

# Unannounced Care Inspection Report 14 July 2017



## Sunnymead

**Type of Service: Residential Care Home**  
**Address: 12 Portadown Road, Armagh, BT61 9EE**  
**Tel No: 028 3752 3866**  
**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with provision for 39 residents that provides care for older people and others including; dementia (5), mental illness (5), learning disability (2) and day care providing the number does not exceed the overall total of 39 places.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Sunnymead (Armagh) Ltd  <b>Responsible Individual(s):</b> Linda Margaret Nesbitt	<b>Registered Manager:</b> Brenda Nesbitt
<b>Person in charge at the time of inspection:</b> Dorothy Clarke, Deputy Manager, 10.00 - 11.00. Brenda Nesbitt 11.00 - 16.40.	<b>Date manager registered:</b> 3 June 2015
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 39 comprising: RC-I RC-LD x2 RC-LD (E) x2 RC-DE x 5 RC- MH(E) Approved to provide care on a day basis on the condition that the maximum number of service users (39) is not exceeded.

### 4.0 Inspection summary

An unannounced care inspection of Sunnymead Residential Care home took place on 14 July 2017 from 10.00 to 16.30 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

Evidence of good practice was found in relation several areas including; ongoing quality improvements from audits and satisfaction surveys undertaken, the provision of staff training, care planning, provision of additional therapeutic activities and high standard of furnishing and decoration throughout the home. In addition, the development of a secure sensory garden is to be commended.

Areas identified to comply with minimum care standards included; signing of induction programmes by the registered manager, obtaining physical and mental health assessments for new staff and review of the Statement of Purpose to include restrictions.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

Findings of the inspection were discussed with Brenda Nesbitt, registered manager, and Dorothy Clarke, deputy manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 24 October 2016.

#### 5.0 How we inspect

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

- Previous care inspection report and QIP
- Accident / incident notifications.
- Correspondence

During the inspection the inspector met with ten residents individually and with others in small group format, three staff and two residents' visitors.

A total of 18 questionnaires were provided for distribution to residents (6), their representatives (6) and staff (6) for completion and return to RQIA. Eleven questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering

- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' / representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring visits
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures relevant to this inspection

An inspection of the internal environment and external sensory garden was undertaken.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 28 April 2017**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 24 October 2016**

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

## 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 registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were being met. No issues or concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home at the time of inspection.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. One area of improvement related to the countersigning of the induction programmes by the registered manager.

Discussion with staff and a review of 11 satisfaction questionnaires returned to RQIA confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments reviewed were found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Review of four staff personnel files confirmed that with the exception of two, all employment documentation was in place. The physical and mental health assessments were not present within two files. Action is necessary to ensure compliance with minimum standards.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that Access NI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional policy / guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional Department of Health (DoH) policy (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and that new procedures were in place. A copy of the DoH policy/procedure was available for staff within the home. Staff were knowledgeable and had a good understanding of the principles of adult safeguarding. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Additional training in the new policy/procedures was planned for September 2017.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records and risk assessments were in place.

The registered manager explained the risk management procedures relating to the safety of individual residents. The registered manager confirmed that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments, complemented with risk assessments, were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed the restrictive practices employed within the home, notably locked doors, pressure alarm mats, keypad entry systems, CCTV at the front exit door, and external environment. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Registration for CCTV with Information Commissioners Office (ICO) was confirmed by the registered manager.

A review of the statement of purpose and resident guide identified that restrictions were not stated. Action is necessary to ensure compliance with minimum standards.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed. For example: COSHH, fire safety, manual handling, dysphasia and falls.

The registered manager confirmed that equipment and medical devices in use were well maintained and regularly serviced. This was further evidenced through inspection of equipment, records of individual equipment supplied and maintenance records.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had

received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were clean wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels and aprons wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that the one outbreak of infection which occurred during 2016 had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA. Appropriate records were retained. The home achieved a five star rating in food hygiene.

A general inspection of the home was undertaken. Residents' bedrooms were found to be individualised, nicely decorated, appropriately furnished and personalised with photographs, memorabilia and personal items. The home was clean, organised and fresh smelling throughout.

Inspection of the internal and external environment identified that the home and grounds were kept tidy and suitable for and accessible to residents, staff and visitors. There were no obvious hazards. A new external sensory garden had been developed and was open to residents and their visitors on the day of inspection. The garden had a wide range of plants, several seated areas, pergolas and safe, non-slip pathways. Residents who were in the garden at the time of inspection explained how much they enjoyed the garden alongside healthy outside activities and the freedom going into the garden at any time. The responsible person, Linda Nesbitt, is to be commended on this innovative development.

The home had an up to date fire risk assessment which was dated 25 February 2017. No recommendations were made. All fire doors were closed with exits unobstructed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed annually. Records were retained of staff who participated in fire drills alongside any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care Staff spoken with during the inspection made the following comments:

- "We are really pleased with the new sensory garden as residents can now move freely in and out of the home and enjoy the plants and nice weather we are having"
- "Staffing is good and we are very well supported by management who always want the very best for residents"



Comments received from residents were as follows:

- “I do like living here as I feel safe and the staff are excellent, always smiling and very helpful”
- “Staff are always interested in what we like and always there for us”
- “We just love our new sensory garden”

Comments made by visitors included:

- “This is a lovely home were my relative is very well cared for”
- “There is great attention to detail here, everything is seen to”
- “I can leave here and know that my relative is safe and very well looked after”

Eleven completed questionnaires were returned to RQIA following the inspection from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, and the high standard maintained in home’s internal and external environment.

### Areas for improvement

Three areas identified for improvement included; the necessity to obtain physical and mental health assessments of staff prior to confirming appointment, the countersigning of the induction programmes by the registered manager and review / revision of the statement of purpose and resident guide to include restrictive practice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.5 Is care effective?

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

Discussion with the registered manager established that staff responded appropriately to and met the assessed needs of the residents.

The review of three care records confirmed that these were maintained in line with the legislation and standards. Care records included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessments and risk assessments including, for example, manual handling, bedrails, nutrition, dysphasia and falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of individual residents. Residents and/or their representatives were encouraged and enabled to be involved

in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative and staff member. Discussion with staff confirmed that a person centred approach underpinned practice.

Individual resident agreements setting out the terms of residency were in place and appropriately signed. Care Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records were available for inspection and evidenced that actions for improvement were identified. Further evidence of audit was contained within the monthly monitoring visit reports and the annual quality report for 2016-17, for example, complaints, accident / incidents and the home's environment.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an "open door" policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident records, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Eleven completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of care as "very satisfied".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other key stakeholders.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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.**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example, a resident described how she was asked daily by staff about her choices in clothing, activities and meals.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and was able to demonstrate how residents' confidentiality was protected. For example, discussion regarding care provision with individual residents was held in private, preservation of dignity and privacy during assistance personal care and security of care records.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and where appropriate their representatives, were sought and taken into account in all matters affecting them. For example, residents' meetings, suggestion box, annual satisfaction surveys, annual reviews and monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care, life and environment. The registered manager explained that the findings from the satisfaction survey conducted during 2016-17 survey were collated into a summary report which was available for residents and other interested parties to read. An action plan was being developed to address areas identified for improvement.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider

community. For example, open visiting times, access to telephone and outings to shops and cafes.

Residents spoken with during the inspection made the following comments:

- “I find the care here to be very good. The staff are kind and attentive at all times”
- “I’m so glad I choose here to live, everything is so good”
- “It’s not home but the next best thing”
- “No matter what I want the staff do their best to get it”
- “Staff come when I need help, they are always around to see to things”

Eleven completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as “very satisfied”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager outlined the management arrangements and governance systems and processes in place within the home. These were found to be in line with good practice.

The registered manager and staff confirmed that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were being systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints management. Residents and their representatives were made aware of how to make a complaint by way of the

Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or other interested parties. Records of complaints included details of investigation undertaken, communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. Learning from complaints was disseminated to all relevant parties and action plans developed to improve practice. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents with records retained.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that staff had understanding of their role and responsibilities under the legislation.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were current and displayed as required.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could access line management at any time to raise concerns and support to staff would be provided.

Discussion with staff confirmed that there were very good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and residents spoken with gave positive feedback in regard to the overall running of the home. One resident described the manager and registered provider as “good honest people who were always willing to listen and ensure things were right”. Staff explained that there was very good team working and that they felt very well supported and encouraged by the registered manager.

Eleven completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of the service as “very satisfied”.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, continuous quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brenda Nesbitt, registered manager and Dorothy Clarke, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) 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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.8  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	<p>The registered person shall ensure that staff induction programmes are signed by the registered manager.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Staff induction programmes have been audited and signed off by Manager</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 July 2017	<p>The registered person shall ensure that physical and mental health assessments are obtained from staff before commencing employment. A copy should be retained on file.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Staff files have been audited and checklist now in place to ensure all information is obtained before employment commences.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	<p>The registered person shall ensure that the statement of purpose and resident guide is reviewed and revised to include restrictions currently in place within the home</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Statement of Purpose has been reviewed and revised to include restrictions in place within the home.</p>

*\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\**





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

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews