

# Unannounced Care Inspection Report 4 July 2018



## Trench Park

**Type of Service: Residential Care Home**  
**Address: 28 Trench Park, Belfast, BT11 9FG**  
**Tel No: 028 9504 3990**  
**Inspector: Bronagh Duggan**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with two beds that provides short breaks for residents living with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust  <b>Responsible Individual:</b> Martin Joseph Dillon	<b>Registered Manager:</b> Jane McGowan
<b>Person in charge at the time of inspection:</b> Pauline Dornan - Residential Care Worker	<b>Date manager registered:</b> 29 July 2008
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 2

### 4.0 Inspection summary

An unannounced care inspection took place on 4 July 2018 from 10.30 to 16.00.

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

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

Evidence of good practice was found in relation to staff supervision and appraisal, the home's environment, care reviews, communication between residents, staff and other interested parties, the culture and ethos of the home, governance arrangements and the management of incidents.

Areas requiring improvement were identified including staff training in infection prevention and control, risk assessing all free standing furniture, regular equipment checks, staff fire training, review and updating of an identified care record, completion of risk assessments for two identified residents and completion of a regular audit regarding the maintenance of care records.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Pauline Dornan, Residential Worker, as part of the inspection process and Noel Fitzsimmons Deputy Manager via telephone following the inspection. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 October 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, one resident and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- NISCC registration details
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreements
- Sample of programmes of activities
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 3 October 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 3 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time	The registered person shall ensure the home's adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance, Adult Safeguarding Prevention and Protection in Partnership, July 2015.  <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the safeguarding policy and procedure maintained in the home showed that it had been reviewed and updated to reflect regional guidance, Adult Safeguarding Prevention and Protection in Partnership, July 2015.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure the epilepsy management plan is reviewed and updated for the identified resident.  <b>Ref:</b> 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records showed the epilepsy management plan had been reviewed and updated for the identified resident.	

## 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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Staff confirmed that one temporary/agency staff was used in the home.

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

A review of completed induction records during a previous inspection and discussion with the person in charge and staff during the inspection confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the person in charge 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. Staff competency and capability assessments were reviewed during a previous inspection and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The person in charge advised 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.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The necessity to complete an annual ASC position report from 1 April 2018 to 31 March 2019 was discussed with the deputy manager via telephone following the inspection.

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 person in charge and a review of records showed there had been no recent safeguarding referrals made from the home. The person in charge confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the

relevant persons and agencies for investigation in accordance with procedures and legislation and written records would be retained.

The person in charge stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge had been viewed during a previous inspection and 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 person in charge advised there were restrictive practices within the home, notably the use of swipe card entry system, lap belts, bed rails and restrictive behavioural interventions etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management 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 person in charge was aware that when individual restraint was employed, RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that staff were overdue training in infection prevention and control. This was identified as an area for improvement. 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, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be fresh-smelling, clean and appropriately heated. Improvements had been made including the introduction of a ceiling light projector. Residents were encouraged to bring personal items if wanted for the duration of their short break stay.

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. It was noted free

standing furniture including wardrobes and chests of drawers were positioned around the home. The need to complete a risk assessment regarding free standing furniture in the home considering the needs of residents admitted was identified as an area for improvement.

The person in charge advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

An estates checklist was left at the home for completion regarding information pertaining to the fire safety risk assessment, legionella risk assessment, hoists and slings and Northern Ireland Adverse Incidence Centre (NIAIC) alerts. The information was not returned to RQIA within the identified timescale. Discussion with the deputy manager confirmed this had been forwarded to the trust estates department for completion. Pending receipt, this information will be forwarded to the RQIA estates inspector for the home.

Inspection of equipment in the home showed that a specific shower chair had last been inspected in March 2017, the appropriate checks should be completed six monthly. This was identified as an area for improvement to comply with the standards.

The home had an up to date fire risk assessment in place dated 13 November 2017 and recommendations had been actioned or were being addressed.

Review of staff training records confirmed that at least four staff had not completed fire safety training twice annually. This was identified as an area for improvement. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, infection prevention and control procedures and the home's environment.

### **Areas for improvement**

Four areas for improvement were identified during the inspection. These related to staff training in infection prevention and control, risk assessment for all free standing furniture throughout the home, regular equipment checks and fire training twice annually for all staff.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	4



## 6.5 Is care effective?

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

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). Three care records were reviewed. It was noted one of these had last been reviewed in 2016. This was identified as an area for improvement to comply with the standards. In addition, it was noted that risk assessments had not been completed and put in place regarding risk of skin breakdown for an identified resident and risk of choking for an identified resident. This was identified as an area for improvement to comply with the regulations.

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. The general tidiness and ease of following daily/regular notes was discussed with the deputy manager. In addition it was noted loose bits of paper with information written on them had been inserted to the notes. The need to complete regular audits regarding the maintenance of care records was identified as an area for improvement to comply with the standards. 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.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, upon arrival residents were asked what they would like to do for the duration of their stay.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. The menu provided for residents was agreed with them upon admission to the home for the period of their stay. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care records.

The person in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals, for example, residents were consulted about their respite stays during the visits by the registered provider, and feedback was included in the annual quality review report.

The person in charge advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information and communications, multi-professional team reviews, short break reports, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual

satisfaction survey report were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to the review and updating of an identified care record, the completion of risk assessments for two identified residents and the completion of a regular audit regarding the maintenance of care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

#### 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.**

A range of policies and procedures was in place which supported the delivery of compassionate care. The person in charge advised 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.

The person in charge advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected, for example, ensuring residents participate in preferred activities and have preferred meal choices during their stay at the home.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home, for example, if residents wished to go to a place of worship during their stay, this would be facilitated.

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, the staff duty rota was displayed in pictorial format for residents to see who was scheduled to be on duty.

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

listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to share their preferences, likes and dislikes regarding activities, food and outings during their period of stay in the home. Information was also shared regarding any changes from the residents’ previous stays in the home. Other systems of communication included staff meetings and visits by the registered provider.

There was evidence to show representatives were consulted with, at least annually, about the service and the quality of care provided. Completed questionnaires were available for inspection in the home. The person in charge confirmed the information was due to be collated into a summary report. This shall be followed up during a future inspection.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents were supported to visit local shops, cafes, attend day centres and go to the local cinema. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The inspector met with one resident in the home during the inspection. The resident was unable to verbally communicate their views with regard to their short break in the home but appeared to be comfortable and at ease in the environment. It was noted that interactions between residents and staff were warm and welcoming.

Staff spoken with during the inspection made the following comments:

- “The care is person centred. There are tea visits for new clients to help us establish personal likes and dislikes. I think the care is compassionate due to the small number. You can see residents get more relaxed as they come more often and you get to know them.”

**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 person in charge outlined the management arrangements and governance systems in place within the home and stated 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.

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. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. Review of the complaints information available showed no new complaints had been recorded since the previous inspection. The home retained compliments received, e.g. thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. Information was shared with staff during staff meetings.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, human rights training. However, as stated in section 6.4 of this report, areas for improvement were identified regarding training in fire safety and infection prevention and control for staff.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The person in charge stated that senior management were kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that staff would be offered support.

There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. Information can be obtained from the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Staff spoken with during the inspection made the following comments:

- “Jane is very approachable and will listen. I think management listen and take account of us.”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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 Pauline Dornan, Residential Worker, as part of the inspection process and with Noel Fitzsimmons, Deputy Manager, via telephone following the inspection. 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14. (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2018</p>	<p>The registered person shall ensure risks to the health, welfare or safety of residents are identified and so far as possible eliminated – this includes the completion of risk assessments for the two identified residents regarding the risks of skin breakdown and choking. The significant findings of the risk assessments should be recorded and action taken to manage the identified risks.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Risk Assessments have now been completed on the two identified service users and incorporated in the current care plan.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 September 2018</p>	<p>The registered person shall ensure all staff receive mandatory education and training in infection prevention and control that is commensurate with their work activities and responsibilities and is regularly updated.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff will have completed infection control training via the Trust's e-learning by the end of September 2018 as per mandatory training. Trench Park's internal training matrix will be regularly updated to reflect staff training.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 September 2018</p>	<p>The registered person shall ensure risk assessments are carried out regarding free standing furniture in the home. The significant findings of the risk assessments should be recorded and action taken to manage the identified risk.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A risk assessment was completed on 23/8/18 and an action plan is in place to meet any identified risk.</p>

<b>Area for improvement 3</b>	The registered person shall ensure care equipment including the identified shower chair is maintained in line with relevant legislation and relevant manufacturers and installers guidance.
Ref: Standard 27.8	
Stated: First time	Ref: 6.4
<b>To be completed by:</b> 18 July 2017	<b>Response by registered person detailing the actions taken:</b> The shower chair was inspected on 16/8/18 and meets with relevant legislation and relevant manufacturers installation guidance.



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 29.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 August 2018</p>	<p>The registered person shall ensure all staff have training in fire precautions to be taken or observed in the home. This training should be repeated at least twice every year.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 August 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> Four staff had not completed Fire Safety and Environmental Awareness training at the time of the inspection. Two of these members of staff are on long term sick leave. The other two members of staff have been booked onto fire training which is taking place on 10/10/2018. The Registered Manager will organise Fire Safety and Environmental Awareness training twice yearly.</p> <p>The registered person shall ensure the care plan for the identified resident is reviewed and updated.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The identified care plan has been reviewed &amp; updated.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 September 2018</p>	<p>The registered person shall ensure working practices are systematically audited. This relates to a regular audit of care records maintained in the home. Any areas for improvement should be actioned accordingly.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Management carry out monthly managerial audits of the care records. The audits were not available on the day of the inspection as they had been locked away by the manager in line with data protection requirements and she was not on duty. An audit sheet will be maintained to reflect the date of the audit of the short break users care records for future inspections.</p>

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



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

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