



Unannounced Care Inspection Report 20 June 2018



Lisburn Intermediate Care Centre

Type of Service: Nursing Home (NH)
Address: 119b Hillsborough Road, Lisburn, BT28 1JX
Tel No: 028 9266 9523
Inspector: Sharon McKnight

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 registered nursing home which is registered to provide nursing care for up to 63 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Alfie Corvea, Acting Manager	Date manager registered: Temporary management arrangements in place.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of registered places: 63 There shall be a maximum of 12 patients accommodated within category of care NH-DE and located within the designated dementia unit (lower ground floor).

4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 09.00 to 17:00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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

Evidence of good practice was found in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and risk management. There were examples of good practice found throughout the inspection in relation to assessment and care planning, the management of nutrition and wound care and the communication of patient needs between staff. Good practice was also observed in relation to the culture and ethos of the home, dignity and privacy and taking account of the views of patients. There were examples of good practice found in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified with staff recruitment processes, the provision of equipment for carpet cleaning and the condition of bedtables. Improvements were also identified with the monitoring of pressure ulcers for signs of deterioration, the recording of patients' repositioning needs and the timely transfer of patients from wheelchairs.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with Alfie Corvera, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 6 February 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 6 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 15 patients individually and with others in small groups, nine staff and six patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed on the main door into the home.

The following records were examined during the inspection:

- duty rota for all staff from date to 11 – 24 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- eight patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 6 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 6 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(1) (a) Stated: First time	<p>The registered person shall ensure that proper provision is made for the nursing, health and welfare of patients.</p> <p>Catheters must be changed in accordance with the prescribed frequency.</p> <p>Ref: Section 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of two patients care records evidenced that catheters were changed in accordance with the prescribed frequency. Systems were in place to alert registered nurses to when the next change was due. This area for improvement has been met.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.7 Stated: First time	<p>The registered person shall ensure that the initial plans of care for patients in the dementia unit are developed further as staff get to know the patients and their individual preferences.</p> <p>Ref: Section 6.4</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A review of care plans evidenced that this area for improvement has been met.</p>	

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 manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 11 to 17 June 2018 evidenced that the planned staffing levels were adhered to. On three afternoons per week the number of registered nurses on duty in the frail elderly unit was reduced from two to one; during these three afternoon a care assistant, who had undertaken additional training to support the role of the registered nurse was rostered. Whilst overall the staffing in the frail elderly unit adhered to the skill mix of 35/65 the importance of ensuring that the registered nurses were aware of, and accepted that, they were accountable for any devolved tasks undertaken by these care assistants was discussed with the manager.

Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Four completed questionnaires were received during the inspection from patients. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients.

We spoke with the relatives of six patients during the inspection; all were complimentary regarding staff. Four completed questionnaires were received from relatives during the inspection and five were received following the inspection. All of the respondents replied that they were either very satisfied or satisfied with the provision of staff.

Staff recruitment information was available for inspection and two staff records reviewed identified that recruitment processes required improvement. Both files contained two references; however, in one file the most recent employer was an employment agency. Where a candidate submits a reference from an agency, the home should receive a satisfactory reference from the last home (or relevant employer) in which the candidate worked.

In one file there was no evidence to support that gaps in employment had been explored and explanations recorded. These issues were identified as an area for improvement under the standards. In one recruitment file there was evidence that the candidate had qualified as a nurse but their professional registration had not been checked as part of the recruitment process. This was identified as area for improvement under regulation. Monthly checks with the NMC completed following the candidate's employment evidenced that they were appropriately registered when they commenced employment. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions and via an electronic learning programme. Records evidenced good compliance with mandatory training. The manager confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of eight patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period March - May 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

A review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. From a review of records, observation of practices and discussion with the manager and staff there was evidence of proactive management of falls.

Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats. The manager completed a monthly audit to monitor the type of restrictive practice in use.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were adhered to. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. Two bedrooms were identified as malodorous and one bedroom carpet was stained; housekeeping staff confirmed that they were waiting for equipment to arrive to clean the carpets. Further discussion identified that the equipment previously available in the home to deep clean carpets was broken. Carpet cleaning equipment arrived in the home prior to the conclusion of the inspection and confirmation was received from the manager on 22 June 2018 that the identified carpets had been cleaned and that the purchase of a new carpet cleaning machine had been approved. This should be acquired as a matter of priority to ensure that staff have the facilities to keep carpets clean and free from odours. This was identified as an area for improvement under the standards. The veneer on a number of bedtables was observed to be worn; the underlying wood was exposed and therefore the tables cannot be effectively cleaned. A review of all of the bedtable throughout the home should be undertaken and those which are worn must be replaced. This was identified as an area for improvement under the standards.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, the provision of equipment for carpet cleaning and the condition of bedtables.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Review of eight patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of monthly. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis. The patient was reviewed regularly by the dietician from the local health and social care trust.

We reviewed the management of falls for two patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and, where necessary, the prescribed dressing regime. Review of records for one patient where a dressing was required evidenced that the dressing regime was adhered to. In the second record reviewed no dressing was prescribed; there was no evidence in the care records or repositioning charts that the pressure ulcers were being monitored daily to ensure any changes to the pressure ulcers or any further deterioration was identified. This was identified as an area for improvement.

Repositioning charts were maintained for those patients who required assistance to change their position for pressure relief. The frequency with which patients required to be repositioned was included in their care plan. However in one patient's care records the frequency with which they were to be repositioned was not consistently recorded; one care plan stated 2 hourly another stated 3-4 hourly. The patient's repositioning chart evidenced that they were assisted to change their position 3 -4 hourly. The second chart reviewed did not consistently evidence that the

patient was repositioned in accordance with their care plans. These issues with recording were identified as an area for improvement.

As previously discussed we reviewed the management of catheter care for two patients. Care records evidenced that catheters were changed in accordance with the prescribed frequency. Systems were in place to alert registered nurses to when the next change was due. Following a recent issue supervision, including the correct use of leg straps, day and night bags and the positioning of catheters was completed with staff. One member of staff spoken advised that the supervision had been beneficial in increasing their confidence in delivering catheter care. The manager confirmed that systems were in place to ensure all staff received supervision with catheter care.

We observed two patients in one identified unit that were sitting in wheelchairs throughout the morning without being assisted to an armchair. There was no rationale provided by staff for not moving patients to an armchair. This practice was observed for one patient after lunch. Wheelchairs are primarily for transportation and, unless otherwise assessed, patients should not be left to sit in them for prolonged periods but should be assisted into an appropriate comfortable chair. This was identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment and care planning, the management of nutrition and wound care and the communication of patient needs between staff.

Areas for improvement

The following areas were identified for improvement in relation to the monitoring of pressure ulcers for signs of deterioration, the recording of patients' repositioning needs and the timely transfer of patients from wheelchairs.

	Regulations	Standards
Total number of areas for improvement	0	3

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.

We arrived in the home at 10:00 hours and were greeted by staff who were helpful and attentive. Patients were relaxing in the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

The environment of the home had been adapted to promote positive outcomes for the patients. Bedrooms for patients who lived in the home were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the serving of the lunchtime meal on the first floor. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and in a timely manner. Patients spoken with stated they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"...thank you for becoming more friends than carers. I cannot thank you enough for what you have done for my recovery" (March 2018)

"...your professional and caring attitude was second to none." (March 2018)

"She very much appreciated your caring and kindness towards her which we will never forget."

Consultation with fifteen patients individually, and with others in smaller groups, confirmed that their experience of living in Lisburn Intermediate Care was positive. We discussed with patients if they were satisfied that the care they received met their individual needs, for example the frequency with which they could avail of a shower. Patients were satisfied that, whilst there was a routine, if they requested attention, for example a cup of tea at night, or additional personal care their request would be met.

The following comments were received:

"The staff are very interested in me. They always ask how I am keeping."

"They have all aided my recovery."

"All aspects of care have been 100%."

"Credit where credit is due the staff are good."

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

We spoke with the relatives of six patients; four patients who were receiving long term care and two patients who were in the home under the intermediate care scheme. All of the relatives commented positively regarding the care their loved ones were receiving. The following comments were received:

- “Staff keep us informed of progress.” (Intermediate care)
- “5 star care. The Personal Activity Leaders (PAL) are unbelievable – socially they are so well cared for.” (first floor)
- “The presence of staff in the lounge could be improved at times” (first floor)
- “I have nothing but praise for the staff.” (dementia unit)

Relative questionnaires were also provided. As previously discussed, four were returned during the inspection and five were received following the inspection. Relatives responded that they were very satisfied with the care provided across the four domains. Comments included:

- “I am completely satisfied with my father’s care. Staff are wonderful.”
- “I am speaking on behalf of ...who is incapable of answering any of these questions but I see the daily care he gets and I am very satisfied with every aspect.”

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date were shared with the manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

There were temporary management arrangements in place at the time of the inspection. We reviewed the support available to the manager and were informed that they were provided with support from managers within Four Seasons and from the Regional Manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of records evidenced that the manager completed a number of audits to assure the quality of care and services. For example, audits were completed regarding accidents/falls, catheter and wound care and analysis of patients' weights.

A review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Alfie Corvera, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</p>	<p>The registered person shall ensure that confirmation of registration with the NMC with is confirmed prior to the candidates commencing employment as a registered nurse.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Confirmation was confirmed prior to commencement however this was only recorded on the Home's NMC log, which is retained within the NMC folder rather than on the personnel file. Going forward this will be placed also in the RN file.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • where a candidate submits a reference from an agency, the home should receive a satisfactory reference from the last home (or relevant employer) in which the candidate worked • gaps in employment had been explored and explanations recorded <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: A Reference has been sought and is now in place. This will be monitored during future recruitment activity.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure that a new carpet cleaning machine is purchased as a matter of priority to ensure that staff have the facilities to keep carpets clean and free from odours.</p> <p>Ref: section 6.4</p>
	<p>Response by registered person detailing the actions taken: Carpet cleaning commenced on 21.06.18 using the rental machine. A New carpet cleaning machine has now been delivered to the Home and in use.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 44.1</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure that a review of all of the bedtable throughout the home is undertaken; those which are worn must be replaced.</p> <p>Ref: section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: An audit of Bed tables has been completed for the Home. A number of these that were found not to be of a high standard have been discarded and replacements purchased.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the day of inspection.</p>	<p>The registered person shall ensure that pressure ulcers, which do not require a dressing are monitored daily to ensure any changes to the pressure ulcers or any further deterioration is identified.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision session has been completed with all Nurses, to ensure that they not only monitor wound and pressure sores with dressing, but also those with do not require a dressing.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure that the frequency with which patients require to be repositioned is consistently recorded and records maintained to evidenced that the prescribed frequency is adhered to.</p> <p>Ref section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Supervision sessions have been completed with staff to ensure accurate recording is kept. Completion will be monitored by HM during daily walk around and RM during Reg29 monitoring visits.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 17 July 2018</p>	<p>The registered person shall ensure that routines and care practices within the home are patient centred, specifically, all patients shall be assisted to/from their wheelchairs in a timely manner.</p> <p>Ref: section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: During the time of visit two residents had been participating in activity therapy and were observed to have been sitting for a length of time in a wheelchair. Although residents had been in the chairs they were given pressure relief during continence care.</p>

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



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