

# Inspection Report

6 January 2022



## De La Cour House

Type of service: Residential Care Home  
Address: 48 Woodcot Avenue, Belfast, BT5 5JB.  
Telephone number: 028 9073 1438

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Clanmil Housing Association	<b>Registered Manager:</b> Mrs Geraldine Boyce
<b>Responsible Individual</b> Ms Clare Imogen McCarty	<b>Date registered:</b> 21 March 2019
<b>Person in charge at the time of inspection:</b> Geraldine Boyce - manager	<b>Number of registered places:</b> 13 Maximum of 6 residents in RC-DE category of care
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 13 residents. The home is divided over three floors with bedrooms on the ground, first and second floors and a communal dining room and lounge on the ground floor. A communal garden is available for residents use.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 January 2022 from 9.30 am to 5.00 pm by a care inspector and from 10.00 am to 12.45 pm by a pharmacist inspector. All inspection findings are combined into this report.

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

It was evident that staff promoted the dignity and the well-being of residents was important. Staff were observed taking action to ensure residents were well looked after.

It was established that staff were knowledgeable and well trained to deliver safe and effective care and provided care in a compassionate manner.

Review of medicines management found that residents were being administered their medicines as prescribed. There were robust arrangements for auditing medicines and medicine records were mostly well maintained. Arrangements were in place to ensure that staff were trained and competent in medicines management.

Areas requiring improvement were identified and are included in the Quality Improvement Plan in section 7.0.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in De La Cour House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Geraldine Boyce, Manager, at the conclusion of the inspection.

#### 4.0 What people told us about the service

Eight residents were spoken with and told us they were happy in De La Cour House, there was enough staff to look after them and they loved having a wee dog in the home. Residents said “I have not complaints” and “they keep my room tidy and clean every day.” During the lunch time meal resident commented “Its lovely and I’m enjoying it (the food)”.

Four staff told us “the residents just love having the wee pet dog in the home”, “we have received a lot of extra training” and “the manager is supportive and you can go to her with any problems.” Staff did not raise any concerns about staffing levels and confirmed they carried out enhanced cleaning in the home.

A visitor commented that there were always enough staff around when they were in the home and their relative was well looked after.

We did not receive any completed resident or relative questionnaires and no responses were received from the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (b)  <b>Stated:</b> First time	The registered person shall take adequate precautions against the risk of fire by ensuring that : <ul style="list-style-type: none"> <li>• The identified ceiling tile is replaced</li> <li>• The practice of propping open the cleaning store door is ceased</li> <li>• No inappropriate storage on top or behind the tumble dryer</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> First time	The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. Not all the drains in showers were appropriately cleaned and the sluice room was cluttered, and unclean. All other areas identified had been addressed. <b>This area for improvement has been stated for a second time.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30(1)	The registered person shall ensure that all accidents and incidents in the home are reported to RQIA.	

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time	The registered person shall ensure that the recording of care for a fall and post head injury management is improved.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. Documentation was in place showing care for a fall and post head injury management however this had not been followed for all falls. <b>This area for improvement has been restated under the regulations.</b>	<b>Partially met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure the care/support plans in place are reflective of the residents assessed needs regarding night time checks.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.7  <b>Stated:</b> First time	The registered person shall ensure that any action required from a smoking risk assessment is detailed in the residents care plan.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Discussion with the manager confirmed that a recruitment checklist would be put in place for all newly recruited staff and made available for inspection in the home.

Systems were in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and their registration was live.

There were systems in place to ensure staff were trained and supported to do their job. While most mandatory training was up to date fire training had not been completed by all staff as required. An area for improvement was identified.

Staff said there was good team work and they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The duty rota did not always identify the hours worked by each staff member or the capacity in which they were worked. This was discussed with the manager who agreed to amend the rota. This will be reviewed at the next inspection.

Domestic staff were not available in the home on a daily basis. Cleaning duties were completed by care staff on duty each day in the absence of domestic cleaning staff. This was discussed with the manager for her action and will be reviewed at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, spending time in the lounge, their bedrooms or taking part in activities.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said, "sometimes there are not enough staff to take me outside." A visitor commented "there are always plenty of staff when I am here." Details were discussed with the manager who advised new staff had been recruited and were due to commence working in the home following safety checks and induction.

### 5.2.2 Care Delivery and Record Keeping

On arrival at the home the morning routine was well under way. The majority of residents had their breakfast and were socialising in the lounge of spending time in their bedrooms.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who were new to the home and settling in to their new surroundings. Staff were respectful, understanding and sensitive to residents' needs.

Staff took time to sit with residents and chat to allow time for residents to make requests or ask for assistance.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Care records accurately reflected the residents' skin care needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, buzzer mats were in place on chairs and in beds were required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise. The atmosphere was calm, relaxed and unhurried. Resident had the choice of having their meals served in the dining room, their bedroom or in a quiet area of the home. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was home cooked and attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents were complimentary regarding the quality of the lunch time meal.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.



Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The recording of care following a fall and post head injury management had been improved since the last inspection with new documentation having been developed and some recording of supervision and checks post fall, however, this had not been recorded as instructed and not completed following all falls. This was discussed with the manager who agreed to put governance oversight in place to ensure this process is followed with all possible head injuries and falls. This area for improvement has been restated under the regulations.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

On arrival at the home residents were either having breakfast or spending time in communal areas of the home or their own bedrooms. Observation of the home's environment evidenced that while the home was tidy and warm a number of environmental issues required addressing including an unclean shower drains, an unclean and untidy sluice room, cluttered stairwells, wardrobe requiring securing and chipped paint in the sitting room. This area for improvement has been stated for a second time.

It was noted in ensuite and communal bathrooms that open boxes of gloves were not stored appropriately, a raised toilet seat required cleaning and an ensuite shower chair was cracked. An area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of 'homely' touches such as snacks and drinks available including homemade scones throughout the day.

Residents and residents' visitors said the home was cleaned every day and they were happy with the upkeep and cleanliness of environment.

An up to date fire risk assessment was in place and no action required and the fire exits were clear from obstacles to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. However a staff member was wearing an inappropriate mask and following discussion this was immediately removed and replaced with the correct mask. A staff member was noted to not be bare below the elbow having gel nails in place. Regular IPC training should be effectively evaluated to ensure this has been embedded into practice a n area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance. Visitors had their temperature checked and a health questionnaire completed on arrival at the home.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have visits with family/friends in their room.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices. This was evident in the minutes of the residents meetings.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Residents described their pleasure at having the company of a pet dog in the home on a number of days which they enjoyed spending time with.

There was a range of activities provided for residents by staff. As said previously stated residents had helped plan their activity programme. The range of activities included social, community, cultural, religious, spiritual and creative events.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Geraldine Boyce has been the manager in this home since 21 March 2019.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home. While staff were aware of skin care and wounds which were managed by the district nurse, auditing of skin care/wounds in the home was required and following discussion with the manager it was agreed that this would be commenced. This will be reviewed at the next inspection

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the manager described her as supportive and approachable. Staff said they could go to the manager if they had any issues which needed addressed.

Discussion with the manager identified that an annual service quality report was not being completed by the home. This is to be commenced and made available in the home for inspection and sharing with RQIA, residents and residents' representatives. An area for improvement was identified.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these required to be followed up dated and signed that they had been completed and the environment of the home required to be examined during visits. An area for improvement was identified.

### **5.2.6 Medicines Management**

The audits completed at the inspection indicated that the residents had received their medicines as prescribed.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments. The residents' personal medication records reviewed were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to provide a double check that they were accurate.

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment. A sample of these records was reviewed. The records were found to have been completed to the required standard.

Where a resident self-administers their medicines, a care plan and risk assessment was in place.

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed.

The records inspected showed that medicines were available for administration when residents required them.

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another. The management of medicines for one resident who had been admitted to this home was reviewed. Staff had been provided with a list of prescribed medicines from the GP practice. The resident's personal medication record had been accurately written. Medicines had been accurately received into the home and administered in accordance with the prescribed directions.

Medicines must be stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located.

Records were maintained of the disposal of medicines.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident. The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed for two residents. Directions for use were clearly recorded on the personal medication records and records of administration were recorded on the medicine administration record sheets for both residents. However, one resident did not have a care plan directing the use of the medicine and, for the same resident, the reason for and outcome of administration were generally not recorded. An area for improvement was identified.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. The records belonging to two residents who were prescribed medicines for the management of pain were reviewed. Care plans directing the use of the medicines were available.

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that they are supported. Staff in the home had received a structured induction which included medicines management when this forms part of their role. Competency had been assessed following induction and annually thereafter. A written record was completed for induction and competency assessments.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out.

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. The audit system in place in this home helps staff to identify medicine related incidents.

## 6.0 Conclusion

Residents were observed to be comfortable and described their enjoyment of time spent in each other's company and the company of the pet dog in the home. Staff were seen to support residents by responding to requests for assistance and had a good knowledge of resident's needs.

Based on the inspection findings eight areas for improvement were identified. Six were in relation to safe and effective care and two were in relation to the service being well led – details can be found in the QIP in section 7.0.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager. Addressing the areas for improvement will further enhance the quality of care and services.

## 7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards August 2011 (version 1.1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	3*

\* The total number of areas for improvement includes one regulation which has been stated for a second time and one standard which has been restated under the regulations.

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine Boyce, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2022	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A comprehensive redecoration programme has been commenced. All empty rooms have now been decorated and ready for admissions. All other outstanding issues are scheduled for completion before the end of March 2022.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the recording of care for a fall and post head injury management meets current best practice and that governance oversight is in place to ensure this process is followed and recorded for all possible head injuries and falls.</p> <p>Ref: 6.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Senir staff have been given further briefings around the management of post falls recording . This will also be monitored and checked at the magers monthly audits</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall make suitable arrangements to minimise the risk of the spread of infection. This is in relation to the areas identified during the inspection.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The Home manager has met with staff and reiterated the requirement that jewelry , cosmetic nails etc. should not be worn while in work. The Manager and Senior Care team will also monitor this on a daily basis</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 17 (1) (2) (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2022	<p>The registered person shall ensure systems are in place to review care and services in the home and a report is prepared not less than annually and made available to RQIA, residents and residents representatives.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Housing with Care has not been included in the last round of satisfaction surveys due to competing pressures during the pandemic. They will be included annually commencing in the 2022/ 23 year.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that from monthly monitoring report includes the inspection of the homes environment and any actions arising following the monitoring visits are completed signed and dated.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The monthly monitoring already includes an inspection of the environment as set out in the report. Additional focus will be placed on monitoring of agreed actions to ensure completion is monitored promptly</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All mandatory training for staff will also be included in the managers monthly audits</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the effect of training on practice is evaluated as part of quality improvement. This is in relation to staff compliance with IPC practices.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have attended training re IPC practises during the pandemic. On-going training is scheduled to ensure everyone is up to date</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 February 2022</p>	<p>The registered person shall ensure that when a resident is prescribed medication for administration on a “when required basis for behavioural management this is detailed in their care plan and, when the medication is used, the reason for and effect of its use are recorded.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> All residents who are perscribed medication for behaviorial management now have a care plan in place which describes strategies to be used to de-escalate before resorting to this medication</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care