

Regents Garden Scarborough

Project registers and compliance reference tables

1. Residents Health Status Dynamic Screening Record

Resident name	ID	Room no.	Date of issue	Male / Female	New PI or IAD	Date admitted	Discharge from hospital / acute illness	≥10% weight loss within 3 months	Deterioration in mobility	Previous Braden score	Date score updated	Updated Braden score	Assessment accurate?
[Redacted]	1	203	15/01/2026	F		06/01/2026				12	06/01/2026	11	Yes
[Redacted]	2	215	15/01/2026	F					14/01/2026: non-ambulant	16	14/01/2026	8	Yes
[Redacted]	3	224	15/01/2026	F					14/01/2026: now 1 assist	18	14/01/2026	16	Yes
[Redacted]	4	108	15/01/2026	M				Lost 10% in one month	15/01/2026: requires princess chair due to poor posture	12	15/01/2026	12	Yes
[Redacted]	5	217	19/01/2026	F					19/01/2026: non-ambulant	18	20/01/2026	13	Yes
[Redacted]	6	210	18/01/2026	M			28/01/2026: aspiration pneumonia			10	29/01/2026	9	Yes
[Redacted]	7	219	14/01/2026	F				Lost more than 10%		11	23/01/2026	11	Yes
[Redacted]	8	305	28/01/2026	F		02/02/2026	Discharged from hospital			12	05/02/2026	12	Yes
[Redacted]	9	229	29/01/2026	F	PI					10	29/01/2026	10	Yes
[Redacted]	10		27/01/2026	F			Acute unwell		14/01/2026: changed to 2 assist	16	14/01/2026	12	Yes
[Redacted]	11		01/02/2026	F			Discharged from hospital 31/01/2026			18	05/02/2026	18	Yes

PI = pressure injury; IAD = incontinence-associated dermatitis.

2. High Risk Register

Family name	Given name	Pressure offloading equipment in chairs	Pressure offloading equipment in bed	Braden score	Nap after lunch	Current location	Protective dressing	Heel lift / suspension cushion	Repositioning support needed
[Redacted]	[Redacted]	FLOAT CHAIR	Air mattress	11		[Redacted]	Yes	NEED	Physical
[Redacted]	[Redacted]	SWM gel cushion	Air mattress	10		[Redacted]		NEEDS HAND	Physical
[Redacted]	[Redacted]	FLOAT CHAIR	Air mattress	10		[Redacted]	Yes	NEED	Physical
[Redacted]	[Redacted]	Motorised lift	Air mattress	10		[Redacted]		NEED	Physical
[Redacted]	[Redacted]	SWM gel cushion	Air mattress	8		[Redacted]		NEED	Physical
[Redacted]	[Redacted]	Sports chair	Air mattress	8		[Redacted]	Yes	NEED	Physical
[Redacted]	[Redacted]	Armchair and cushion	Air mattress	10		[Redacted]		NEED	Physical
[Redacted]	[Redacted]	SWM cushion	Mattress topper	12		[Redacted]	Yes	NEED	Physical
[Redacted]	[Redacted]	Area mattress	Air mattress	11	Yes	[Redacted]		NEED	Physical

3. Pressure Injury Register, January to July 2026

Resident name	Room number	Last Braden score	Date PI reported	Location of PI	Stage of PI	Interventions
[Redacted]		8	29/01/2026	Lower back / spinal cord	2	RIP
[Redacted]		16	19/02/2026	Left heel	2	Healed at the end of April
[Redacted]		12	03/05/2026	Right heel	1	
[Redacted]		10	23/05/2026	Left gluteal region	Deep PI	

4. Benchmarks

Minimum interventions required per shift: 3 for all domains.

#	Care type	Definition of one intervention	Night shift minimum	AM shift minimum	PM shift minimum	Clinical rationale
1	Repositioning	Manually turning or repositioning the resident to relieve pressure on bony prominences, for example the sacrum, heels or hips.	≥ 3	≥ 3	≥ 3	Consistent pressure care across all shifts supports equitable pressure injury prevention.
2	Skin check	Visual inspection of the resident's skin, focusing on pressure areas, for signs of redness, breakdown or injury.	≥ 3	≥ 3	≥ 3	Uniform checks across all shifts help ensure pressure injuries do not go undetected, regardless of time of day.
3	Equipment check	Verification that pressure-relief equipment, including the mattress, cushion, bed rails and positioning aids, is in place and functioning correctly.	≥ 3	≥ 3	≥ 3	Consistent monitoring across all shifts supports equipment reliability at all times.

5. Data Collection Dictionary

#	Term	Definition	Formula / example
1	Compliant shift	A shift is compliant when the number of care interventions recorded meets or exceeds the minimum benchmark for that shift and care type.	
2	Non-compliant shift	A shift is non-compliant when the recorded count falls below the benchmark. It is marked 0.	
3	Daily compliance rate	The percentage of shifts in a day that were compliant. Calculated across all three shifts, Night, AM and PM, for each care type.	
4	Weekly compliance rate	The percentage of all shifts across the seven-day week that were compliant, per care type.	
5	Overall compliance rate	Average compliance rate combining all three care types, Repositioning, Skin Check and Equipment Check, for the week.	
6	Target	The minimum acceptable weekly compliance rate for the facility.	≥ 80% per care type per week

6. Quick Reference Summary

Care type	Night	AM	PM	Compliant when	Weekly target
Repositioning	3	3	3	IF(count >= 3, 1, 0)	≥ 80%
Skin check	3	3	3	IF(count >= 3, 1, 0)	≥ 80%
Equipment check	3	3	3	IF(count >= 3, 1, 0)	≥ 80%