



# Unannounced Care Inspection Report 7 January 2019



## Abbeylands – Seapark Unit

**Type of Service: Residential Care Home**  
**Address: 441 Shore Road, Whiteabbey BT37 9SE**  
**Tel No: 02890864552**  
**Inspector: Marie-Claire Quinn**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for thirty seven persons whose needs have been assessed as being within the categories of care cited on the home's registration certificate and outlined in section 3.0 below.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> Eleanor Dodson
<b>Person in charge at the time of inspection:</b> Eleanor Dodson, registered manager	<b>Date manager registered:</b> 23 February 2018
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years A – Past or present alcohol dependence	<b>Number of registered places:</b> 37  A maximum of 2 residents in category RC-MP and 1 named resident in category RC-A. The home is also approved to provide care on a day basis to 1 person.

### 4.0 Inspection summary

An unannounced care inspection took place on 7 January 2019 from 10.30 to 16.10.

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

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

Evidence of good practice was found in relation to promoting residents' independence, governance arrangements and care records.

Areas requiring improvement were identified in relation to storage of records and that care plans and records of consent are signed by residents and/or their representatives.

Residents described staff as helpful and stated that they were content in the home.

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

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Eleanor Dodson, registered manager and Linda Moore, deputy 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 pharmacy inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 September 2018.

## 5.0 How we inspect

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

During the inspection the inspector met with the registered manager, deputy manager, fifteen residents, three members of staff and two visiting professionals.

A total of 10 questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned within the agreed timescale.

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

- Induction programme for new staff
- Staff supervision schedules
- Staff training schedule
- five residents' care files
- The home's Statement of Purpose
- Audits of risk assessments, care plans, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors
- Policies and procedures (consent, IPC)

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially 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 27 September 2018**

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

**6.2 Review of areas for improvement from the last care inspection dated 5 June 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall ensure that staff adhere to IPC guidance at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager outlined the training and guidance staff are given through induction, supervision, staff meetings and handovers. The registered manager also observes staff throughout the day and completes environmental audits.  On the day of inspection, observation of staff practice identified that the majority of staff complied with IPC procedures.	

**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.**

Staffing levels on the day of the inspection were found to be sufficient to meet the needs of the residents. Residents expressed that they were happy with the staffing levels. Staff agreed that whilst levels were sufficient they often did not have quality time on a one to one basis. Agency staff were currently used in the home and were block booked in advance to ensure consistency

for the residents. The home had recently advertised for senior care staff to reduce the use of agency staff.

Another important way of keeping residents safe is to ensure that robust recruitment procedures are in place. All new staff must be Access NI Checked prior to employment and the manager was able to demonstrate that this was in place. All care staff must be registered with a professional body, Northern Ireland Social Care Council (NISCC). The manager audits this on a monthly basis.

Discussion with staff and review of training schedules confirmed that mandatory training was provided. The home uses the SOAR system which tracks completed training and creates monthly prompts to the registered manager if any training is due. An area of good practice was identified as staff can complete e-learning on the home's iPads, making training more accessible.

The registered manager advised that staff were provided with monthly group supervision through staff meetings, however staff also received individual formal, recorded supervision on a quarterly basis, exceeding the minimum standards.

Discussion with the registered manager established that one adult safeguarding issue had arisen since the last care inspection. This had been promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. Appropriate protection plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns. Discussion with staff evidenced that they were knowledgeable and had an understanding of adult safeguarding principles and of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding and child protection training was provided for all staff.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems, bed rails for one resident and the use of a pressure alarm mat for one resident. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were outlined in the home's Statement of Purpose.

The registered manager reported that there had been no outbreaks of infection within the last year. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Staff were observed to encourage residents to wash their hands before meals. An area of good practice was noted in the care records, which included discussion of the importance of hand hygiene with residents, to ensure their understanding of their own role and responsibilities.

There was an infection prevention and control (IPC) policy and procedure in place and IPC compliance audits (decontamination, spot checks, hand hygiene, PPE, commodes) were undertaken; action plans were developed to address any deficits. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, were available throughout the home. Observation of staff practice identified that the majority of staff complied

with IPC procedures. However, one member of staff did not wear a disposable apron while serving lunch; another did not wear a disposable apron while moving a commode chair. This was discussed with the registered manager and deputy manager who advised this will be immediately addressed with all staff and monitored daily. The importance of full adherence to IPC procedures will also be reviewed during staff meetings and individual supervision.

The “Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the home was tidy, fresh- smelling and appropriately heated. Residents’ bedrooms were found to be very clean and individualised with mementos, photographs and art. Domestic staff were observed to be cleaning communal areas throughout the day.

On the stairs to the second floor, it was noted that the carpet and paint needed to be repaired on the top step; the registered manager advised repairs were due to take place this week. Staff remained vigilant of this area and residents were able to use the lift, if necessary.

The registered manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example medication monitoring. The registered manager outlined changes to this procedure, including minimum daily checks and increased communication with district nursing, to ensure there was always a sufficient supply of medication for all residents. Additional risk management by the registered manager was provided as a system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary through email and datix system.

Some residents smoke within a designated area in the home. Risk assessments for these residents are in place. The registered manager advised that the home’s smoking area was cleaned on a minimum daily basis.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date, with drills on 28 September 2018 and 6 December 2018. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and fire alarm systems were checked weekly. Emergency lighting was checked monthly. Means of escape were checked daily.

Residents, staff and visiting professionals spoken with during the inspection made the following comments:

#### Residents

- “Staffing wouldn’t be a problem; there’s always someone about to help and the girls (staff) are all nice to me.”
- “Staff are brilliant; you can have a laugh with them. No one is cheeky. No one hurts me.”
- “The staff are ok.”
- “Oh it’s great here. The staff are there when you need them. The girls (staff) are nice.”

**Staff**

- “There’s the odd time, like the mornings, when you could do with an extra pair of hands. Just with the breakfasts, we try and have it all sitting out for them (the residents) like their coffee and jams. Otherwise it’s okay.”
- “When there’s enough staff on (duty) care is five out of five. If not, it’s three or four out of five, as I hate being rushed. Residents get all they need, but there’s maybe not enough one to one, like just talking to them. I’ve never felt residents weren’t looked after but I just hate having to say I’m too busy.”
- “It’s very safe here.”

**District nurses**

- “Staff are forthcoming and proactive in seeking information and support from us. They always know why we are here, and they contact us appropriately. Staff are very approachable.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, and risk management.

**Areas for improvement**

No area for improvement, within this domain, was identified during this inspection.

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

**6.5 Is care effective?**

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents, which was reviewed on a regular basis. Audits of risk assessments, care plans and care reviews were included in the five care records reviewed. On the day of inspection, the registered manager was conducting a qualitative audit of catering, by observing the lunch time experience in the downstairs dining room, which is completed on a weekly basis. The registered manager described how audits, such as accidents and incidents and environment, were captured online through the use of an iPad. This information was then immediately available to relevant parties, and easily incorporated into the visits by Registered Provider monthly reports.

A review of five care records confirmed this as they included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (for example, moving and handling, choking, nutrition, dependency needs) were reviewed and updated on a regular basis or as changes occurred. There was evidence of good practice as care plans outlined how staff



could promote the independence of each resident through day to day activities such as eating and getting dressed.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. For example, the Malnutrition Universal Screening Tool (MUST) was used to regularly record residents' weights. Any significant changes in weight were responded to appropriately, with referral to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments. Staff had received training on the International Dysphagia Diet Standardisation Initiative (IDDSI) guidelines which were also displayed in the dining rooms.

There was some evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, as they had attended relevant meetings and their views and preferences were noted. However, of the five care plans reviewed, none had been signed by the resident and/or their representative. This was discussed with the registered manager, who explained that the original completed care plans were signed, however signatures had not been sought on reviews. This has been stated as an area of improvement.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Some records were not stored safely and securely in line with General Data Protection Regulation (GDPR). This was discussed with the registered manager and deputy manager who advised that this was not standard practice within the home, and would be immediately rectified. This has been stated as an area of improvement.

Discussion with staff and observation of practice confirmed that a person centred approach underpinned practice. Staff were able to describe how the needs, choices and preferences of individual residents were met within the home. For example, each resident had a preferred rising and retiring time, or liked to rest in their room after lunch.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The day's menu was written on a blackboard in each dining room. At lunchtime, residents were given the choice to eat in their bedrooms or in the dining room. Residents who chose to go to the dining room were supported by staff, and enabled to walk there at their own pace. Residents chose where they would like to sit, and were offered a choice of juice, milk or water to drink. The food served was colourful, nicely presented and residents appeared to be enjoying their food. Staff were available if residents needed additional support, and staff encouraged residents to finish their meal, or offered another option if required.

Observation of practice evidenced that staff were able to communicate effectively with residents. A residents and relatives meeting had been scheduled for the following week. An area of good practice was identified as the home had made iPads readily available for residents and representatives to provide feedback. This system also facilitated open and transparent communication as, for example, the visits by Registered Provider reports and latest RQIA inspection reports were readily available. Hard copies were also available for those who preferred not to use the iPads.

Residents, staff and visiting professionals spoken with during the inspection made the following comments:

**Residents**

- “The girls (staff) keep my room clean, it’s cleaned every morning. They do my laundry and leave it in the basket in my room. It’s great not having to worry about the washing and ironing. We don’t really get a choice (of meals) but it’s usually something we like. Sometimes it can be lovely. The girls (staff) always bring you a cup of tea, even to your room.”
- “The food is beautiful.”
- “I have a roof over my head. I get my room cleaned and my bed made. It’s not how I want my life as I don’t like being told what to do, like being told to eat up. Sometimes I’m not hungry. I can’t eat a tea and a dinner. But it’s fine.”
- “I’ll show you my room; it’s lovely. I like my room kept clean and tidy. I have everything I need. My family come and visit me most days.”
- “I’m on a soft diet, it’s not great but I get enough, I get plenty to eat...My table has a nice view...we sit outside in the summer. It’s nice.”
- “The food is excellent, five stars!”

**Staff**

- “You wouldn’t start on the floor without a handover. You get good updates on what’s been happening. You need to know who to look out for. I think I’ve got all the training I need, I got all my training when I started here.”
- “I’ve had all my training...we get supervision and lots of staff meetings. All the staff are approachable.”
- “Residents get all they need.”

**District nursing**

- “We can only speak for the one or two residents that we work with, but we have no concerns about their care. They seem appropriately placed here. When we visit, the resident is settled in her room, always has a cup of tea in front of her. There’s always plenty (of medical supplies).”

**Areas of good practice**

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

**Areas for improvement**

Two areas for improvement were identified within this domain during the inspection; firstly, in relation to ensuring that all records are stored confidentially and secondly, that care plans are signed by residents and/or their representatives.

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

## 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.**

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. For example, review of care records confirmed that the residents' spiritual and cultural needs were considered, as well as their wishes for end of life care.

Discussion with staff and the registered manager confirmed that consent was sought in relation to care and treatment. An area of good practice was identified in this area through inspection of care records. There was regular review of each resident's capacity to consent and to make complex or non-complex decisions in their daily life, and encouraging this when possible. However, written records of consent had not been signed by either the resident or their representative. This has been stated as an area of improvement.

Observation of practice established that residents were listened to and communicated with in an appropriate manner, and treated with dignity and respect; staff were cheerful and polite when speaking with residents, and responded to any expression of discomfort or distress. Staff were also to describe how they promote residents' rights, independence and dignity, for example, enabling residents to eat in their bedrooms if they preferred; closing bathroom and bedroom doors while providing personal care; and speaking quietly to residents to check if they needed help with personal care.

Discussion with staff, residents, and observation of the environment identified that residents were enabled and supported to engage in their preferred activities. A local church choir performed on a monthly basis in the home; a notice in the lounge invited residents to attend. A mobile library was available in the home. Residents had completed art work, which was displayed in the lounge. The home had held a barbeque to celebrate the Royal Wedding in May 2018; photographs were displayed on the notice board, showing residents smiling and appearing to enjoy themselves. Several residents expressed their preference for watching television in their rooms, so they could choose what to watch. Some residents and staff felt that there was a lack of activities. This was discussed with the registered manager, who advised that the home's activities co-ordinator was currently planning activities for January, February and March; however, when an activity is arranged, attendance can be poor. The registered manager expressed her intention to further review this through the upcoming residents meeting, and continue to encourage residents to express their preferences and provide feedback either directly to staff or through use of the iPad. The home was also in the process of collecting and collating the resident's feedback for the Annual Quality Report. This may be reviewed at future inspections.

Residents and staff spoken with during the inspection made the following comments:

### Residents

- "There isn't much on; that would be the worst thing. I don't like just watching TV so I don't really go to the lounge. Having something real, like singers, two or three times a week would be lovely."

- “If I didn’t have the TV I’d be bored senseless. I go out in the morning to meet my friend but when I come back here there’s nothing to do but watch TV. I’d love a pool table or snooker table!”
- “I have plenty of company, plenty of friends here. We sit in there (the lounge).
- I like to get up and watch TV with my friends (in the lounge) and I sit there all day until bedtime. That’s the way I like it.”

**Staff**

- “The residents do most of it themselves (getting washed and dressed) but you always ask if someone wants help or if they want you to stay in the room while they’re getting ready. Most of them wash and dress themselves and we’re there just in case. I’ll wait outside their en-suite to give them privacy.”
- “If there’s not enough staff, everything is rushed. I hate having to tell the residents I’m too busy to talk one to one. I think it would be good to have more activities on...we try and make sure they (residents) do things for themselves.”
- “Residents like their rooms and like watching TV in there. We try to get activities sorted but no one shows up! There was plenty on at Christmas but after a while they (residents) just went to their rooms, they were ready to have some space.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

One area for improvement, within this domain, was identified during the inspection, in relation to maintaining written and signed records of consent from residents and/or their representatives.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example allergen awareness, anaphylaxis, pressure ulcer care, and basic life support skills.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and easily accessible by staff who could read hard copies or use the home's iPads. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred. For example, IPC policy was reviewed on 23 October 2018. The registered manager outlined these reviews are embedded into practice; for example, she selects a specific policy and care standard, which is then the focus of staff handovers and staff meetings for that month.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this, and it had been covered during their induction period. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. Staff were particularly positive about the input and support of the registered manager, describing her as approachable, helpful and supportive.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff. The registered manager also outlined the agenda for the next staff meeting on 15 January 2019 which will address any general issues concerning staff performance.

Residents and staff spoken with during the inspection made the following comments:

#### Residents

- "I wouldn't hesitate to tell them (staff) if I wasn't happy."
- "I don't want to cause any bother or trouble. I would say if there was something wrong but I don't like a fuss."
- "I couldn't complain. They are good to me here."

#### Staff

- "Eleanor is great, we thought she was leaving; we were so glad she came back! You can talk to her about anything, she's so supportive...I've never had any concerns about how the residents are treated, but if you did, you'd deal with it, go to the senior."
- "I love Eleanor; I've a lot of time for Eleanor...If I have any concerns, I always go straight to the senior, but you'd go to Linda or Eleanor as well."
- "I wouldn't still be here if it wasn't for Eleanor; she's a great manager. We're a great team."

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, maintaining good working relationships and of the ease of communication with the registered manager.

#### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eleanor Dodson, registered manager and Linda Moore, deputy 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 residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that information about a resident's health and treatment is handled confidentially.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager has ensured that all staff via supervision are aware of the legislation around General Data Protection Regulations (GDPR) in relation to the handling of the residents health and treatment.</p>

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

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 4 March 2019</p>	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All care files now have a completed written consent form in place, resident care file audits now include a check for consent.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6.3</p> <p>Stated: First time</p> <p>To be completed by: 4 March 2019</p>	<p>The registered person shall ensure that all care plans are signed by either the resident or their representative. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Any residents able to sign have been asked to do so, all resident representatives have been requested to sign on the residents behalf.</p>

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



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