation for the team throughout the years.
Her quiet strength, consistency, and heartfelt dedication remind us that some of the most important contributions come from those who work diligently behind the scenes.

CAUGHT YOU *Caring* CONTINUES...

SHEPHERD'S CORNER

This month, we are thrilled to highlight Shepherds Corner for their exceptional dedication to the service users they support. While they are not nurses, their senior care workers have gone above and beyond to ensure safe and consistent care.

Key highlights include:

- Completing Mental Capacity Assessments (MCAs) and building strong relationships with the GP.
- Establishing weekly GP rounds, ensuring service users receive timely medical attention.
- Proactively addressing medication supply concerns. When issues arose due to pharmacy stock shortages, all staff worked together to create a sustainable system.

Now, Shepherds Corner has developed a clear flowchart guiding senior care workers on what to do if a service user's medication is unavailable at their nominated pharmacy. This ensures continuity of care and gives both staff and service users confidence that support is always available.

Well done, Shepherds Corner; your teamwork, initiative, and dedication truly make a difference!

DIWALI - a PCREF event

We are proud that Bramley Health is a participating organization, actively engaging with PCREF to strengthen our commitment to fairness, inclusion and continuous improvement. Through safe involvement, patient and carer's feedback, and collaborative working, we are taking meaningful steps to embed equality, dignity and respect into everyday practice. Recently, the company celebrated Diwali recognizing its cultural and spiritual importance to patients, carers and staff.

Diwali was held on Thursday, October 23rd between 10-12pm in the Langford Centre Conference room with the room decorated with lights and decorations made by some of the patients. Patients and staff enjoyed learning about Diwali through an interactive quiz. A competition was held for the best coloured in Rangoli pattern and everyone enjoyed some sweets.