

Unannounced Day Care Setting Inspection Report 06 February 2017



Edgcumbe Assessment and Therapy Unit

Type of service: Day Care Service

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Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Edgumbe Assessment and Therapy Unit took place on 06 February 2017 from 10.30 to 15.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection two staff records; duty rotas; supervision and training; observations of the setting; discussions with service users and staff; and observations of care provided evidence the care was delivered in a planned and safe way. The staff focus was to avoid and prevent harm to the service users in the setting and in the community. Furthermore the care, treatment and support was assisting individuals to live safely, with support, in the community.

Overall the inspection of “is care safe” concluded the minimum standards inspected were broadly met and to achieve full compliance two areas for improvement were identified. The records referred to in schedule 5 must at all times be available for inspection in the day care setting and the trust should review the heating arrangements and electric sockets in the day care setting to ensure they are working and they are adequate for this service. It is noted post inspection both of these matters were addressed; however, RQIA does require assurance that in the long term arrangements in place will avoid these matters being repeated in the future.

Is care effective?

The inspection of service users individual care records, discussion with the service users, staff and a visiting relative concluded care was being delivered at the right time, in the right place, and with the best outcome. We found individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met however one area for improvement was identified regarding recording of restraints and restrictions.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed to be clearly listening to, valuing and communicating with the service users in an appropriate manner.

Overall the inspection of “is care compassionate” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff and service users regarding the management arrangements in place and their effectiveness revealed staff were clear regarding their roles and responsibilities and

who they were managed by. Documents and records such as incident recording, complaints recording, team meetings minutes, and evidence of staff support and supervision meetings demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sandra Ralph, day care worker in charge, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 07 September 2015.

2.0 Service details

Registered organisation/registered person: Edgcumbe Assessment and Therapy Unit/Mr Martin Joseph Dillon	Registered manager: Mrs Janet Brown
Person in charge of the service at the time of inspection: Sandra Ralph, day care worker in charge	Date manager registered: 23 December 2016

3.0 Methods/processes

Prior to inspection we analysed the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Trust

- Incident notifications which revealed eight incidents had been notified to RQIA since the last care inspection in September 2015
- Unannounced care inspection report 07 September 2015.

During the inspection the inspector met with:

- The day care worker in charge
- Four care staff
- Twelve service users
- One relative.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in the three satellite sites and the main LARC site. Five were returned by service users, two by staff and three by relatives.

The following records were examined during the inspection:

- Two staff records
- Three individual service users care files
- A sample of service users' daily records
- Five complaints/issue of dissatisfaction recorded from April 2015 to March 2016
- A sample of incidents and accidents records from October 2016 to January 2017
- The staff rota for January and February 2017
- The minutes of three service user meetings (January, March and May 2016)
- Staff supervision dates for 2016
- Monthly monitoring reports from April to December 2016
- Staff training information for 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 7 September 2015

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 07 September 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 18 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure the current toilet seats in the service user toilets are replaced with seats that are recommended for this service user group. The toilet seats must also be of adequate quality and fit for purpose e.g. red seats.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the seats had been replaced.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered person must report to RQIA on the returned QIP regarding the current staffing arrangements and assure RQIA they are appropriate to meet the needs of the service users, the size of the building and the statement of purpose.</p> <p>If the assessment of staffing identifies there are deficits the trust must advise RQIA what measures will be put in place to improve the staffing arrangements in this setting and include timescales regarding the same.</p> <p>Furthermore the trust must provide RQIA with an update regarding the registered manager application which should be submitted without delay.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the manager application was received and a registered manager is in post. The staffing arrangements were not satisfactory at the time of the inspection and the trust were using contingency measures to ensure care was safe, effective and compassionate. The staff absences were due to sickness. This part of the requirement is restated to ensure the trust have safe and effective staffing arrangements in this setting and the arrangements are subject to ongoing monitoring.</p>	Partially Met

4.3 Is care safe?

The review of the staff rota recorded for January and February 2017 showed the record detailed the specified the staff covering each part of the day care setting, staff roles and responsibilities and the staff who were absent.

The staffing numbers and allocation of staff to roles and responsibilities was discussed with staff on duty during the inspection. The staff in the setting described who was in charge. Due to the manager's absence this had been divided between the day care workers and staff were fully informed regarding who was taking responsibility during the inspection. Observation of care, discussion with staff and examination of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the day of the inspection. However, discussion did reveal the setting had reduced the service user numbers due to staff sickness and absence. This was a contingency measure in place to enable the staff to meet service users' needs safely and effectively. Staff described they were not satisfied with this outcome but were clear that if this had not happened; service users' needs could not be met with reduced staff numbers

The distribution of staff across this large setting took into account the size and layout of the premises, the number of service users and the support needs; including one to one care on the day of the inspection. Therefore in the group who was providing support to service users who were more independent there was one staff member who was leading the activity. They were supported by another staff member who was supporting other groups and undertaking other duties. Other groups had a minimum of two staff in the room to ensure all care needs were met.

The induction programme was discussed with staff. There had not been any new staff that had commenced in the setting in the last twelve months however, if new staff do commence the Northern Ireland Social Care Council (NISCC) induction standards would be used. This would be in addition to the induction to the trust which would introduce staff to the policies and procedures pertinent to their role and responsibility and the induction to the setting which orientates staff to their role and responsibility in the setting. The use of the induction standards will enable the new staff to reflect on their knowledge, role and responsibility and should enable any gaps in knowledge or practice to be addressed with their supervisor. This process will encourage safe care by new staff.

Two individual staff files were inspected. The recruitment processes were noted as compliant with regulation 21 and schedule 2 which promotes safe recruitment by validating the fitness of the worker to work in the day care setting. Staff had maintained their own personal record of the training they had attended and written analysis of how the training will or has improved their practice. Examination of one staff record provided evidence that their practice had been subject to observation and review. An area for development was identified and this was addressed directly with the staff member to improve practice. This was a process that promoted safe and effective care of the service users in the setting.

The staff training record for 2016 was inspected. Staff had attended mandatory training and they had brought their additional training needs to supervision. Staff had also attended training regarding life story work, challenging behaviour in dementia and nutrition and dementia. The training had aimed to increase staff knowledge and ability to care for service users in the setting. The feedback from staff verified the training was being put into practice to achieve improved outcomes for service users. For example the life story work had been undertaken with a small number of service users to date, the feedback from the service user and their

families was this was a useful and successful tool in terms of promoting the service users welfare through the use of reminiscence.

The incident and accident records were inspected after the inspection date and did not reveal any concerns regarding the reporting, recording or actions taken following an incident or accident occurring in the setting. However, the trust was using a computerised recording system which on the day of the inspection the staff could input into but could not view the total records made since the last inspection without the manager's access. This record must be available for inspection at all times and a requirement is made for the manager to ensure all records referred to in schedule 5 are at all times available for inspection in the day care setting, even when she is not present.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the centre had been kept clean and tidy; hand hygiene was promoted using notices and resources. There were some physical restrictions in place such as locked doors, keypad entry systems, use of additional seatbelt clips and increased staffing numbers in some rooms. These restrictions were in place to meet specific needs that had been identified in the service user's assessments and care plans. Care records and discussion with staff informed RQIA the restriction's in place were the least restrictive measure to meet identified service user's needs. Where appropriate the staff had involved other professionals and relatives to give their view regarding if the restrictions were necessary.

A tour of the day care settings, discussions with staff and the registered manager identified the building and grounds were kept tidy and in a good state of repair. On the day of the inspection the heating was not working efficiently and additional heaters were on to keep the temperature comfortable. Some sockets were not working which meant extension leads were being used. Two improvements were identified regarding this arrangement: (1) the trust should review the heating of this building to ensure the arrangements in place are sufficient for the needs of this service; and (2) the electric sockets should be reviewed to ensure they are working and there is a sufficient number for this service. A requirement is made in this regard.

The day care setting's fire safety records were viewed for 2016. The fire risk assessment is due for review in November 2018 and the action plan of the latest assessment had been responded to. The last fire drill had been done in August 2016; this did not identify any concerns.

Discussion with service users and observation of the care in the setting revealed they were comfortable in the activity rooms and staff assisted them in a timely manner. Discussion with one relative revealed he was assured staff had never taken their eyes of his relative's whereabouts, he described the supervision and support his relative had received was "absolutely first class". They explained the setting allowed for their relative to have independence in a safe environment and there was staff support on hand if they needed it.

Five service users returned questionnaires which identified they were very satisfied with the safe care in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting was comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded. One service user responded "I attended a few fire drills at the centre, the staff help me out".

Three relative's questionnaires stated they were very satisfied with the safe care in this setting. They identified their relative was safe and protected from harm, they could talk to staff, the

environment was suitable to meet their relative's needs and they would report concerns to the manager. One respondent wrote "I am happy with the care".

Two staff members returned questionnaires to RQIA post inspection. They stated they were very satisfied care was safe in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Two areas for improvement were identified regarding all the records referred to in schedule 5 must at all times available for inspection in the day care setting and the trust should review the heating and electric sockets in the day care setting to ensure they are working and they are adequate for this service.

Number of requirements	2	Number of recommendations	0
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4.4 Is care effective?

The inspection of three service users individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the people who use the service. Observation of care showed the care plans were being put into place by staff in a gentle, encouraging way that was personal to each individual service user. The staff were observed engaging the groups and individual service users in activities. The care plans inspected clearly described the service user's needs and how they should be met in the service. There was particular attention paid to enabling and encouraging service users to use their cognitive skills which was appropriate because this is a memory loss service.

The care records inspected in the centre had been maintained in line with the legislation and best practice guidance. There was evidence care records had been updated and reviewed by service user's keyworkers in a timely manner for example following a meeting; or the individual's annual review of their day care placement. The care records included clear risk assessment information and planning documents which detailed the health and well-being needs of the service users. There was also evidence of multi-professional input into the service users' health and social care needs assessment. Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs and plan.

One service users plan inspected detailed a restriction in the assessment and care plan information. The actual restriction and what behaviour led to this restriction was recorded. However, there was no analysis of what this restriction will prevent and why this is the least restrictive measure that could be put in place that will result in the best outcome for the service user. Discussion with the day care worker in charge assured the inspector the restriction had been analysed in this way however, it was agreed the recording of the same was not in place. A requirement is made in this regard.

Discussion with service users about the activity they were taking part in revealed they were mainly dependent on staff guiding them and clearly explaining choices available. The service users were observed waiting for staff to guide and inform them regarding what they should be doing. They said the setting was a "good place to relax", to "sing and enjoy ourselves", another

service user said they “like the company” and it was “nice to get looked after”. The relative spoken to discussed they felt it was nice for their relative to sit and communication happened naturally, they described their relative had received “person centred care” and staff had been responsive to their needs.

Staff discussed they work together to deliver activities and keep records up to date. The day care worker in charge assured the supervisors review and update care records on a regular basis. The manager and monitoring officer audit records.

Four service users’ questionnaires stated they were very satisfied the care was effective in this setting. They were getting the right care at the right time. They identified staff communicate well with them, their choices are listened to, they choose the activities they take part in and have been involved in the annual review of their day centre placement. One service user wrote the effective care is “very good”.

The three relatives questionnaires identified they were very satisfied with the effective care in the setting. They identified their relative gets the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative’s needs, preferences and choices and that these were incorporated into the care they received and that they were involved in their relative’s annual review.

The two staff questionnaires identified they were very satisfied the care was effective in this setting. The service users were involved in their care plan, care plans informed the care provided, monitoring of quality was in place and that staff respond to service users in a timely manner. One staff member wrote “can be difficult when staffing levels are low”. The staffing level has been identified for improvement for a second time in this inspection QIP.

Areas for improvement

One are for improvement was identified regarding recording of restraints and restrictions that must what the restriction in place will prevent and why this is the least restrictive measure that could be put in place that will result in the best outcome for the service user.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

This day centre meets the needs service users who have a diagnosis of dementia. The groups are divided into ability and interests and staff support was distributed across the groups according to need and care plans. Observation of staff revealed they were all working to ensure all service users were supported to take part. Staff were observed communicating warmly with the different groups to promote involvement, explaining the task or activity in simple terms and encouraging the service users to feed back to them their thoughts, feelings and preferences. In this setting assisting service users to give their preferences and choices is complex because of their memory loss and some also have a feeling of disorientation. However, staff were observed providing care confidently and effortlessly. Signs of confusion or repetition were not brought to others attention and anyone who needed additional support was attended to by staff subtly and quietly to protect service user’s dignity.

Discussion with staff in the different rooms regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as

promoting their strengths and providing choice. Observations of service users taking part in activities showed participation was good and they were enthusiastic about taking part.

The service users' annual survey had been undertaken by the staff to ensure that the views and opinions of the service users were sought and taken into account in all matters affecting them. The outcomes were reported in a Patient and Public Involvement audit report dated March 2016 which provided evidence the returned surveys had been analysed and the outcome of the action plan that had been implemented.

The staff had facilitated meetings with the service user groups quarterly, records were provided for this inspection of the meetings which confirmed this frequency. Information which informed service users about these meetings had been produced in large colourful print which was hoped to enable service users to read the information, if they chose to.

Five service user questionnaires were returned which identified the service users were very satisfied care was compassionate in this setting. They were treated with dignity and respect; the staff were kind and caring; their privacy was respected; they have choice regarding what they do in the setting; and they are involved in decisions about the support they receive in the setting.

Three relative's questionnaire revealed they were very satisfied with the compassionate care in this setting. Their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they are consulted regarding decisions.

Two staff questionnaires identified they were very satisfied with the compassionate care in this setting. Service users were treated with dignity and respect, encouraged to be independent; their views were sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

An inspection of arrangements in place evidenced that effective leadership and management arrangements were in place. For example the statement of purpose described the setting and how care will be delivered safely, effectively and compassionately. The statement of purpose also described the staffing arrangements in the setting with a clear management structure that guides and supports them. The discussion with the day care worker revealed staff were made familiar with legislation and best practice guidance when attending training, in team meetings, when reading policies and procedures and in staff support mechanisms such as supervision.

The staff discussed the current challenges for them which were the reduced staffing numbers due to sickness absence and the heating not working. They detailed steps the registered manager had taken to resolve these matters and ensure the setting was providing safe care such as liaising with the estates team and reducing service user numbers. As described in the examination of is care safe, the reduction of service user numbers was a temporary measure until staff return to work. Nevertheless adequate staffing numbers was identified as a concern during the last inspection and this is restated in this inspection QIP.

The complaints record revealed there have been five complaints made in 2015/2016 and two since April 2017. The issues were minor issues of dissatisfaction that were responded to by the manager or day care worker in charge. The complaint, investigation, outcome of the complaint and the complainant's satisfaction were recorded and these records did not reveal any ongoing concerns or unmet need.

The review of supervision records, discussion with staff and analysis of the questionnaire revealed there are arrangements in place for staff to access their line manager such as supervision and open door access to management as required. The feedback from the staff was the registered manager and the senior day care worker responds effectively to staff needs.

Four service users' questionnaires identified they were very satisfied the service was well led. The service was managed well; they knew who the manager was (although one did not know her name) and could talk to them if they had any concerns. Staff had responded well to them and they were asked what they would like to do in the setting.

Three relative questionnaires revealed they were very satisfied the setting was well led. The service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide. One relative wrote "The staff at Edgcumbe are most helpful at all times, even enquiring after my own health".

Two staff questionnaires identified they were satisfied the service was well led. It is managed well, the service is monitored, and communication between the staff and management is effective. The staff member wrote "I feel we don't get staff in the unit when there are three or four staff on sick leave, therefore other staff can't have annual leave".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sandra Ralph, day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 day care setting. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20 (1) (a)

Stated: Second time

To be completed by:
3 April 2017

The registered provider must report to RQIA on the returned QIP regarding the current staffing arrangements and assure RQIA they are appropriate to meet the needs of the service users, the size of the building and the statement of purpose.

If the assessment of staffing identifies there are deficits the trust must advise RQIA what measures will be put in place to improve the staffing arrangements in this setting and include timescales regarding the same.

Response by registered provider detailing the actions taken:

On the Day of the inspection there were 3 care staff on sick leave. these staff have now returned to work

One staff member gave notice and left to take up a new post within the Trust on 14.2.17, another staff member has submitted notice to retire at end of March 2017. The Manager has promptly commenced the recruitment process to replace these two posts, the recruitment process can take 2 to 3 months to complete, it is hoped that these posts will be filled by end of April/May 2017.

The manager will ensure adequate staffing levels using Agency and Bank staff throughout this recruitment period.

During this unprecedented period of low staffing contingency measures were put in place by the Manager and Senior staff to ensure there were adequate numbers of staff to deliver safe and effective care to service users. Short term contingency measures included reducing the number of staff on annual leave and a temporary halt on attendances of service users from supported housing and residential homes, these attendances were reinstated from 7.3.17.

Requirement 2

Ref: Regulation 19 & Schedule 5

Stated: First time

To be completed by:
3 April 2017

The registered provider must ensure the records as detailed in schedule 5 are at all times available for inspection in the day care setting, even when the registered manager is not present.

Response by registered provider detailing the actions taken:

To ensure that records detailed in schedule 5 are available at all times for inspection when the manager is not present - the manager has requested read-only access for Day Care Workers, so that they will in future have access to the electronic DATIX incident/accident record system and will be able to access and display the Units accident reports /record for the Inspector to view.

The Manager has also ensured that Day Care Workers have access to the Annual Review of the Quality of care (Regulation 17 of the Day Care Setting Regulations (Northern Ireland) 2007) report. The Units quality report will be available for future inspections.

<p>Requirement 3</p> <p>Ref: Regulation 26 (2)</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2017</p>	<p>The registered provider must ensure the heating in this building is sufficient for the needs of this service; and the electric sockets must be reviewed to ensure they are working and there is a sufficient number for this service.</p> <hr/> <p>Response by registered provider detailing the actions taken: Manager had requested thermostic control valves be fitted to radiators in an attempt to safely control and regulate the temperature in the day Centre, the thermostates had been capped to prevent radiators from overheating, this and a faulty part in the boiler caused the unit temperature to reduce. Thermostatic controls have now been removed and currently the unit is maintaining a comfortable temperature for service users attending. The Manager is in the process of reviewing inefficiencies of the heating system with Trust Estates Manager. It is planned to replace existing radiators with low surface temperature radiators and move the two temperature sensors to cooler areas in the Day Centre, this will result in a consistant and safely regulated temperature throughout the Day Centre - this is the longer term solution and the Manager is hopeful that work will be agreed and commenced as soon as is resonably possible.</p> <p>All electrical sockets in the Red room have been reviewed/checked by estates electrician, a faulty socket was identified as the route cause for the shorting out of other sockets in the room and this has been replaced.</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2017</p>	<p>The registered provider must ensure for any service users where a restriction or restraint is detailed in the assessment and care plan information as necessary there must be a record of what behaviour led to the restriction; analysis of what this restriction will prevent and why this is considered the least restrictive measure that could be put in place that will result in the best outcome for the service user.</p> <hr/> <p>Response by registered provider detailing the actions taken: The Manager met with D.C.W's to highlight and update on theTrust Use of restrictive interventions Policy. Staff updated their understanding of the legal, ethical and professional implications on the use of the least restictive options to meet the needs of sevice users and staff have good understand of their responsibilty to ensure detailed information and analysis in recording information on the use of any actions which restrict a persons freedom of movement.</p> <p>The manager has included a section on the assessment of need and care plan for recording details of any restrictive measures being used.</p> <p>Staff will record the service users behaviour that led to the use of restrictive action and explain what the restriction will prevent and why this was considered the least restrictive measure that could be put in place to result in best outcome for the service user.</p>



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