

Unannounced Care Inspection Report 28 February 2017



Kimberley House

Type of Service: Residential Care Home
Address: 45 Abbey Road, Newtownards, BT23 8JL
Tel No: 028 9181 0003
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Kimberley House took place on 28 February 2017 from 11.10 to 17.35. The premises at Kimberley House are owned by Choice Housing Association and operated by Praxis Care Group/Challenge. The adjacent premises, 80 Upper Movilla Street, which provides accommodation to three residents, had previously been registered separately. From 23 January 2017 the homes had amalgamated under one registration.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

A recommendation was made in relation to the home's environment.

Is care effective?

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

Two recommendations were made in relation to care records.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joanne Black, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 October 2016.

2.0 Service details

Registered organisation/registered person: Praxis Care Group/Challenge	Registered manager: Joanne Black
Person in charge of the home at the time of inspection: Sarah Reid, Team leader until 13.00; Joanne Black from 13.00.	Date manager registered: 2 August 2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The report and QIP from the last care inspection
- Notifications of accidents and incidents

During the inspection the inspector met with six residents, two care staff, the team leader and the registered manager. No visiting professionals and no residents' representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Care records of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment
- Equipment maintenance records
- Minutes of recent residents' meetings
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Thirteen questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05 October 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 05 October 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20.- (3) Stated: First time	The registered provider must ensure that competency and capability assessments are 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.	Met
To be completed by: 30 December 2016	Action taken as confirmed during the inspection The registered manager was able to demonstrate that the organisation had undertaken lengthy and extensive work to devise a comprehensive framework for staff competency and capability	

	assessments; there were definitive plans in place to complete the assessments by the end of March 2017. The registered manager later advised that all areas of competence and capability were discussed with senior staff and provided written confirmation that all assessments were to be completed before 24 March 2017.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standards 20.6, 20.9 Stated: First time To be completed by: 30 December 2016	<p>The registered provider should ensure the Statement of Purpose and Residents Guide are reviewed to describe any restrictions employed within the home.</p> <p>Action taken as confirmed during the inspection Discussion with the registered manager and inspection of the home's Statement of Purpose and Residents Guide confirmed that these were reviewed to describe any restrictions employed within the home.</p>	Met

4.3 Is care safe?

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 met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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. Discussion with staff and a review of returned staff views questionnaires 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. It was noted that all staff, including agency care staff, domestic, administrative and kitchen staff received supervision monthly; this was deemed necessary due to the intensive nature of working in the home environment.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. This document was unchanged and was not reviewed on this occasion. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. All enhanced Access NI disclosures were viewed by the organisation for all staff prior to the commencement of employment and the registered manager received written confirmation that all documentation was satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff advised that renewal of registration was routinely discussed in staff supervision and staff were also reminded to ensure registration was up to date during staff meetings. The registered manager retained records of the dates of staff registrations and of dates that annual fee payments were due for all staff. The registered manager also undertook spot checks of the registrations status of staff members.

The adult safeguarding policy and procedure in place was consistent with the current regional 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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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.

Discussion with the registered manager, review of 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 were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified 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 and risk assessments were obtained prior to admission.

A review of the home's policy and procedure on restrictive practice/behaviours which challenge during the last care inspection 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). This policy document was unchanged and was not reviewed on this occasion.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors to the kitchen and door alarms. All residents were given the option of having their bedroom doors locked when they were not using their rooms and most residents had chosen to do so; residents were provided with their own keys. Discussion with the registered manager regarding restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Review of individual care records confirmed that any restrictions were noted within the restrictive practice register and that these were appropriately signed by residents and staff. In addition, restrictions were discussed during annual care reviews and documented within the minutes of such meetings.

A review of the home's Statement of Purpose and Residents Guide identified that restrictions were adequately described. Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by

specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices during the last care inspection confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment in use in the home was well maintained and regularly serviced. Observation of equipment and inspection of maintenance confirmed this was so.

Review of the infection prevention and control (IPC) policy and procedure during the last care inspection confirmed that this was in line with regional guidelines. As this was unchanged since the last care inspection, it was not reviewed on this occasion. Review of 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 wash hand basins, adequate supplies of liquid soap and disposable towels 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 there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. It was noted, however, that freestanding wardrobes in residents' bedrooms were not secured to the wall and may have posed a risk of toppling. Some communal bathrooms showed signs of water damage to the walls. The décor in the upstairs lounge was tired and the seating showed signs of wear and tear. The garden furniture was in need of refurbishment and repainting. A recommendation was made in regard to the home's internal and external environment.

The registered manager advised that a fire safety risk assessment was completed on behalf of Choice Housing Association on 22 June 2016. The report of this assessment had not been provided to the home and was not available for inspection. The registered manager later provided written confirmation that the report had been obtained and that any recommendations made were in the process of being appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually and that fire drills were completed at least twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records including checks of fire-fighting

equipment, fire alarm systems, emergency lighting and means of escape were inspected during the last care inspection and were found to be satisfactory. These records were not inspected on this occasion. Maintenance records were available for inspection and confirmed that fire detection systems and equipment was regularly maintained.

The team leader advised that residents were provided with a health and safety induction when they came to live in Kimberley House. This induction included an explanation of the fire alarm system, smoke alarms, evacuation routes, the use of fire blankets and fire extinguishers and the procedures for emergency contacts. Staff had also arranged for The Northern Ireland Fire and Rescue Service to attend at Kimberley House to give a practical demonstration of firefighting equipment and to explain the risks of fire in the home.

Thirteen completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident was as follows:

- “I feel that sometimes there is not enough staff.”

Comments received from staff were as follows:

- “Staff induction and training (is) thorough to ensure appropriate time to read all care plans and risk assessments to gain an initial good and safe working knowledge of service users. There is also shadowing of staff.”
- “In addition to mandatory training, specialist training is available, specific to service user needs.”

Areas for improvement

One area for improvement was identified. A recommendation was made in relation to a variety of aspects of the home’s internal and external environment.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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

A review of the care records of three residents confirmed that these included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments were reviewed and updated on a regular basis or as changes occurred. It was identified, however, that when bruising or marks on residents were noted by staff, body maps were completed in order to record the location and nature of any such marks; although body maps were signed by staff, they were not consistently dated. A recommendation was made in this regard. Further review of care records identified that where body maps were dated, associated records were not consistently present. A recommendation was made that care records should specify the date and time that marks are identified, whether an explanation for such marks can be provided, how they are to be described pictorially and what action was taken as a consequence.

The care records 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 the 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. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. 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 the environment, residents' finances, medications and staffing levels were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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. Minutes of residents' meetings were reviewed during the inspection.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Thirteen completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from staff was as follows:

- "Proactive team in working with multi-disciplinary team to seek support for service users to ensure the care provided meets residents' needs."

Areas for improvement

Two areas for improvement were identified. A recommendation was made that body maps should be dated when they are completed by staff. A recommendation was made that care records should specify the date and time that marks are identified, whether an explanation for such marks can be provided, how they are to be described pictorially and what action was taken as a consequence.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

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 confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which contained guidance on how individual residents with more limited communication might express pain and how such pain or distressed behaviour might be best managed.

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. Each resident was provided with a handbook and information was also available in an easy read version.

The registered manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents 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. Staff were also able to describe how residents' confidentiality was protected.

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. This was achieved within weekly house meetings in which residents planned their weekly menus, activities and outings. Residents were also encouraged to participate in the annual review of their care. Discussion with staff and residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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

Residents spoken with during the inspection made the following comments:

- "I like it here. The staff are good. We go out to the pub every Thursday night and I really like that. It's very good here and I enjoy the food and going out."
- "I've had a great time living here."
- "The staff are very good to us. They help us with our cooking. We have weekly house meetings and we talk about all the things that are going on. We get to decide what we want to eat for our dinner, where we go out to and what we do during the week. We are also involved in being on the interview panels for new staff. We ask them questions and get to give our views on who we think would be suitable to work with us. This is a good place to live, very comfortable."

- “I really like living here and even though I have the chance to move away and live more independently, I’m not sure that I want to leave here!”
- “I love it here and I have no interest in living anywhere else - this suits me very well.”
- “I’m getting on well.”

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

Comments received from staff were as follows:

- “Service users attend all reviews and are involved and given insight into contents of review reports, preparation work and promotes their views and wishes.”
- “The staff team have an excellent value base.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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 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 handling. This was reviewed during the last care inspection and was not reviewed on this occasion as it remained unchanged. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all 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. The registered manager advised that few complaints were received; should more complaints be made, an audit of complaints would be used to identify trends and to enhance service provision.

The accident/incident/notifiable events policy and procedure was reviewed during the last care inspection and confirmed that it 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. Staff confirmed that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the registered manager confirmed staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy awareness and the administration of emergency epilepsy medication, diabetes, schizophrenia, learning disability and sexuality training.

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 were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

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 displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff 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 also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. The registered manager confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Thirteen completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from staff were as follows:

- "Good and approachable management. Promotes positive team ethos."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Black, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 27.1

Stated: First time

To be completed by:
31 May 2017

The registered provider should ensure the following:

- Freestanding wardrobes in residents' bedrooms are secured to the wall to prevent the risk of toppling.
- Water damage to the walls in communal bathrooms is repaired and the bathrooms redecorated where necessary.
- The upstairs lounge is redecorated and seating replaced.
- Garden furniture is refurbished and repainted, or replaced if necessary.

Response by registered provider detailing the actions taken:

The Manager has ordered brackets for the securing of furniture to the wall and this will be completed in 1 month.
A request has been made to the Housing Association for the communal bathrooms to be repaired / redecorated.
The upstairs lounge has been painted and new furniture ordered. this room will be finished by the end May '17.
The garden furniture has been power hosed and paint purchased to repaint. This will be completed as weather permits.

Recommendation 2

Ref: Standard 8.5

Stated: First time

To be completed by:
1 March 2017

The registered provider should ensure that body maps are dated when they are completed by staff.

Response by registered provider detailing the actions taken:

The dating of Body Maps will be discussed at the April staff meeting and Team Leaders will quality assure this practice.

Recommendation 3

Ref: Standard 8.2

Stated: First time

To be completed by:
1 March 2017

The registered provider should ensure that care records specify the date and time that marks are identified, whether an explanation for such marks can be provided, how they are to be described pictorially and what action was taken as a consequence.

Response by registered provider detailing the actions taken:

The accurate recording in care notes and reference to supporting documents of :- marks identified on any service user, explanation of same and actions taken will be discussed at the April staff meeting and Team Leaders will quality assure this practice.

****Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address****



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