



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 21 February 2020



Lecale Lodge

Type of Service: Nursing Home
Address: 26 Strangford Road, Downpatrick BT30 6SL
Tel No: 028 4461 6487
Inspector: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home which is registered to provide care for up to 41 patients with a range of healthcare needs, as detailed in Section 3.0. The home is divided into three units located across two floors. The ground floor is composed of the Quoile and Slieve Patrick units in which care is given to patients living with mental health needs. The Nendrum unit is located on the first floor in which nursing care is provided to frail elderly patients. The Nendrum unit sits adjacent to Lecale Lodge residential home (the 'Cara' unit).

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual: Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Ms. Paula Mary Smyth 5 February 2020</p>
<p>Person in charge at the time of inspection: Aine Devine – deputy manager</p>	<p>Number of registered places: 41</p> <p>This number includes a maximum of 25 patients in category NH-MP/MP(E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 41</p>

4.0 Inspection summary

An unannounced inspection took place on 21 February 2020 from 09.55 hours to 17.30 hours. A representative from the Department of Health also accompanied the care inspector during this inspection.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to collaboration with the multiprofessional team, staff communication between units and monthly monitoring visits.

New areas requiring improvement were identified in regard to infection, prevention and control (IPC) practices, activities provision on the first floor, care records and adult safeguarding. One area for improvement in regard to medicines management has been stated for a second time and six areas for improvement relating to the management of patients' finances have been carried forward to be reviewed at a future care inspection.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and/or after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*9

*The total number of areas for improvement includes six which have been carried forward for review at the next care inspection, and one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Aine Devine, deputy manager, as part of the inspection process. The findings of the inspection were also shared with the manager following the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 & 29 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 and 29 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- adult safeguarding records
- 2 patients' care records
- a sample of governance audits/records
- a sample of reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, not met or carried forward to be reviewed at a future care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall review and revise the management of medication changes to ensure that robust systems are in place.	Met
	Action taken as confirmed during the inspection: We reviewed the management of medication changes in the Slieve Patrick unit. Two registered nurses verify and sign the entries on the personal medication records and medication administration records. All changes are also recorded in the handover sheet and discussed.	

	The registered nurses advised that two staff now check the monthly order to ensure that any changes have been implemented.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall review and revise the management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions.	Met
	Action taken as confirmed during the inspection: This area for improvement was with regard to ensuring that records clearly indicated which medicine should be administered first line, second line and third line. Observation of the personal medication records, "when required protocols" and care plans for two patients evidenced that this was clearly recorded.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.	Not met
	Action taken as confirmed during the inspection: We reviewed the daily refrigerator temperature recordings in the Slieve Patrick unit. The current, maximum and minimum temperatures were being monitored and recorded each day. The maximum and minimum daily temperatures were recorded as 1°C -4°C on most days which suggests that the thermometer was not reset each day. We checked the displayed temperatures during the inspection and they were 4 °C and 22 °C. The thermometer was then reset and readings within the accepted range were observed. The area for improvement has not been met and is stated for a second time.	

<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First Time</p>	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>We were informed by the home administrator that FSHC had implemented new written agreements for patients approximately six weeks previously; the administrator informed us that she was still in the process of issuing these to all patients within the home. This information was shared with the RQIA finance inspector post inspection.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to be reviewed at a future inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The home administrator informed us that an inventory of property was retained within patients' care records. This information was shared with the RQIA finance inspector post inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to be reviewed at a future inspection.</p>	<p>Carried forward to the next care inspection</p>

<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>The home administrator informed us that safe contents are checked monthly by both her and the home manager and that written records are retained to evidence this. The home administrator also stated that any accounts which are managed by the home on behalf of patients are reconciled on a monthly basis by the home administrator and manager. In addition, we were informed that the 'Personal allowance Cash Tin' account is reconciled by the home administrator and manager monthly. This information was shared with the RQIA finance inspector post inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to be reviewed at a future inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p>	<p>Carried forward to the next care inspection</p>
<p>Action taken as confirmed during the inspection:</p> <p>The home administrator advised us that a written record is retained for any services facilitated within the home and that these are reconciled by her and the manager on a monthly basis; receipts for such services are signed by the person providing the service and the resident or a member of staff. This information was shared with the RQIA finance inspector post inspection.</p>		

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to be reviewed at a future inspection.	
Area for improvement 4 Ref: Standard 2.8 Stated: First time	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: We were advised by the home administrator that progress in regard to this area for improvement remains ongoing. This information was shared with the RQIA finance inspector post inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to be reviewed at a future inspection.</p>	
Area for improvement 5 Ref: Standard 14.6 Stated: First time	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p>	Carried forward to the next care inspection
	<p>Action taken as confirmed during the inspection: The home administrator stated that appropriate records were in place for all patients in accordance with this area for improvement. This information was shared with the RQIA finance inspector post inspection.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to be reviewed at a future inspection.</p>	

6.2 Inspection findings

The environment

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and fresh smelling throughout. Several patients' bedrooms within each unit had been individualised with pictures, family photographs and ornaments. When describing the environment, one staff member told us "We make it feel like home."

Some areas of the home, such as a lilac themed dining area within the Quoile unit were attractively decorated and provided a pleasant environment for patients to enjoy and in which they could socialise together. We observed that the wallpaper in some communal lounges was torn and an exterior fence bordering a secure garden area was partially damaged due to recent inclement weather. This was discussed with the deputy manager and it was agreed that remedial action would be taken to address these deficits as a matter of priority.

It was positive to note a number of redecorated communal areas within the Nendrum unit, including the dining room and a communal lounge. Adjacent to the dining area was a room in which a number of items were being stored; several staff informed us that this area was not used by patients although spoke enthusiastically about its potential as a space in which patients could relax and socialise. An area for improvement was made.

Infection prevention and control practices

We reviewed infection, prevention and control practices within the home and noted the following deficits:

- a number of patients' armchairs within communal lounges were torn
- several staff were observed wearing nail polish and inappropriate items of jewellery
- some signage on display was not laminated
- the underside of one shower chair and one raised toilet seat was stained
- net pants were being stored/used inappropriately within one part of the home
- staff spoken with demonstrated an inconsistent awareness of best practice in regard to hand washing techniques, as displayed within the home

An area for improvement was made.

Activities for patients/patient feedback

Discussion with the deputy manager, staff and patients highlighted that a person centred and varied activities programme was in place for patients living on the ground floor within the Quoile and Slieve Patrick units. Shortly after our arrival, we observed a group of 10 patients within the home's 'County Club' and 'Café' enthusiastically enjoying a game of Bingo with staff; patient and staff interactions during this game was noted to be spontaneous, friendly and respectful. Such an approach helped to promote a sense of community within the unit and is commended.

We spoke with several patients throughout the inspection who commented positively on the staffs' ability to deliver their care and respond to their needs. Patients told us that they felt confident about voicing any concerns they may have with staff. Patients' comments included:

- "I feel safe ... the staff are very good ... no worries at all ... I've been in a number of homes but this is the best one."
- "I get on well with the staff – the nurses are very good."
- "The (staff) get me anything I want."

While Personal Activities Leaders (PALs) are employed to work within the ground floor units, we were informed that the home is currently attempting to employ a PAL for the first floor Nendrum unit. Staff working within that unit told us that the range of activities for patients living on the first floor needed to improve; while activities signage displayed within the ground floor units evidenced that activity programmes were in place for patients located on the ground floor, no such programme was in place for patients within the Nendrum unit. An area for improvement was made.

The dining experience of patients

We observed the provision of lunch to patients within the Nendrum unit. Staff displayed a good understanding of patient's dietary needs, likes and dislikes. Patients appeared happy with the meals they were provided; one patient told us "The food's really good."

While staff interactions with patients was relaxed, some improvement was needed in order to ensure that staff engage with all patients as they enter/leave the dining area. It was also stressed to the deputy manager that staff should remain vigilant throughout meal times to ensure that any patients who are too tired to eat their meal are assisted to enjoy their meal at a more appropriate time of the day.

Care delivery

Staff confirmed they had a comprehensive handover at the commencement of their shift, and stated that teamwork is good within the home. One staff member stated "We deliver good quality care ... everybody gets on well – there's good sharing of positive practice (between units)."

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

We reviewed the care records for one patient who was assessed as being at a risk of wandering outside the home. Appropriate risk assessments and care plans were noted to be in place and had been regularly reviewed by staff. It was noted that greater detail was required within the patient's existing care plans when describing the frequency with which staff should supervise the patient; nursing staff agreed to action this immediately.

We observed that the use of the elevator on the first floor was restricted by means of an electronic keypad. We reviewed the care records for one patient who was located on the first floor and noted that there was no corresponding risk assessment and/or care plan in place to reflect this restrictive practice. The need to ensure that care records evidence that this restrictive practice has been appropriately discussed/agreed to, with patients/families/representatives was highlighted. An area for improvement was made.

A number of patients were observed relaxing within communal lounges throughout the day. It was agreed with the deputy manager that staff should ensure that patients should have access to the nurse call system at all times, as appropriate.

Governance arrangements / managerial oversight

The certificate of registration issued by RQIA was displayed in the entrance to the home. Discussion with staff and observations within the home confirmed the home was operating within the categories of care for which it is registered.

Feedback from staff evidenced there was a clear organisational structure within the home and staff spoke positively about the manager. Staff comments included:

- “I feel well supported by the home manager ... the manager is very proactive, approachable and listens to ideas.”
- “I think the home is well run ... (the manager) has done a great job since coming here.”

Governance arrangements were in place to aimed at ensuring that all staff attend adult safeguarding training and have sufficient awareness of the home’s adult safeguarding policy to help ensure that it is embedded into practice. However, feedback from staff highlighted an inconsistent understanding of how they should respond to a potential safeguarding incident. An area for improvement was made.

It was noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

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

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to infection prevention and control, and the use of restrictive practices. However, we noted that a restraint audit dated 5 February 2020 was only partially completed and had not been signed by the home manager; the need to ensure that all audits are completed robustly was stressed. This will be reviewed at a future care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to collaboration with the multiprofessional team, staff communication between units and monthly monitoring visits.

Areas for improvement

New areas for improvement were highlighted in regard to the environment, infection prevention and control, activities provision, care records and adult safeguarding.

	Regulations	Standards
Total number of areas for improvement	1	4

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Aine Devine, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First Time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medicine refrigerator temperatures are maintained between 2°C - 8°C to ensure that medicines are stored at the manufacturers' recommended temperature.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Home is currently awaiting a replacement fridge. Registered Manager is spot checking temperatures and is satisfied that they are maintaining between the recommended manufacturers guidance.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has confirmed that the chairs observed during inspection are now removed. A review of signage was conducted and any needing laminated is now completed. The shower chair has been replaced. Enhanced cleaning of raised toilet seats completed. Net pants are allocated for resident individual use. Staff have received infection control training - this has included not wearing nail varnish or jewellery.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2019 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2019</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 14.6</p> <p>Stated: First time</p> <p>To be completed by: 5 September 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 17 April 2020</p>	<p>The registered person shall ensure that the internal environment is arranged so as to effectively meet the assessed needs of patients. This refers specifically to the identified area on the first floor.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This has been discussed with senior management and estates which will be followed up again following the current pandemic.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 3 April 2020</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensure the provision of a programme of events and activities, specifically for patients on the first floor. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Registered Manager has recruited two Personal Activity Leaders. Events and activities are displayed in a suitable format in appropriate locations, participation is recorded and outcomes evaluated.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2020</p>	<p>The registered person shall ensure that appropriate risk assessments and care plans are in place with regard to the use of any restrictive practices.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Registered Manager has confirmed that risk assessments and care plans are now in place in relation to key pad on first floor lift.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2020</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff have an effective understanding of their roles and responsibilities in regard to adult safeguarding.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has completed supervision with staff covering their role and responsibilities in regards to adult safe guarding.</p>

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



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