

Unannounced Care Inspection Report

4 March 2021



Copperfields

Type of Service: Nursing Home

Address: 1-3 Moore Street, Aughnacloy, BT69 6AX

Tel No: 028 8555 7922

Inspector: Heather Sleator

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 registered to provide nursing care for up to 32 persons.

3.0 Service details

Organisation/Registered Provider: Edwards Enterprises N.I Ltd Responsible Individual: William Henry Hume Edwards	Registered Manager and date registered: Cherith McKeown 1 April 2005
Person in charge at the time of inspection: Cherith McKeown	Number of registered places: 32 There shall be a maximum of 8 patients accommodated within category NH-DE and a maximum of 1 patient accommodated within category NH-LD/LD (E). The home is also approved to provide care on a day basis for 1 person. There shall be a maximum of 3 named residents receiving residential care in category RC-I and 1 named patient in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD (E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 32

4.0 Inspection summary

An unannounced inspection took place on 4 March 2021 from 09.10 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including personal protection equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements.

Evidence of good practice was found in relation to maintaining patients' health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients. Governance and management systems were well organised and infection prevention and control procedures were signposted throughout the home.

Areas for improvement were identified regarding updating the fire risk assessment report, care planning and the regular evaluation of the use of a potentially restrictive practice and revising the homes visiting policy and arrangements including the implementation of care partners.

Patients said that they felt they were well cared for by staff and commented, "It's a palace, Buckingham Palace."

RQIA received information which raised concerns in relation to the visiting arrangements of the home, specifically the role and implementation of care partners. In response to this a meeting was held via video teleconference on 15 March 2021 with the Responsible Individual, Mr Henry Edwards, and his representatives.

During the meeting Mr Edwards provided clarification regarding the home's visiting arrangements and expressed his concerns for the safety of the patients in the home with the introduction of the care partner role.

Mr Edwards agreed to review and revise the home's visiting policy including the role of care partners in accordance with the most recent guidance issued by the Department of Health, which came into effect on 1 March 2021, 'COVID-19 Regional Principals for Visiting in Care Settings in Northern Ireland'. Refer to 6.2.2

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	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cherith McKeown, Manager, and Henry Edwards, Responsible Individual, 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. A meeting was held via video teleconference on 15 March 2021 regarding the home's visiting arrangements specifically in relation to the implementation of care partners. Refer to 6.2.2.

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
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us' cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 8 February to 28 February 2021
- three staff competency and capability assessments
- three patients' care records
- complaint records
- compliment records
- staff training information including induction training
- staffs' annual appraisal and supervision planner
- a sample of governance audits/records
- infection prevention and control procedures
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 January 2020.

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 (1) (a) Stated: Second time	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained • Care plans should reflect the patients' medical history • Care plans should be personalised to reflect the patients current needs 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The review of three patient care records evidenced that patients' fluid intake management was recorded and the action to be taken when set fluid targets had not been met. Care plans reflected patients' current needs and their medical history.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to repositioning and fluid intake care plans and recording charts:</p> <ul style="list-style-type: none"> • The recommended frequency of repositioning should be recorded within the patients care plan and reflect the recorded change of position within the recording chart • Dietary type and fluid consistency should be recorded within the patients care plan and recording chart to direct relevant care. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the patient care records and discussion with staff evidenced that the recommended frequency of repositioning was recorded and known by staff and that the dietary type and fluid consistency of the patients was recorded and also known by staff.</p>	
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 16 February 2020	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • wound care • care records 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The review of the quality governance systems and audits evidenced that care records and wound care management were being audited on a monthly basis.</p>	

6.2 Inspection findings

6.2.1 Staffing

The duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "It's wonderful here, very homely."
- "Staff don't change very often, there's a good lot of us have been here a long time"
- "I'm very happy here, good staff team."
- "It's just lovely here, busy but it's a different sort of busy than the hospital, very supportive team."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. We discussed the annual staff appraisal and supervision of staff with the manager. The manager maintains a 'planner' which was viewed and confirmed the processes were on-going however, the manager also stated that due to Covid-19 individual supervision had not been undertaken as frequently as was usual. The manager stated that individual supervision with staff was recommencing. We spoke to staff who also confirmed the arrangements for supervision and the annual staff appraisal.

Discussion with the manager and a review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records evidenced that the manager had reviewed the registration status of nursing and care staff on a monthly basis.

We reviewed the minutes of staff meetings which evidenced that the last staff meeting held was in February 2021. In discussion with the manager it was stated that general staff meetings had been 'put on hold' due to Covid-19. The manager stated that group supervision sessions with staff were held instead of a general meeting. Care staff spoken with confirmed that they receive a handover report before they commence duty.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The review of the fire safety training records evidenced that this was up to date. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and 'ad-hoc' meetings alongside the scheduled training date. Induction training records were reviewed and were signed and dated by the supervisor and the staff member.

There were no questionnaires completed and returned to RQIA by staff prior to the issue of the report.

6.2.2 Infection prevention and control procedures and the environment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff they confirmed the frequency of having their temperature and symptom checks taken when on duty and that the information was recorded. Records were available and viewed at the time of the inspection.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff member commented, "The manager is very helpful, I can go to her at any time if I needed to."

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. A staff member commented, "I've had my Covid training and we get our temperature checked every morning and before we go home."

Visiting arrangements were pre-arranged with staff and a 'pod' was outside the entrance to the home which had been designated for visiting. The location of the visitors' pod meant that visitors were not walking through the main home and the responsible person stated that this minimised the potential health risk for other patients and staff. The responsible individual stated that relatives were happy with the visiting arrangements and RQIA received letters from relatives following the inspection that indicated many of them were satisfied with the visiting arrangements. Relatives also receive a daily update via social media and can have 'facetime' phone calls with their relatives.

RQIA received information which raised concerns in relation to the visiting arrangements of the home, specifically the role and implementation of care partners. In response to this a meeting was held via video teleconference on 15 March 2021 with the Responsible Individual, Mr Edwards, and his representatives. During the meeting Mr Edwards provided clarification regarding the home's visiting arrangements and expressed his concerns for the safety of the patients in the home with the introduction of the care partner role.

Mr Edwards agreed to review and revise the home's visiting policy including the role of care partners in accordance with the most recent guidance issued by the Department of Health, which came into effect on 1 March 2021, 'COVID-19 Regional Principals for Visiting in Care Settings in Northern Ireland'.

The revised policy was submitted to RQIA on 19 March 2021. However; on review by RQIA it was considered that the policy still did not embrace departmental guidance. Mr Edwards was informed of the shortfalls within the policy and agreed to resubmit the policy and risk assessment and address the identified omissions and inaccuracies. The revised policy documentation was received on 7 April 2021. The policy and risk assessment were largely in accordance with the Department of Health guidance. Some minor points were pointed out to Mr

Edwards for consideration via email. Mr Edwards has been advised to write out to relatives again enclosing the revised policy. It was decided to take no further action at this time but the situation will be kept under review.

Providers are required to adhere to the most recent guidance issued by the Department of Health which came into effect on 1 March 2021, 'COVID-19 Regional Principals for Visiting in Care Settings in Northern Ireland'. This has been identified as an area for improvement.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients' bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. Walkways throughout the home were kept clear and free from obstruction. The home has retained its period features and charm. This gave a homely appearance to the environment.

A copy of the fire risk assessment report and action plan was reviewed. The report was dated 2018. This was discussed with the Mr Edwards who stated that due to Covid-19 in 2020 the fire risk assessment had not been updated. The need to undertake an annual review of fire safety was discussed and it was agreed that we would seek further information and clarification from the Senior Estates Officer in RQIA, Phil Cunningham. The Senior Estates Officer confirmed that the fire risk assessment should be reviewed annually and the home should be required to review the assessment within a short timescale. Mr Edwards was informed of this, by telephone on 8 March 2021 and he agreed to contact the fire risk assessor who had completed the home's assessment previously. Mr Edwards subsequently submitted information to RQIA on 10 March 2021 from the fire risk assessor who stated he had been unable to risk assess the home in 2020 due to the pandemic and that as soon as it was deemed safe to visit the home a fire risk assessment would be undertaken. This information was shared with the Senior Estates Officer, Phil Cunningham who stressed the importance of having an annual and current fire risk assessment of the home. Mr Edwards was informed of the importance of maintaining fire safety arrangements in the home, the risk assessment should be completed as soon as possible and/or alternative arrangements sought. Mr Edwards agreed to contact the fire risk assessor and confirm arrangements for a fire safety inspection. On receipt by Mr Edwards, the fire risk assessment report is to be submitted to RQIA. This has been identified as an area for improvement.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly. We observed examples of staff engaging with patients in a kindly and thoughtful manner throughout the inspection.

Some comments made by patients included:

- "It's a palace, Buckingham Palace."
- "The girls do everything, couldn't get better."
- "I get to see my family in the visitors' room outside."
- "The food is very good, far too much of it."

There were three questionnaires completed and returned to RQIA, two of the three respondents did not indicate if they were a patient or their representative. The respondents all indicated that they were very satisfied that the care was safe, effective and compassionate and that the service was well led. Two additional comments were made:

- “The care given in the home is excellent, friendly staff, a home from home.”
- “My XX loves living in Copperfields, the staff are wonderful. I am in the ‘WhatsApp’ group and the manager messages us every day and has updated us through the year. The doors closed early to visitors and my XX and others are still alive and well. Well done to everyone in Copperfields.”

The staff told us that they recognised the importance of maintaining good communication with families due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible) and to assist patients to the visitors’ pod when their planned visit was due to take place. As previously discussed, arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home, with the exception of implementing the care partner role.

We spoke with the staff who led the activity programme in the home. An activities programme was displayed with a range of activities. A particular favourite of the patients is having a high tea afternoon. Staff also stated that currently their focus is providing one to one social engagement and support to patients during this period of restrictions.

We observed the serving of the lunchtime meal. Dining tables were appropriately set with place mats and a range of condiments. Patients were offered a choice of fluids to accompany their meal and their menu choice. Social distancing was maintained in the dining room and lounge areas during the mealtime. Staff were helpful, attentive and in discussion they demonstrated their knowledge of patients’ dietary preferences.

6.2.4 Care records

We reviewed three care records which evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patients. The exception was in relation to the use of specialised seating which was a potentially restrictive practice. The seating in use was a ‘Kirton’ type chair. The use of any equipment which may be perceived as a potentially restrictive practice should be identified in the patient’s care records and the continued need for, or use of, the seating regularly reviewed. This was identified as an area for improvement. The review of the management of wound care and the nutritional and fluid intake of patients in patient care records was in accordance with best practice guidance.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

6.2.5 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described her as supportive and approachable. A staff member commented: “The manager and the owner have been very good to us during the last year.”

There were numerous ‘thank you’ cards displayed and messages received via social media, comments included:

- “We know our relatives are getting the best possible care...thank you to all Copperfields staff and hope everyone stays safe in 2021.”
Relative- January 2021
- “Our loved ones are in the best nursing home in NI with the most dedicated staff....and keep us informed on a daily basis.”
Relative- January 2021

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs’ response in relation to any fall which may happen.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and we were advised that there is an identified person within the home who holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the home’s own policies and procedures. The review of the complaints records confirmed that they had been managed appropriately and that complainants were satisfied with the outcome of the action taken to address the issues raised. The complaints records and all quality audits were reviewed at the time of the monthly quality monitoring visit.

A designated visit by the responsible person was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports of the visits for December 2020 and January and February 2021 were reviewed. The visits were undertaken by the responsible person who is also in the home on a daily basis. An action plan within these reports had been developed, where necessary, to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to promoting patients health and wellbeing. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and

management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified regarding updating the fire risk assessment report, care planning and regular evaluation of the use of a potential restrictive practice and revising the homes visiting policy and arrangements including the implementation of care partners.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

Feedback was given to the manager and the responsible person at the conclusion of the inspection. Areas of good practice were identified and the areas for improvement were discussed and agreed. Following the inspection concerns were brought to the attention of RQIA regarding the homes' visiting arrangements with specific reference to the lack of the implementation of care partners. A meeting was held with the responsible individual via video conferencing in respect of these matters and it was agreed that the responsible person would review and revise the arrangements and implement care partner arrangements safely and in accordance with the regional guidance effective as of 1 March 2021. The revised policy and risk assessment were reviewed and accepted, with some amendments, by RQIA. It was recommended that this revised policy was shared with relatives and includes arrangements for the implementation of care partners.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cherith McKeown, Manager and Henry Edwards, Responsible Person 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standards 5 and 8</p> <p>Stated: First time</p> <p>To be completed by: 5 April 2021</p>	<p>The registered person shall ensure that the visiting arrangements for the home are reviewed and revised and include the implementation of care partners to the home. Policy documentation should be in accordance with recent departmental guidance and patient representatives should be made aware of the revised policy on visiting.</p> <p>Ref: 4.0 and 6.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Copperfields PNH was one of the first Nursing Homes in Northern Ireland to erect a purpose built visitors house. We have employed extra staff enabling us to facilitate weekly and sometimes more often visiting for all of our Residents and their loved ones throughout the entire Covid-19 pandemic, keeping every one safe and well. Daily updates are also provided to all of the Residents relatives via what's app / social media, face time and phone calls etc. The Registered Provider routinely keeps in contact with the Relatives of his Residents by written letters, phone calls and verbally when they arrive to visit their loved one in the visiting house on the lawn at Copperfields PNH. A further letter was sent out to all of the Next of Kin on the 16th April 2021 regards visiting within Copperfields PNH. Replies received to date have indicated strongly that the Relatives DO NOT wish to, nor do they wish anyone else other than staff to enter the main building / Private Nursing Home, so as to ensure that we can hopefully remain Covid-19 free and continue to ensure we provide as much protection to our staff and to the frail elderly Residents that they have entrusted into the love and care of our highly trained and professional team of staff. Our current Relatives to date remain happy with the visiting arrangements in the visiting house on the lawn and the safety measures that are in place to protect their loved ones. Copies of these letters were forwarded unto our Insurers. The Inspector is very welcome to call at any time to view our visiting facility and meet with the families of the Residents and view all letters received. The Registered Provider has been advised in writing by his Insurers, that:- "under the commercial combined insurance policy there is no cover in respect of any losses or cost arising from the death, bodily injury, mental injury, illness or disease to service users or other parties in any way as a result of Covid-19 (SARS-CoV-2) which applies to the business interruption, public liability and medical professional indemnity sections". We have reviewed and amended the policy documentation to reflect the DoH guidance at the time and that this included implementation or provision of care partners, if requested.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 48.1</p> <p>Stated: First time</p> <p>To be completed by: 5 April 2021</p>	<p>The registered person shall ensure that the fire risk assessment report is reviewed as soon as possible and RQIA informed of the outcome of the fire risk assessment visit and report. The subsequent fire risk assessment report should be submitted to RQIA.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: All during 2020 the fire alarm system was routinely serviced, maintained and inspected by G4s, their service personal were supplied with full PPE by the Registered Provider which they wore before their admittance into Copperfields PNH and throughout the service / inspection of the fire detection system. During several conversations with the Fire Risk Assessor during 2020, the Fire Risk Assessor and I took a very much "common sense and responsible approach" and decided not to carry out an assessment of the premises during 2020 due to the pandemic. The Fire Assessor did not wish to compromise the health and safety of the staff and vulnerable elderly Residents of Copperfields PNH who had not been vaccinated for Covid-19 unto January 2021. The Fire Risk assessment report was reviewed on the 19 April 2021 and forwarded to RQIA on the 20 April 2021.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 18.6 and 18.7</p> <p>Stated: First time</p> <p>To be completed by: 5 April 2021</p>	<p>The registered person shall ensure that the use of a potentially restrictive practice is prescribed and regularly evaluated and that evidence of this is within patient care records.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: The "Kirton" type chair that had been brought in from the Residents home by her family for the Residents own personal use has now been returned to the family of the Resident. Following reassessment of the Residents ability to maintain a safe seating position the Resident is now seated in a winged arm chair, this will be reassessed on a regular bases and the care plan has been adjusted accordingly. From the date of the Inspection we have implemented a restrictive intervention audit, any restrictive intervention needs will be formally identified by a multidisciplinary team, appropriate risk assessments completed and care plans in place. This audit will be carried out monthly or more often if require.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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