

Unannounced Care Inspection Report 21 August 2018



Sevenoaks Scheme

Type of Service: Domiciliary Care Agency
Address: 1 - 31 Crescent Link, Londonderry, BT47 6DN
Tel No: 02871311278
Inspector: Marie McCann

www.rqia.org.uk

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 domiciliary care agency supported living type which provides personal care and housing support to people fourteen adults living with dementia. The Sevenoaks scheme is operated by Radius Housing and is located within the Seven Oaks Housing with Care residential home.

3.0 Service details

<p>Organisation/Registered Provider: Radius Housing Association</p>	<p>Registered Manager: Mrs Antoinette Margaret Strawbridge</p>
<p>Responsible Individual(s): Mrs Fiona McAnespie</p>	

Person in charge at the time of inspection:	Date manager registered: 9 April 2009
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4.0 Inspection summary

An unannounced inspection took place on 21 August 2018 from 09:30 to 16:15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff supervision and appraisal, the management of restrictive practices, communication between service users and agency staff and other key stakeholders, the management of complaints, staff meetings and monitoring the professional registration of staff.

Areas requiring improvement were identified in regards to the agency's adult safeguarding policy and ensuring risk assessments and support plans are evaluated in line with timescales identified.

Comments from service users and relatives will be reflected throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Antoinette Strawbridge, registered 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 care inspection dated 9 May 2017

No further actions were required to be taken following the most recent inspection on 9 May 2017.

5.0 How we inspect

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

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that six incidents had been notified to RQIA since the last care inspection 9 May 2017
- unannounced care inspection report from 9 May 2017

During the inspection the inspector met with the registered manager, two staff, one service user and one relative.

The following records were examined during the inspection:

- Three service users' care records.
- Four staff personnel records.
- A sample of service users' daily records.
- The agency's complaints/compliments record from 9 May 2017 to 20 August 2018.
- Staff roster information from 30 July 2018 to 12 August 2018.
- Activities records for August 2018.
- A sample of minutes of service users' meetings from May 2017 to May 2018.
- A sample of minutes of staff meetings from May 2017 to June 2018.
- The agency's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from May 2017 to July 2018.
- Policy on Safeguarding Adults, June 2016.
- Induction, Supervision, Development and Competency Assessment Policy, June 2016.
- Whistleblowing Policy, June 2017.
- The Statement of Purpose June 2017.
- Complaints Policy, June 2018.
- Confidentiality Policy, December 2016.
- Service User Engagement Policy, December 2016.
- Tenants Handbook (Service User Guide), May 2018.

At the request of the inspector, the registered manager was asked to display a poster within the setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; two questionnaires from relatives were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the setting to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the setting.

The inspector would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 May 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 May 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; which included a review of staffing arrangements in place within the agency.

The agency has a human resources (HR) department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The registered manager described the procedure for ensuring that staff are not provided for work until all necessary checks had been completed, the outcome of the checks are retained by the HR department. The responsibility for newly appointed staff induction is with the registered manager.

A review of three staff induction records evidenced that they received an induction lasting a minimum of three days as required within the domiciliary care agencies regulations and that adult safeguarding procedures were discussed as part of the induction. A record was also maintained by the registered manager of the induction completed with a number of agency staff who had been rostered. The registered manager provided details of the agency's new induction policy and associated induction checklist and training plan, which confirmed that induction training of all new staff will be structured and occur over a period of two working weeks unless the needs of the scheme necessitate a differing duration. The inspector advised that the new templates/procedures should be reviewed to provide evidence of newly appointed staff working alongside experienced colleagues in addition to adult safeguarding procedures being included in the induction programme. The registered manager agreed to discuss this with senior management. Discussion with staff on the day of inspection provided assurances that the

agency's induction process provided them with the appropriate knowledge and skills to fulfil the requirements of the job role.

Discussion with the registered manager, staff, a service user and a relative confirmed that a sufficient number of experienced persons were working in the setting to meet the assessed needs of service users. A review of the staff rota from 30 July 2018 to 12 August 2018 evidenced that planned staffing levels were adhered to. The records showed the number of staff working each day, the capacity in which they worked and who was in charge. The registered manager stated that there had been occasions whenever staff who were on duty within the residential care home had been asked to assist with care delivery within the supported living scheme. Whilst the registered manager advised that such assistance was time limited and only occurred if the residential service had additional staff on duty, it was stressed that both services should be staffed separately at all times. The need to ensure that both services are appropriately staffed in order to effectively meet the assessed care needs of service users/residents at all times was further stressed. It was also agreed that any changes in staffing arrangements should be reflected in the staff rota information for each service. These findings were shared with the RQIA residential team following the inspection and will be reviewed during future inspections.

A review of the registered manager's training plan evidenced that staff had received training in addition to the mandatory training as stated in the minimum standards, which included dementia awareness and equality training. A rolling training programme was available for staff to ensure compliance with refresher training and this was regularly reviewed by the administrator under the direction of the registered manager.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. Discussion with the registered manager and staff spoken with on the day of inspection clearly demonstrated knowledge of their specific roles in relation to adult safeguarding and their obligation to report concerns and maintain factual records. A review of adult safeguarding referrals made since the previous care inspection evidenced that these had been managed appropriately including timely and effective consultation with the relevant Health and Social Care Trust (HSCT). Staff were aware of the agency's safeguarding policy. It was positive to note that all staff were up to date with their adult safeguarding training. A review of the agency's adult safeguarding policy noted that it was based on the regional Adult Safeguarding Prevention and Protection in Partnership July 2015 guidance and was inclusive of safeguarding children visiting care and support schemes. However, it was found that this policy made no reference to the associated regional Operational Procedures, September 2016. An area for improvement was made in this regard.

The agency's arrangements for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. The agency maintains a record of all incidents and accidents, actions taken and outcomes. A review and audit of all incidents and accidents had been undertaken by a senior manager as part of the monthly quality monitoring visit. Review of a sample of incidents evidenced that they had been managed appropriately and were necessary service users' risk assessments were updated as a result. The inspector discussed the notifications received by RQIA since the previous inspection in conjunction with the current statutory notification of incidents guidelines provided by RQIA. Discussion confirmed that the majority of incidents were not notifiable to RQIA. The registered manager confirmed full understanding that the incidents discussed remain reportable to the relevant HSCT as part of their commissioning contract.

Discussion with staff evidenced that they were aware of the importance of monitoring changes in service users' health and care needs and emotional wellbeing. Staff also demonstrated an understanding of the need to take timely action where necessary. Feedback from staff further evidenced that they understood the need to review individual support and care interventions as necessary in consultation with relevant parties including the multi-disciplinary team and relatives. Liaison with others on behalf of or in respect of service users was evidenced within the agency's daily recording system. The inspector advised that the specific time of such contacts should be reflected within the daily record in order to provide a contemporaneous and accurate time line of all staff actions relating to care delivery. The registered manager agreed to address this.

The setting is a secure environment, for those who have been assessed as requiring this level of supervision/monitoring and support. Prior to service users taking up tenancy, a multidisciplinary assessment is undertaken in consultation with the service user and as appropriate, their relative to determine if the environment is appropriate. The inspector reviewed records held in relation to agreed restrictive practices in place for some service users. It was identified that options were considered to determine whether any action taken was in the best interest of the service user and if it was the least restrictive. There was also evidence of consultation with service users, their relatives and relevant HSCT professionals and that any restrictive practices were reviewed and updated regularly.

The registered premises are located in the same building as the service users' accommodation and accessed from a shared entrance; the office is suitable for the operation of the agency as described in the service's Statement of Purpose.

Discussion with a service user, a visiting relative and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I feel very safe here."
- "I'm very satisfied here."

Staff comments:

- "My induction was a number of years ago but I remember it was very good."
- "Staff training is fantastic, I really enjoy it and it is of a very good standard."

Relatives' comments:

- "I leave reassured that xxxx is looked after well."
- "All the staff are excellent."

Two relatives returned questionnaires to RQIA. Both respondents indicated that they were very satisfied that the care provided to service users was safe. One response commented: "Very happy with xxxx care at Sevenoaks, staff are pleasant, approachable and I feel very comfortable visiting."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, and the management of restrictive practices.

Areas for improvement

One area for improvement was identified in regards to updating the agency's adult safeguarding policy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection process. The full nature and range of service provision is laid out in the agency's Statement of Purpose and Tenants Handbook. A review of the Statement of Purpose by the inspector following inspection identified that it did not clearly reflect the needs of service users, this was addressed with the registered manager and the amended Statement of Purpose received by RQIA post inspection was noted to be satisfactory.

The registered manager confirmed that the agency receives referral information from the relevant HSCT. Review of service users' records evidenced that upon admission the agency completes comprehensive risk assessments, care plans and support plans in consultation with services users and their relatives. Care plans and support plans viewed were noted to be detailed, holistic, person centred; goal orientated and promoted independence and reflected individual likes and dislikes. There was a system in place to identify dates for review and evaluation of risk assessments, care plans and support plans. However, it was noted that the review of several risk assessments for one service user, which were due for review in June 2018, had not been completed. In addition the evaluation of another service user's support plans were noted to be overdue. This was brought to the attention of the registered manager on the day of inspection who provided assurances that this would be addressed immediately. An area for improvement was made in this regard.

Service users and/or their relatives as appropriate were also noted to receive and sign a license to occupy contract which provides details of the individual costs to the each service user. The documentation reviewed on the day of inspection evidenced a transparency between the agency and the service user regarding their assessed care and support needs, goals and expectations of all parties.

Service users were noted to be consulted regularly regarding the quality and effectiveness of care provided by the agency through: an annual quality satisfaction survey; monthly quality monitoring visits undertaken by a senior manager; service users' meetings and initial and annual HSCT care reviews. The registered manager described how service users were encouraged and supported to be fully involved in their HSCT care reviews. However, the involvement of service users in the review process was not consistently evidenced; the inspector advised that if service users are unwilling or unable to sign such care records this should be reflected on the document and the reason given.

Review of service user care records evidenced that collaborative working arrangements were in place with external stakeholders.

The Tenant's handbook provided information to service users regarding how to access advocacy services of a number of organisations including, the Citizens Advice Bureau, the Patient Client Council and Age NI.

The registered manager advised that the agency facilitates quarterly service user meetings with an agenda that is displayed on a notice board for service users and/or their relatives prior to each meeting. A review of the minutes of meetings held on 17 May 2018 and 15 February 2018 evidenced that service users were asked for feedback with respect to their environment, staff, activities, catering, and laundry arrangements. Feedback was noted to be positive. Minutes of service user meetings are also displayed on the service users' notice board.

Discussions with a service user, a relative and staff, in addition to observations of staff interaction with service users during the inspection confirmed that staff communicated appropriately with service users and that service users could access staff at any time.

Discussion with a service user, a visiting relative and staff evidenced that they considered the care provided was effective. The following is a sample of comments made:

Service users' comments:

- "You can ask any staff for help if you need it and they always help you."
- "I have no complaints."
- "It's nice to know you can come to talk to someone if you need to."

Staff comments:

- "A brief is received each morning so that all staff are fully aware of service users' needs."
- "There is good communication to ensure the wellbeing of service users, through the epic system and verbal updates."

Relatives' comments:

- "A lot of support is given to maintain independence and skills, while always recognising xxxx needs."
- "Nothing is too much bother for staff, it's a super place."

Two relatives returned questionnaires to RQIA. Both respondents indicated that they were very satisfied that the care provided to service users was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to provision of effective care, communication between service users and staff and other key stakeholders.

Areas for improvement

One area for improvement was identified with regards to ensuring evaluations of risk assessments and support plans were completed in line with timescales identified.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support.

Discussions with a service user, a relative and staff alongside observations made during the inspection provided assurance that the promotion of values such as choice, consent, equality, dignity and respect were embedded in the culture and ethos of the agency. The atmosphere in the setting was noted to be relaxed and cheerful with service users and staff relating positively to one another. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service user confidentiality in line with the agency's confidentiality policy and service user consent.

Access/egress to the setting is controlled by a finger point recognition system. The registered manager advised that this system also enables family members and those known to visit on a frequent basis to enter and exit the setting without reliance on staff. Discussion with the registered manager highlighted that this helped create a transparent culture and supported service user contact with their next of kin. This arrangement is monitored to ensure that the service users' best interests are maintained.

It was positive to note that in addition to the agency care and support plans and risk assessments, a person centred "This is me" document was completed with service users which contained a wide range of additional information about them including:

- What I would like you to know
- What makes me feel better
- Routine's important to me
- Things that may worry or upset me

Feedback from the registered manager indicated that this document was a helpful tool in assisting with effective communication with service users.

The inspector noted that pictorial and big read signage was available around the environment; in addition, specific signage had been erected in places to accommodate the needs of a specific service user. Service users had access to a communal area which included a large clock and orientation board which detailed the day, month, year and weather.

An activities board was also available for service users to access which provided information in written and pictorial formats. The activities programme was noted to be varied and feedback received from a service user and relative confirmed that there was a stimulating variety of activities available. The agency also shares information with service users via a quarterly newsletter, jointly produced with the residential home. The summer 2018 newsletter included details of events and activities, birthday celebrations with accompanying photos and recognition of the staff team receiving a Radius Staff award for being the highly commended team of the year. It was positive to note that the autumn 2017 newsletter included an easy read complaints and compliments policy for service users.

Discussion with a service user, a visiting relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- “The beauty of the place is that I have my own space.”
- “My opinions and wishes are listened too.”
- “What I like about here is that you have choices about whether to attend activities, the variety is there.”
- “I enjoy going out on Friday afternoons.”

Staff comments:

- “We are supported to provide person centred care and choice, I think it’s a great place.”
- “It is very important to promote choice and independence by giving time for service user to do things themselves if they can.”
- “We support and encourage service users to engage in new activities but always at their own pace.”

Relatives' comments:

- “I feel that they make xxxx feel like he is number one and they seem to do this with everyone.”
- “Each day has a certain activity, I have gone on a number of outings and they are marvellous.”
- “Staff are very kind, non-judgemental”, they see the person.”

Two relatives returned questionnaires to RQIA. Both respondents indicated that they were very satisfied that the care provided to service users was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified in this domain 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.

The inspector sought to assess the agency’s leadership, management and governance arrangements to meet the assessed needs of service users. The RQIA registration certificate was up to date and displayed appropriately. The agency is managed on a day to day basis by the registered manager with the support of a consistent staff team comprised of senior care staff, care staff, an administrator and domestic staff. The registered manager advised that when agency staff are required, the same staff are employed as much as possible in order to

provide consistency for service users. The agency has a defined organisational and managerial structure that identifies lines of accountability. The registered manager and staff who met with the inspector could clearly describe staff roles, responsibilities and lines of accountability.

The registered manager and staff spoken to on the day of inspection advised there were a range of policies and procedures in place to guide and inform staff, which were accessible to staff in a paper format and electronically. The inspector reviewed a sample of policies and procedures; it was identified that they had been reviewed and updated in accordance with timescales for review as outlined within the minimum standards.

The agency's complaints policy was noted to be appropriately detailed and included informal, formal, appeal and external remedies. The inspector reviewed the agency's record of complaints and compliments since the last inspection and noted there had been five complaints. Discussion with the registered manager and review of the records evidenced that appropriate action had been taken to resolve the complaints at a local level where possible and escalated when necessary to senior management. It was positive to note that the agency had received 11 compliments during the same time period. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure staff received support and guidance. A senior care worker was on duty 24 hours a day. The agency's supervision and appraisal policy outlines the timescales and processes to be followed. A review of a sample of records evidenced that there was a system in place to ensure that staff receive supervision and appraisal and that such records are retained. Staff spoken with during the inspection described the benefits of the supervision process in supporting them in their role and confirmed that supervision was held regularly. The registered manager and staff both stated that there was effective team work and positive working relationships. Staff could describe how they would respond to concerns about the performance of a colleague and spoke confidently about the agency's whistleblowing policy.

The registered manager and staff met with on the day of inspection confirmed that regular staff meetings were held. A sample of team meeting minutes reviewed reflected a varied agenda which evidenced a quality improvement focus. Information was provided to staff to develop their skills and knowledge and to improve outcomes for service users. For example, a team meeting held in June 2018 reviewed the patient safety alert to support safer modification of food and drink and factors contributing to falls/slips and trips.

The inspector discussed the monitoring arrangements under regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The regulation 23 monthly quality monitoring visit reports were available to be examined since the last inspection, with the exception of February 2018, which the registered manager advised was not undertaken due to staff sickness. The inspector noted that all the visits were unannounced. Samples of reports were viewed for May 2018, June 2018 and July 2018. The reports provided a review and audit of the conduct of the agency and included comprehensive action plans which evidenced that identified actions had been carried out/reviewed accordingly.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC) or other regulatory body as appropriate. The registered manager confirmed that information regarding registration and renewal dates was maintained by the organisation's HR department, which generate an email to the registered manager advising when a renewal date is pending and that this is subsequently followed up

with staff to ensure compliance. The registered manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The inspector was advised that staff training is being provided with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent changes in this area.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the agency had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the agency collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with a service user, a visiting relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "I would feel comfortable raising any issues."

Staff comments:

- "There is always support from senior staff, I would have no problem reporting any concerns."
- "The manager is very approachable."
- "I feel confident that I could escalate any concerns and I would be listened to."

Relatives' comments:

- "Staff are 100 percent professional but they manage it with a great deal of humanity."
- "The manager is great."

Two relatives returned questionnaires to RQIA. Both respondents indicated that they were very satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints, staff meetings and monitoring the professional registration of staff.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Antoinette Strawbridge, 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 agency. 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

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 Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 14.1</p> <p>Stated: First time</p> <p>To be completed by: 16 October 2018</p>	<p>The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Adult Safe Guarding Policy statement inclusive of safe guarding children visiting care/support schemes has been reviewed to include legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts. This is in draft format, waiting ratification.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>This relates to, but is not limited to; ensuring evaluations of risk assessments and support plans are completed in line with timescales identified.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Actioned, and a monitoring mechanism has been set in place.</p>

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



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