



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Service and ID: Millverne (1798)

Date of Inspection: 24 September 2014

Inspector's Name: Priscilla Clayton

Inspection ID: IN017321

The Regulation And Quality Improvement Authority
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General Information

| | |
|--------------------------------------------------------------------|-------------------------------------------|
| Name of Home: | Millverne (1798) |
| Address: | 66 Mill Street Enniskillen BT74 6DW |
| Telephone Number: | 02866346000 |
| E mail Address: | julesmccaffrey@aol.com |
| Registered Organisation/ Registered Provider: | Carewell Homes Ltd |
| Registered Manager: | Julieanne Tracey |
| Person in Charge of the home at the time of Inspection: | Martina Hogg. Senior care assistant. |
| Categories of Care: | 17 RC-I ,10 RC-DE ,8 RC-MP & RC-MP(E) |
| Number of Registered Places: | 35 |
| Number of Residents Accommodated on Day of Inspection: | 33 |
| Scale of Charges (per week): | £461 per week |
| Date and type of previous inspection: | 19 August 2013 Primary care inspection |
| Date and time of inspection: | 24 September 2014 10:10am – 4:30pm |
| Name of Inspector: | Priscilla Clayton |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice

- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

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|------------------------|--------------------------------------------|
| Residents | 10 |
| Staff | Four |
| Relatives | One |
| Visiting Professionals | No professionals visited during inspection |

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 10 | 4 |

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance Statements | | |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Compliance statement | Definition | Resulting Action in Inspection Report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report. |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of service

Millverne Residential Care home is situated in the town of Enniskillen close to all community services.

The home is owned by Carewell Homes Ltd and operated by the responsible person, Carol Kelly. The current registered manager is Julieanne Tracey.

Accommodation for residents is provided single rooms on three floors, one at lower floor level, where the Dementia Unit is situated. Access to floor levels is via a passenger lift or stairs.

Communal lounge and dining areas are provided on the lower and ground floor level.

The home provides for catering on the ground floor and laundry services which is situated on the lower level

A number of communal sanitary facilities are available throughout the home.

A secure, safe patio area is available on the lower ground dementia unit where residents can move freely around outside.

A total of nine residents with a diagnosis of dementia can be accommodated in the dementia unit with the remaining twenty four places provided within the main residential unit on the ground and first floor levels.

The home is registered to provide care for a maximum of 35 residents under the following categories of care:

The home is registered with RQIA to provide care under the following categories of care:

| | |
|-------------|---------------------------------------------------------------------------|
| RC - I | Old age not falling into any other category |
| RC - MP | Mental disorder excluding learning disability or dementia |
| RC - MP (E) | Mental disorder excluding learning disability or dementia - over 65 years |
| RC - (DE) | Dementia |

The categories RC – I and RC-DE unit to be operated and staffed separately.

8.0 Summary of inspection

This unannounced primary care inspection of Millverne Residential Care Home was undertaken by Priscilla Clayton on 24 September 2014 between the hours of 10am and 4:30 pm. The registered manager, Julieanne Tracey, was off duty and came to the home to meet with the inspector. Martina Hogg, senior care was in charge and was available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement and four recommendations made as a result of the previous inspection were examined. Observations and discussion demonstrated that all matters identified for improvement had been addressed by the manager within the timescales specified RQIA. The detail of the actions taken by the manager, Julieanne Tracey, can be viewed in the section 9.0 of this report.

Prior to the inspection the manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one relative and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued ten staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Standards inspected:

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

Inspection findings

Responding to resident's behaviour – Standard 5

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home has a policy and procedure on challenging behaviour and restraint which was known by staff who spoke with the inspector. It was recommended that the policy on restraint is reviewed and revised to reflect guidelines as recommended by the DHSSPS on restraint and seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint would only ever be used as a very last resort as other measures would be applied in order to alleviate the necessity to do so. Residents' care records outlined their usual routine, behaviours and means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff was aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. Martina Hogg, senior care staff member in charge of the home on the day of inspection is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of care records evidenced that written consent from the resident / representative to the practice of locking of some bedroom doors was not reflected. The senior care staff member confirmed that consent from resident / representative was discussed but this was not recorded in care records or care plans. Additionally the care manager should be consulted regarding this practice and the use of floor alarm mats and reviewed at ongoing meetings with the trust. Where required capacity assessment should be undertaken prior to introducing measures in regard to restrictive practice.

The evidence gathered through the inspection process concluded that Millverne Resident Care Home is substantially compliant with this standard.

Programme of activities and events – Standard 13

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Staff has received training on the provision of activities within residential care homes, which is to be commended. A plentiful selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Comprehensive records were maintained. The evidence gathered through the inspection process concluded that Millverne Residential Care Home of home is compliant level with this standard.

Residents, relative and staff consultation

During the course of the inspection the inspector met with residents, one relative and staff. Ten staff questionnaires were also distributed with four completed and returned to RQIA.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One resident representative indicated satisfaction with the provision of care and life afforded to their relative and complemented all staff in this regard.

A review of the returned staff questionnaires and discussion with staff verified that staff was supported in their respective roles. Staff confirmed that they are provided with the relevant resources, supervision, appraisal, staff meetings and training to undertake their respective duties.

Comments received from residents, resident representative, staff and visiting professionals are included in section 11.0 of the report.

Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings, were considered to be of a high standard were well maintained

A number of additional areas were examined included the management of complaints, information in relation to resident dependency levels and fire safety. Further details can be found in section 11.0 of the report.

Conclusion

The findings of this inspection evidenced that the delivery of care to residents was of a good standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

Two of requirements and four recommendations were made as a result of this primary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, one relative, registered manager and registered provider who visited the home during the inspection, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 August 2013

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 20 (1) (c) (i) | <p>The registered person must ensure that staff as appropriate is trained/updated in moving and handling.</p> <p>Ref: Section 1.10 (Additional Areas Examined)</p> | <p>Examination of staff training records evidenced that training had been provided as required.</p> | <p>Compliant</p> |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation Of Compliance |
|-----|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 23.1 | <p>It is recommended that the registered person ensures that copies of staff induction programmes are available in the home.</p> <p>Ref: Section 16.2</p> | <p>Copies of induction programmes are retained in the home as evidenced on the day of inspection.</p> | Compliant |
| 2 | 19.1 | <p>It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully details the recruitment process.</p> <p>Ref: Section 19.1</p> | <p>As shown in the managers response recorded within the returned QIP this policy had been addressed with procedures included. This detail was verified.</p> | Compliant |
| 3 | 19.3 | <p>It is recommended that the outcome and action taken by the registered person in relation to employing the applicant on the basis of the information provided in Access NI Enhanced Disclosure checks be recorded.</p> <p>Ref: Section 19.3</p> | <p>Examination of the managers response in the returned QIP and records retained, Access NI Disclosure checks were being recorded.</p> | Compliant |
| 4 | 19.6 | <p>It is recommended that the registered person review how residents, or where appropriate their representatives could be involved the recruitment process.</p> <p>Ref: Section 19.6</p> | <p>The process would include discussion with residents when a vacancy arises and their views sought on the qualities they would wish new staff to have. This information would then be utilised during interviews to assess applicants.</p> | Compliant |

10.0 Inspection Findings

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents. | |
| Provider's Self-Assessment | |
| The home has a 'Responding to resident's behaviour ' policy. Staff are trained in challenging behaviour, dementia and restraint. Responses to resident's behaviours are appropriate based on an understanding of the individuals conduct, behaviour and means of communication. | Substantially compliant |
| Inspection Findings: | |
| The home had a policy on challenging behaviours which was dated July 2014. Review of the policy and procedure indicated that greater detail should be included in respect of the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. Additionally the inclusion that RQIA must be notified on each occasion restraint is used. A review of staff training records identified that all care staff had received training in challenging behaviours and restraint on 26 August 2014, which included a human rights approach. A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with was knowledgeable in regard to responses and interventions which promote positive outcomes for residents. A review of the returned staff questionnaires identified that mandatory training, including challenging behaviour was provided. | Substantially compliant |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR | |
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| Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative. | |
| Provider's Self-Assessment | |
| When staff become aware of a resident's behaviour that is outside their usual behaviour pattern, this behaviour is recorded in their daily evaluation. Any possible physical or environmental causes will be explored eg. has the resident an infection/pain or is it too noisy, is another resident upsetting them. The resident's GP will be contacted if illness is the cause. If psychological reasons are suspected the GP will be contacted to make a referral to specialist community services and/or review medication. All interventions will be documented. Concerning/challenging behaviour will always be reported to the person in charge. The resident's next of kin will be informed of any uncharacteristic and concerning behaviour in a timely manner. | Substantially compliant |
| Inspection Findings: | |
| <p>The home has a policy / procedure on challenging behaviour and restraint. Examination of the policy evidenced that greater information is required, as stated above within criteria 10.1</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Two care records reviewed identified that relevant information regarding the residents behaviour had been identified and that relatives had been informed.</p> | Compliant |

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

| Criterion Assessed: | COMPLIANCE LEVEL |
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| <p>10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p> <p>Provider's Self-Assessment</p> <p>Any behaviour management programme is detailed in the resident's care plan. ABC charts are recorded for residents who can display specific behaviours. These residents are reviewed by their keyworker and/or CPN on a more frequent basis to ensure that the staff approach is appropriate for the resident and to evaluate the resident's response. The resident's next of kin is invited to attend any MDT reviews held.</p> | Substantially compliant |
| <p>Inspection Findings:</p> <p>Review of two care plans identified that when a resident requires a consistent approach or response from staff, this was detailed. Care plans reviewed were signed by the staff member but not the resident/representative/manager. One recommendation for improvement was made in this regard.</p> | Substantially compliant |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan. | |
| Provider's Self-Assessment | |
| Behaviour management programmes are approved by appropriately trained professionals and form part of the residents care plan. | Substantially compliant |
| Inspection Findings: | |
| <p>A review of the homes policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan as necessary.</p> <p>A review of one behaviour management programme identified that this had been approved by an appropriately trained professional. The review also identified that the behaviour management programme forms part of the residents' care plan and there was evidence that it was kept under review.</p> | Compliant |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support. | |
| Provider's Self-Assessment | |
| When a behaviour management programme is in place, staff training is provided in the following areas, challenging behaviour, restraint, dementia and mental health. Guidance and support is provided by management. | Substantially compliant |
| Inspection Findings: | |
| A review of staff training records evidenced that staff had received training in: <ul style="list-style-type: none"> • Challenging behaviours and restraint, provided on 26 August 2014. • dementia awareness, provided in July 2014 <p>Staff confirmed during discussion that they felt very well supported by management. Staff confirmed that this support ranged from the training provided, supervision, annual appraisal, de-brief sessions, and staff meetings. Discussion with staff confirmed that they were knowledgeable in regard to the behaviour management programme in place.</p> | Compliant |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan. | COMPLIANCE LEVEL |
| Provider's Self-Assessment Any incident outside the scope of the resident's care plan will be dealt with by the person in charge. It will be reported on to professionals in MDT team as appropriate. If necessary, care review will be arranged. The resident's representative is involved in all ongoing care of the resident. | Substantially compliant |
| Inspection Findings: A review of four number of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. However it was noted that RQIA were not always notified when minor accidents occurred. Staff explained that they were not aware they had to notify any accident and that any accident when a injury occurred these were notified. One recommendation was made in regard to Regulation 30 (f) Review of the accident and incident records recorded during July 2014 – September 2014 and discussions with staff identified that residents' representatives, Trust personnel had been appropriately notified. Staff confirmed during discussion that when any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan. | Substantially compliant |

| STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication. | |
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| Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used. | COMPLIANCE LEVEL |
| Provider's Self-Assessment The home has a restraint policy in place. Restraint is only used as a last resort and in consultation with the resident, their next of kin and their care manager. Records are kept of all instances when restraint is used Staff are trained in restraint. Currently the types of restraint in use in Millverne are pressure mats and in the Iris Suite the external doors have key pad entry to ensure resident safety. | Compliant |
| Inspection Findings: Discussion with staff, visitors, professionals and a review of staff training records and examination of care records confirmed that restraint is only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies have proved unsuccessful. A review residents' care records and risk assessments identified trust personnel and the resident's representative were not always consulted / notified on occasions when any restraint has been used for example floor alarm mats and locking of some bedroom doors. The circumstances and nature of restraint in the form of floor alarm mats were recorded in the residents care plan. A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices, for example, floor alarm mats and locked doors (including key pad) used in the home were not included. | Compliant |

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| PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

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|----------------------------------------------------------------------------------------------------------------|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Substantially compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents. | |
| Provider's Self-Assessment | |
| Millverne has an activity policy in place. The programme of activities is based on resident's assessed need. All residents have an activity care plan in place detailing the type of activity the resident enjoys participating in. The home's statement of purpose and resident's guide provides an overview of the activity provision within the home. Resident's experience positive outcomes from participation in activities including the prevention of loneliness and social isolation. | Compliant |
| Inspection Findings: | |
| The home had a policy dated July 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home. | Compliant |

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

| Criterion Assessed: | COMPLIANCE LEVEL |
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| <p>13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p> | |
| Provider's Self-Assessment | |
| <p>The home has a policy in place for consent to photography including the taking and displaying of photos within the home. Millverne currently does not use any other media/social media. Feedback is obtained following each activity session and positive/negative comments are recorded. Spiritual needs are catered for through regular religious services in house. The activity programme is always under review and is discussed at each resident's meeting. Residents are encouraged to attend local community events Eg. the county show, Spring daffodil tea dance. In house group activities are organised around seasonal events such as Easter and 4th July - Independence day.</p> <p>We encourage groups to come in to the home to entertain our residents. Recently this included Holy Trinity school choir and band and the Jets cheerleaders.</p> | Compliant |
| Inspection Findings: | |
| <p>Examination of the programme of activities identified that social activities are organised several times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis.</p> | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities. | |
| Provider's Self-Assessment | |
| Residents are consulted in relation to the provision of activities. Each resident has completed an activity assessment and can make suggestions through this assessment. Residents can make suggestions at resident meetings. | Compliant |
| Inspection Findings: | |
| A review of the record of activities provided and discussion with residents, including residents who choose to stay in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. This was confirmed by residents who spoke with the inspector. Residents and their representatives were also invited to express their views on activities by means of comprehensive assessments, review at care management and residents meetings. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled. | |
| Provider's Self-Assessment | |
| The programme of activities is displayed for the residents on the notice boards. It is changed weekly. Staff on duty advise/remind residents in the morning what the activities are for the day. Activities in the beauty room are recorded in the beauty room diary and arranged on the day by Ida (who is a qualified therapist) when she is on duty. Special events such as having a music sessions inhouse, or any paid entertainers are advertised well in advance to ensure that residents who wish to attend save the date and do not make other arrangements. | Compliant |
| Inspection Findings: | |
| On the day of the inspection the programme of activities was on display in the hallway of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussion with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others. | |
| Provider's Self-Assessment | |
| In the general residential unit most activities take place in the foyer, the beauty room and the dining room. When the weather is fine activities can take place outdoors. In the Iris Suite, the activities generally take place in the main communal area or the enclosed garden. All staff have received activity training this year by the activity coordinator from Loughview Fold, Holywood. The home had invested greatly in activity resources recently and this is reflected for example, by the abundance of flowers, planted by the residents. | Compliant |
| Inspection Findings: | |
| Activities are provided each day by designated care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included a range of equipment for arts/crafts/board games, televisions DVD, gardening tools and reminiscence materials which is all funded by the home. Care staff have received training in therapeutic activity for residents within residential care homes. This is to be commended. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating. | |
| Provider's Self-Assessment | |
| Activity sessions are flexible in duration to ensure residents do not tire or simply get bored. Residents can participate in inhouse activities for short periods of time and leave early if they choose. Residents are encouraged to participate but are not obliged to participate. | Compliant |
| Inspection Findings: | |
| Care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so. | COMPLIANCE LEVEL |
| Provider's Self-Assessment Any person contracted in to carry out activities will be invited to do so when the home is satisfied that they have the necessary skill/qualifications. Any person contracted in to provide activities will only do so with the assistance/supervision of a member of staff. Currently we have members of staff from the Lakeland Forum who are qualified fitness instructors coming to the home to play Boccia (floor ball game) and a member of staff from the Beacon Centre instructing our residents in Computers. | Compliant |
| Inspection Findings: The registered manager, who was on leave, visited the home and spoke with the inspector. The manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback. | COMPLIANCE LEVEL |
| Provider's Self-Assessment Any person contracted in to provide activities will only do so with the assistance/supervision of a member of staff. The staff on duty will report any changes in residents need prior to the activity commencing. | Compliant |
| Inspection Findings: The registered manager, who was on leave, visited the home and confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion is not applicable on this occasion. | Not currently applicable |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Criterion Assessed: | COMPLIANCE LEVEL |
| 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate. | |
| Provider's Self-Assessment | |
| All activities are recorded by the person leading the activity. The activity record details the date and time, the activity, who facilitated the activity, names of the attendees and comments (including any adverse reactions). | Compliant |
| Inspection Findings: | |
| A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. | Compliant |

| STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents. | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| The activity programme is discussed at resident's meetings and any suggestions for improvement/change are taken on board. Any feedback from resident's reviews is welcomed and acted upon. | Compliant |
| Inspection Findings: | |
| A review of the programme of activities identified that it had last been reviewed on several occasions during 2014. Care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. | Compliant |

| | |
|---------------------------------------------------------------------------------------------------------------|-------------------------|
| PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

| | |
|----------------------------------------------------------------------------------------------------------------|-------------------------|
| INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED | COMPLIANCE LEVEL |
| | Compliant |

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with 10 residents individually and with others in small group format. Residents were observed relaxing in communal lounge areas whilst others choose to rest in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- “Great place, plenty going on, staff friendly and approachable”
- “Good food, plenty of it, freshly baked cakes, we choose what we want from a menu which is in the dining hall, everything just great”
- “Plenty going on here, sometimes too much”
- “We chose what we want to do, and are asked about what we liked to do, things like, gardening, short walks, and darts. We can join in if we want, don't have to”
- “I've seen my care plan and agree with the care”
- The big screen TV is good, I like to watch the football”

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

11.3 Staff consultation/Questionnaires

The inspector spoke with four staff, two senior care and two care staff. In addition ten staff questionnaires were distributed with four completed and returned to RQIA. Review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated good awareness of how to respond to resident's behaviours and confirmed that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting professionals' consultation

No professionals visited the home during the time of inspection.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed. Resident dependency information was completed and returned to RQIA prior to the inspection. Returned data evidenced the overall dependency levels. The senior care staff confirmed that

the care manager would always be informed of the changing needs of residents and if required the appropriateness of placement which would be shared with the commissioning trust. Currently no residents are confined to bed.

11.5.1 Contenance management.

Discussion on the management of incontinence took place with the senior carer and two care plans examined. The senior carer confirmed that the trust district nurse undertook assessment of continence and carried out annual reassessment and that assessment records were retained by the district nurse. Care plans examined reflected the management of incontinence and resources provided by the trust. A good supply of continence garments were in stock. Supplies are provided by the trust and individual allocation was provided in accordance with the district nurses assessment.

11.6 Complaints

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. No complaints had been received since the previous inspection. This was verified in review of the complaints record book and in discussion with staff. The evidence provided by staff indicated that complaints would be pro-actively managed.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

11.7 Environment

The inspector viewed the home and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, and adequately heated, fresh smelling throughout with good natural lighting. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

11.8 Guardianship information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire safety

The inspector examined the home's most recent fire safety risk assessment dated September 2013. Re assessment has been organised to take place.

The review identified that there were no recommendations made as a result of this assessment.

A review of the fire safety records evidenced that the first sessions of the annual fire training, had been provided to staff, for example during March, April, and May 2014. The second six monthly training programme has been set for November 2014. Fire records held also identified that practice evacuation drill had been undertaken and that different fire alarms are tested weekly with records retained. There was no visible fire safety risks observed. All fire exits

were unobstructed and fire doors were closed. Review of the completed Fire Safety Audit by the registered manager evidenced compliance.

12.0 Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Martina Hogg, senior care in charge as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Millverne

24 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the senior care, Martina Hogg on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1 | Regulation 30 (1) (f) | <p><u>Accidents</u></p> <p>The registered person shall give notice to the Regulation and Quality Improvement Authority of any accident in the home within three working days.</p> | Once | All accidents in the home will be reported to RQIA within three days. | Immediate and ongoing |
| 2 | Regulation 14 (6) | <p><u>Restraint</u></p> <p>On any occasion in which a resident is subject to restraint, the registered person shall record on the resident's care plan the circumstances and nature of the restraint. These details should be reported to RQIA as soon as is practicable.</p> <p>Currently this applies to restraint practices in the home which are utilised for resident safety purposes as explained by the senior care assistant. For example; locked bedroom doors, alarm mats, key pads at the dementia unit.</p> | Once | On any occasion restraint is used, this will be documented in the residents care plan. RQIA will be informed of any occasion when restraint is used with a resident. | December 2014 |

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard Reference | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1 | 10.1 | <p><u>Policy / procedure</u> The home has policies on challenging behaviour and restraint. It is recommended that information as set within DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) should be included.</p> <p>Additionally include that notification to RQIA would be made when any form of restraint is used in the home.</p> | Once | The information requested has been sourced and is available in the policy/procedure file. RQIA will be informed when any form of restraint is used in the home. | Dec 2014 |
| 2 | Standard 6.3 and 10.2 | <p><u>Care Plans</u> It is recommended that review of all care plans is undertaken to ensure that those which are not signed by the resident / representative or countersigned manager are identified and signatures sought in accordance with Standard 6.3. If a resident or their representative is unable to sign this should be recorded on the care plan by the staff member.</p> | Once | Care plans are being reviewed to ensure that any that are not signed by the resident /representative and countersigned by the manager are updated in accordance with Standard 6.3. | December 2014. |

| | | | | | |
|---|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 3 | Standard 10.7 | <p><u>Care Plan / care records</u></p> <p>Ensure that consultation, choice / consent in regard to the locking bedroom doors is reflected within care plans and that this practice is agreed with resident / representative and the trust care manager.</p> | Once | Care plans in the Dementia unit will be updated to ensure that the locking of bed room doors (when residents are not in their bedrooms) is reflected in their care plan, and that this practice is agreed with the resident/ their representative and care manager. | 1 December 2014 |
| 4 | Standard 10.7 | <p><u>Statement of Purpose</u></p> <p>It is recommended that restraint and restrictive practices utilised in the home are reflected within the homes Statement of Purpose.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices, for example, floor alarm mats and locked doors (including key pad) used in the home were not included.</p> | Once | The statement of purpose will be updated to reflect the restraint and restrictive practices used in the home. | 1 December 2014 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---------------------------------------------------------------------------------|-----------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Julianne Treacy |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Carol Kelly |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---------------------------------------------------------------|------------|------------------|-----------------|
| Response assessed by inspector as acceptable | Yes | P.Clayton | 31 October 2014 |
| Further information requested from provider | | | |