

Unannounced Care Inspection Report 27 June 2017



Queenscourt

Type of Service: Nursing Home (NH)
Address: 36 Doagh Road, Ballyclare, BT39 9BG
Tel No: 02893341472
Inspector: Sharon Mc Knight

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 43 persons.

3.0 Service details

Organisation/Registered Provider: Manor Healthcare Ltd Eoghain King	Registered Manager: See box below
Person in charge at the time of inspection: Geraldine Borelan	Date manager registered: Geraldine Borelan- Acting- No Application Required
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 43

4.0 Inspection summary

An unannounced inspection took place on 27 June 2017 from 09:40 to 15:40.

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.

The inspection assessed progress with any areas for improvement identified during and 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 staffing and the empathy displayed to patients, adult safeguarding, infection prevention and control and fire safety. The home's environment was fresh smelling and clean throughout and the level of attention to personalising patients' bedrooms was commended. We observed good practice in communication between staff and between patients and staff. Our observations confirmed that staff were knowledgeable of patients' wishes and preferences. There were good working relationships between staff and good support from management. The focus and provision of activities was commended.

Areas requiring improvement were identified under the regulations with regard to improving the standard of décor in two identified bedrooms and a bathroom.

The following areas were identified for improvement under the standards; the provision of staff to undertake domestic duties, staff recruitment records and two areas for further development within care records.

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	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine Borelan, 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 inspection dated 1 December 2016.

The most recent inspection of the home was an unannounced care inspection undertaken on 1 December 2016. 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

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with all of the patients and 6 staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 26 June 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- three patient care records
- one patient's care charts including food and fluid intake charts

- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the most recent inspection dated 01 December 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 01 December 2017

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 16(1)&(2)(b) Stated: Second time	The registered person must ensure that care plans are in place to detail how the patients' needs in respect of health and welfare are to be met. Care plans must be kept under review	Met
	Action taken as confirmed during the inspection: The three care records reviewed had care plans in place to detail how the patients' needs in respect of health and welfare were to be met. This area for improvement has been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.8 Stated: Second time	Care records should be updated following an accident to reflect any identified risks.	Met
	Action taken as confirmed during the inspection: Care records reviewed evidenced that they were updated following an accident to reflect any risk. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 4 Stated: Second time	Risk assessments to meet individual needs should be completed.	Met
	Action taken as confirmed during the inspection: Care records reviewed contained risk assessments to meet the patients' individual needs. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 4 Stated: Second time	It is recommended that risk assessments are reviewed regularly, and following any change in the patient's condition	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that risk assessments had been reviewed regularly and following any change to the patients' condition. This area for improvement has been met.	

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 26 June 2017 evidenced that the planned staffing levels were adhered to. A member of staff was employed to deliver activities; there was also a staff member employed to drive the minibus. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; two were returned prior to the issue of this report. One of the respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?" The other staff replied "no" to this question. The individual comment was shared with the manager.

Rotas confirmed that catering staff were on duty Monday to Friday, laundry staff Monday to Sunday and domestic staff Monday to Friday. We discussed with the manager the provision of domestic staff and who undertook these duties at the weekends. The manager confirmed that discussion was ongoing regarding the provision of domestic staff at the weekends. The provision of domestic staff at the weekends must be reviewed to ensure that there are sufficient staff to keep the home clean and hygienic at all times. This was identified as an area for improvement under the standards.

A nurse was identified on the staffing rota to take charge of the home when the manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

A review of two staff recruitment records evidenced that they were generally maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Information regarding the candidates' employment history was recorded; however there was no record to evidence that gaps in employment had been explored and explanations recorded. This was identified as an area for improvement under the standards.

The manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe. We spoke with two staff who confirmed that they had been provided with a period of induction during which they were supernumerary. Both staff commented positively on the induction they had received.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the human resources administrator. A review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

We discussed the provision of mandatory training with staff and reviewed the training records for 2016/2017. The manager had identified that compliance with mandatory training required improvement. Following discussion with the manager we were assured that there were systems in place to ensure all staff received mandatory training. It was agreed that we would review compliance at the next scheduled inspection to ensure improvement has been achieved.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal.

The manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The manager confirmed that they had attended training on the role of the safeguarding champion and there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout.

The majority of patients' bedrooms were individual and personalised to reflect the patients' likes and interests. The level of attention to detail was commended. We observed a number of bedroom doors which were locked. Staff stated that the decision had been taken to lock the bedroom doors of those patients who would become distressed if other patients disturbed their bedroom or belongings. Staff were knowledgeable of the term 'restrictive practice' and that the best interests of the patient should always take primacy in any decision making. Patients who could manage a key were provided with one. Those patients who visited their bedrooms frequently throughout the day did not have their rooms locked. Following discussion with staff we were assured that the practice of locking bedroom doors was done with the purpose of supporting patients to have control over who can go into their bedroom, securing their belongings and was done in their best interest. The rationale for locking the bedroom doors was not recorded in the patients care records. This was identified as an area for improvement. The manager agreed to consider including the security of personal belongings in the Statement of Purpose and the home's policy manual.

We identified two bedrooms and a bathroom whose décor was not maintained to an acceptable standard. As a result of an inspection undertaken on 24 May 2016 a recommendation was made with regard to the repair or replacement of furniture that was not of an acceptable standard. During the inspection on 1 December 2016 we observed that some improvements had been made and were assured that a programme to complete further refurbishment was in place. It is disappointing to note that this refurbishment has not been completed. This has now been identified as an area for improvement under the regulations.

Infection prevention and control measures were adhered to. We spoke with one member of housekeeping staff who were knowledgeable regarding the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. We visited the laundry which was well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

We discussed the management of fire safety with the manager who confirmed that fire checks were completed weekly. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and provision of staffing, adult safeguarding, infection prevention and control and fire safety.

Areas for improvement

The following areas were identified for improvement under the standards; the provision of staff to undertake domestic duties, staff recruitment records and the recording of the rationale for the locking of bedroom doors.

The need to improve the standard of décor in the two identified bedrooms and the bathroom was identified as an area for improvement under regulations.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

A review of three patients care records evidenced that a comprehensive assessment and a range of validated risk assessments were completed for each patient; these assessments informed the care planning process.

Care plans were in place to direct the care required. Each patient had a range of care plans to meet their physical and psychological needs. A number of patients had care plans in place for the management of physical aggression. These care plans did not contain details of the type of physical aggression the patients’ displayed, for example biting, scratching, kicking. This was identified as area for improvement under the standards. Care plans were in place for issues of potential deprivation of liberty, for example the locking of the front door, access to monies and the use of alarm mats. Care plans were reviewed regularly to ensure they continued to meet the assessed needs of the patient and were updated to reflect changes to the patients’ condition.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as TVN, SALT and dieticians. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient’s record.

We examined the management of enteral feeding for one patient. The dietetic reports which detailed the prescribed nutritional regime were readily available in the patient’s care records. Fluid intake charts were maintained for patients who were prescribed enteral feeds. A review of the dietician’s report and the completed fluid intake charts evidenced that the prescribed regimes were adhered to. Care plans were in place for the management of enteral feeding.

There was evidence within the care records of input from patients and/or their representatives, if appropriate. There was also evidence of regular communication with relatives.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observations of staff interactions evidenced that communication was good within the home and that there was effective team work. Staff confirmed that they were provided with the relevant information in response to patients' daily needs and changing needs. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the manager or the responsible person who was in the home regularly. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a patient register. This register provided an accurate overview of the patients residing in the home on the day of the inspection.

Discussion with the manager confirmed that staff meetings were held a minimum of quarterly and that the minutes were maintained of the staff who attended, matters discussed and agreed actions. The most recent meeting was held on 8 March 2017.

A review of records also evidenced that patient meetings were held approximately every three months and that minutes were available. The activity leader explained that each meeting begins with a reminder of the ground rules; for example allowing everyone the opportunity to speak and to avoid shouting over each other. The most recent meeting was held on 6 June 2017 and 13 patients attended. The minutes reflected that the meeting began with a review of the issues discussed at the previous meeting and then patients' discussed the current menu, activities and possible destinations for outings over the summer. Discussion with the patients evidenced that they were well informed of when the outings were taking place and who was going to which outing.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between staff and patients.

Areas for improvement

The following area identified for improvement was in relation to the further development of care plans for the management of physical aggression

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

We arrived in the home at 09:40. There was a calm atmosphere and staff were busy attending to the needs of the patients. A number of patients were gathering in the foyer of the home preparing for a trip out. Other patients were observed either in their bedrooms as was their personal preference, walking around the home or seated in the lounge areas, again in keeping with their personal preference and safety needs. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

All patients spoken with were happy living in the home. Patients were well informed of the activities planned for the day and of their opportunity to go out on the bus. One patient told us they had a dental appointment later that day; they were well informed of the purpose of the appointment and commented that "it will be alright as ... (member of staff) will be with me."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were knowledgeable of patients non-verbal cues and what they were trying to communicate; the positive non-verbal responses by patients confirmed staffs understanding was correct.

We discussed the provision of activities with staff and patients. Patients knew what time the activity co-ordinator was due on duty on the day of the inspection and what they would like to do when she arrived. We visited the activity room prior to the conclusion of the inspection. There were 15 patients present in the room; the majority of them were involved in individual activities such as knitting, jigsaws and colouring in. One group of patients were discussing a forthcoming outing and which patients and staff were going. It was obvious from the patients' expressions how much they were looking forward to the trip. There was a lively atmosphere in the room and a great sense of community. The activity co-ordinator explained that at times there was one activity planned and all of the patients participate, at varying levels. For example on Wednesday afternoons baking takes place and the patients bake items for afternoon tea. On other occasions, such as the afternoon of the inspection, the patients gather in the activity room to undertake their own personal choice of activity. The activity room was bright and spacious with numerous examples of patients arts and crafts displayed. One patient took great pride in showing us their displayed work.

Activities were also provided in the lounge and dining area to patients who, due to individual needs, did not come to the activity room. Discussion with staff confirmed that they all recognised the importance of providing meaningful activities to all of the patients. Staff confirmed that the provision of activities included events to meet patients' religious and spiritual needs with a number of patients attending local church services on Sunday mornings. Patients also attended the local Gateway club and weekly classes in the local college of further education. The varied range of activities and staff commitment to the provision of activities was commended.

There was evidence that patients were involved in decision making about their care. Patients were consulted regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"...thank you for all your care of ... for more than 2 1/2 years. Everyone was most kind...and indeed his mental health improved greatly because of this." (May 2017)

"...Your dedication to your patients is second to none and greatly appreciated."

Discussion with the manager confirmed that there were systems in place to obtain the views of patients' representatives/relatives on the quality of the service provided. Relatives were provided with the opportunity to complete a satisfaction survey annually. The most recent was completed in May 2017; the responsible person was currently analysing the results. We reviewed a sample of the returned questionnaires which evidenced a high number of very satisfied and satisfied responses. These are examples of some of the comments provided:

"I would like to thank you for all the care and attention on caring for ... Many thanks."

"...I would like to mention the friendly welcome given by staff when I visit."

"My brother is very well looked after and is very happy at Queenscourt as I can tell by his attitude."

The responsible person confirmed that when they had completed the analysis of the results they would be displayed in the reception area of the home. The results will also be included in the home's annual report.

As previously discussed, ten relative questionnaires were issued; one was returned prior to the issue of this report. The relative was very satisfied with care provided across the four domains.

We issued ten questionnaires to nursing, care and ancillary staff; two were returned within the timescale for inclusion in this report. Staff were either very satisfied or satisfied with the care provided across the four domains. As previously discussed in section 6.3 individual comments were discussed with the manager following the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the atmosphere in the home, listening to and valuing patients and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection with the delivery of compassionate care.

	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 certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered. The Statement of Purpose and Patient Guide were available in the home.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required. There are currently temporary arrangements in place; the manager confirmed that discussions were ongoing with the responsible persons to consider if they will submit an application to RQIA to come forward as the registered manager. In the absence of a registered manager RQIA will keep the management arrangements of the home under review.

Discussion with the manager and review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 relation to falls and trend analysis, care records and the dining experience. A review of a care record audit evidenced that some areas for improvement had been identified. There was no evidence in the audit records that the areas for improvement had been re-audited to check compliance. Areas for improvement identified during audit should be re-audited to ensure the required improvements are made. This was identified as an area for improvement under the standards.

A review of notifications of incidents submitted to RQIA since January 2017 confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

The unannounced quality monthly visits required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed by an independent consultant on behalf of the responsible person. A copy of the report was maintained and available in the home; the report included an action plan to address any identified areas for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements in the home, working relationships within the team and support from management.

Areas for improvement

The following area was identified for improvement in relation to ensuring that areas for improvement identified during audit are re-audited to ensure the required improvements are made.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Boreland, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 27(2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 17 September 2017</p>	<p>The registered person shall ensure that the décor in the two identified bedrooms and the bathroom is brought up to an acceptable standard</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The two identified bedrooms and the bathroom have been redecorated. This is part of ongoing refurbishment within the home.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 44.10</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p>	<p>The registered person shall review the provision of domestic staff at the weekends to ensure that there are sufficient staff to keep the home clean and hygienic at all times.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: There are staff employed within the home at weekends, which ensures that the home is kept clean and hygienic at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p>	<p>The registered person shall ensure that any gaps in employment history are explored and explanations recorded as part of the recruitment process.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: On our application forms we ask for applicants to list all previous employment. In addition we ask applicants at interview to explain any gaps in their employment history. We have now amended our job application form which asks applicants to explain in gaps in employment history.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p>	<p>The registered person shall ensure that the rationale for locking patients' bedroom doors is recorded in the patients care records.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The rationale for locking patients bedrooms doors is recorded in the patients care records. Such restrictive practices are discussed at residents care reviews. Policy completed on safe guarding of residents belongings.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p>	<p>The registered person shall ensure that care plans for the management of physical aggression contain details of the type of aggression displayed.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Care plans for the management of physical aggression contain the details of the type of aggression displayed.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 25 July 2017</p>	<p>The registered person shall ensure that areas for improvement identified during audit are re-audited to ensure the required improvements are made.</p> <p>Ref section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Areas for improvement identified during audit are re-audited to ensure the required improvements are made.</p>

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



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