

Inspection Report

14 October 2021



Brooklands Healthcare Dunmurry

Type of service: Nursing (NH)
**Address: Nursing Unit, 42e Cloona Park, Dunmurry,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Registered Provider: Brooklands Healthcare Ltd Responsible Individual: Mr Jarlath Conway	Registered Manager: Mr Wayne Salvatierra – not registered
Person in charge at the time of inspection: Mr Wayne Salvatierra – acting manager	Number of registered places: 55 A maximum on 28 patients in NH-DE on designated unit on the first floor.
Categories of care: Nursing Home (NH) TI – Terminally ill. PH(E) - Physical disability other than sensory impairment – over 65 years. PH – Physical disability other than sensory impairment. I – Old age not falling within any other category. DE – Dementia	Number of patients accommodated in the nursing home on the day of this inspection: 47
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 55 persons. The home is divided in two units; the first floor unit provides care for people with dementia and the ground floor provides general nursing care.	

2.0 Inspection summary

An unannounced inspection took place on 14 October 2021, from 6.35 am to 2.45pm by a care inspector.

The inspection focused on the impact of care delivery on patients in the home and the ongoing governance and management arrangements. The inspection also assessed progress with all areas for improvement identified in the home since the last care inspection.

This inspection identified a number of areas for improvement and serious concerns were identified regarding managerial oversight and governance arrangements; management of risks; managerial oversight of adult safeguarding matters; the management of infection prevention

and control (IPC) practices and measures; and the robustness of monthly monitoring arrangements. The shortfalls identified raised concern that the quality of care provided to patients was below the standard expected. A serious concerns meeting resulted from this inspection.

The registered person along with members of the senior management team attended a serious concerns meeting with RQIA via video teleconference on 20 October 2021 to discuss the inspection findings and their plans to address the serious concerns identified.

During the meeting the registered person discussed the actions they had taken since the inspection to address the concerns raised and provided the necessary assurances to confirm they would address the remaining actions needed to bring the home back into compliance with the regulations and standards. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

Thirteen areas requiring improvement were identified during this inspection and these are discussed within the main body of the report and in the Quality Improvement Plan (QIP) in Section 7.0.

The findings of this report will provide the registered persons with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in Brooklands Healthcare Dunmurry. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Seven patients, six staff and one relative were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients spoke positively of the care they received and about their interactions with the staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. No patients or relative questionnaires were returned.

Staff spoken with acknowledged the challenges of working through the COVID-19 pandemic but they agreed that Brooklands Healthcare Dunmurry was a good place to work. Staff told us there were some staffing challenges and said they had escalated their concerns to the manager.

Staff said they were not sure if any action was being taken by management to address this. The manager during feedback did confirm there was ongoing recruitment for nursing and care staff and that staffing arrangements were kept under review.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 26 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.	Not met
	This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This discussed further in section 5.2.3. This is stated for a second time.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This discussed further in section 5.2.3. This is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans for the management of behaviours that challenge accurately reflect assessed patient need and any recommendations from the multidisciplinary team if required.</p> <p>Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken in keeping with best practice guidance.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2. This is stated for a second time.</p>	<p>Partially met</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.8 Stated: Second time	<p>The registered person shall ensure that the bedrail assessment is reviewed to ensure that it clearly identifies if bedrails are a suitable intervention.</p> <p>Where the outcome of a bedrail assessment identifies that bedrails may pose a hazard, alternatives should be tried and records maintained of what alternatives were considered.</p>	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: 1 September 2021	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p>	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.1. This is stated for a second time	
Area for improvement 3 Ref: Standard 35.3 Stated: First time	<p>The registered person shall ensure a robust system is in place to ensure compliance with infection prevention and control measures and practices and wound care.</p>	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.5. This area for improvement has been stated as a new area for improvement under the regulations.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The home was staffed to the planned staffing level on the day of inspection. Staff confirmed that patients' needs were met when the planned staffing was achieved. However, from discussion with staff and review of records it was evident that at times staffing levels had been affected by short notice sick leave and annual leave.

The staff duty rota accurately reflected the number of staff working in the home on a daily basis. However, it did not clearly identify the full name of all staff on duty; the capacity in which staff worked and the actual hours worked by staff, particularly those providing one to one care. An area for improvement was identified.

Patients spoken with did not raise any concerns in relation to the staffing arrangements. One relative, whilst praising the staff for the care they provided, did say that staff were "rushed off their feet".

Review of the duty rota evidenced that additional hours had been allocated to care staff roles since the last care inspection and care staff were seen to meet patient's care needs in a timely manner. The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and that there was ongoing recruitment for nursing and care assistant positions within the home.

Review of records confirmed staff meetings were not held on at least a quarterly basis. This was identified as an area for improvement at the last care inspection and is stated for a second time.

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and while staff were busy they were working in an organised manner. Staff were observed communicating well with one another and responding to requests for assistance promptly in a caring and compassionate manner.

Patients were presented well in their appearance and attention had been given to personal grooming. Patients were complimentary on the care that they received. One told us that they were 'very happy with the home and the staff' and that they had 'no concerns'.

Staff were knowledgeable in relation to patients' nutritional requirements. Patients' nutritional requirements were referenced within their care plans and were reflective of speech and language therapist recommendations.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of repositioning records identified a number of gaps in recording and care records reviewed did not always accurately reflect the pressure relieving equipment used for each patient. In addition, three pressure relieving mattresses were found to be set at the incorrect weight for the patients. This was discussed with the manager and identified as an area for improvement.

Staff were observed attempting to transport a patient in a wheelchair without footplates and the inspector had to intervene to ensure the safety of the patient. This was discussed with the manager and an area for improvement was identified.

Management of behaviours that challenge was reviewed. Examination of one identified patient's care records confirmed their plan of care had been updated detailing their behaviours that challenge and how these behaviours would be managed. However, daily progress notes reviewed did not include details of the actions taken by staff to support the patient or details of any discussions or decisions made in relation to the management of their care. This was identified as an area for improvement at the last care inspection and is stated for a second time.

This inspection commenced at 6:35 am and observation of the early morning routines evidenced that a small number of patients preferred to be up washed and dressed early. Night staff were observed to provide these patients with support with a hot drink ahead of breakfast being served. Review of records indicated that the rising and retiring preferences of patients were not stated in the care records viewed. This was discussed with the manager who agreed to update patient care plans to reflect their preferences.

The management of weight loss was examined. It was good to note that timely referrals to the appropriate professionals were made. Care plans and risk assessments were updated to reflect the assessed needs of the patients although it was noted that care plan directions were not adhered to. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that not all care plans accurately reflected the patient's assessed needs. Examination of a further two patient's care records confirmed their care plans and risk assessments had not been reviewed in a timely manner to reflect the changing needs of the patients. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcomes of visits from any healthcare professional were also recorded. Some of the daily records reviewed were seen to contain repetitive statements and it was agreed that the manager would monitor daily evaluations to ensure these entries were more person centred.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Decoration and improvements were observed to be ongoing one of the lounges. Some areas of the home and identified patient equipment required more detailed cleaning; for example, an identified patient's wheelchair and the cupboards in the first floor kitchen area. This was discussed with the manager who agreed to address this before the end of the inspection.

Issues were observed which posed a potential risk to patients' health and wellbeing. This included the storage of chemicals and thickening agents; an open kitchen doorway which allowed potential patient access to a number of sharp knives and other equipment. In addition several fire doors had been inappropriately propped open. The management of these risks, such as the storage of chemicals and thickening agents, had been identified as an area for improvement during the last care inspection on 26 May 2021.

It was concerning that the necessary improvements to ensure full compliance with the required regulations had not been made. This was discussed with the responsible individual during the serious concerns meeting and assurances were provided that management of risk would be a focus on every shift. This area for improvement is stated for a second time and a new area for improvement regarding the management of fire doors was also identified.

Significant concerns were identified regarding infection prevention and control (IPC) practices within the nursing home. Discussion with and observation of staff practice evidenced a lack of IPC awareness; for example, the incorrect use of Personal Protective Equipment (PPE); and hand hygiene behaviours were not in keeping with best practice.

It was concerning that this had been identified previously as an area for improvement during the last care inspection on 26 May 2021. During the serious concerns meeting the responsible individual gave assurances that these deficits would be addressed. This area for improvement is stated for a second time.

Discussion with the manager confirmed there was no nurse leading on IPC procedures and compliance within the home. In order to drive improvement in this regard, an area for improvement under the car standards was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, but enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV, while others enjoyed a visit from relatives.

Discussion with the activity co-ordinator confirmed planned activities continue to be delivered in the home. It was good to see the home decorated in preparation for Halloween celebrations. Patients were seen to enjoy music from the music man who specialises in providing music for patients with dementia. The home was commended for winning a recent award for best care home in West Belfast.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been a change in the management of the home since the last inspection. Mr Wayne Salvatierra, who was a clinical lead, has been the acting manager since 1 February 2021. RQIA were notified appropriately.

Review of records and information received by RQIA evidenced that a number of notifiable accidents and incidents had not been reported to RQIA in keeping with regulation. An area for improvement was identified.

Information received by RQIA through the notification process and from discussions with the commissioning Trust's safeguarding team raised concerns about the manager's knowledge, in

relation to the robust management and oversight of adult safeguarding matters. This was discussed in detail with the manager during feedback and with the responsible individual during the serious concerns meeting. Assurances were provided that safeguarding awareness training would be provided and that the regional manager would provide support for the manager. An area for improvement was identified.

Review of a sample of quality assurance audits highlighted that these were completed in an inconsistent manner; this included audits which focused on: management of patients' weights; wound care; IPC practices, falls management and care records.

It was also noted that quality assurance audits which had been delegated to other staff had no effective oversight by the manager. During the serious concerns meeting the responsible individual gave assurances that these deficits would be addressed. Governance in relation to IPC and wound care was identified as an area for improvement at the last care inspection; this has been subsumed into a new area for improvement under the regulations.

Review of records identified that monthly monitoring reports in accordance with Regulation 29 were either inconsistently completed, or were insufficiently robust so as to identify deficits and drive necessary improvements within the home. During the serious concerns meeting the responsible individual gave assurances that these deficits would be addressed. An area for improvement was identified.

6.0 Conclusion

Patients were observed to be content and comfortable in their surroundings and were attended to by staff in a compassionate and effective manner. Patients said they were happy in the home.

Patients' privacy and dignity was maintained and staff were observed to be polite and respectful to patients and with each other. Patients did not express any concerns about the service.

This inspection identified a number of new areas for improvement and those stated for a second time. A serious concerns meeting with the responsible individual and management team for the home was held and assurances were provided regarding managerial oversight and governance arrangements; management of risks; managerial oversight of adult safeguarding matters; the management of infection prevention and control (IPC) practices and measures; and the robustness of monthly monitoring arrangements. RQIA accepted these assurances and will carry out a further inspection to assess compliance.

New areas for improvement were identified in relation to management of patients at risk of developing pressure ulcers, moving and handling, management of weight loss, planning and reviewing of care delivery, notifiable incidents, safeguarding, governance arrangements and monthly monitoring report. Further areas for improvement were identified in relation to the staffing rota, management of fire doors and oversight and governance of infection prevention and control procedures.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	11*	4*

*The total number of areas for improvement includes four that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Wayne Salvatierra, manager, and Mr Jarlath Conway, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (2) (b) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure care plans for the management of behaviours that challenge accurately reflect assessed patient need and any recommendations from the multidisciplinary team if required.</p> <p>Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken in keeping with best practice guidance.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: A Supervision has been completed with Nursing staff in regards to Care plans for the management of behaviours that challenge and the expected standard of documentation in the daily progress notes.</p> <p>An audit of care plans/daily progress notes is completed by the HM to ensure these standards are being adhered to.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents.</p> <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: A Lockable cupboard is in place on both units to ensure safe storage of thickening agents. A coded lock is in place to ensure the kitchenette on the first floor is locked at all times when not in use by staff.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Additional Supervision and competency regarding Donning and Doffing of PPE, as well as Hand Hygiene competency have been completed with staff. Appropriate use of PPE is monitored by the HM and nursing staff on each shift.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2021</p>	<p>The registered person shall ensure the appropriate management of patients at risk of developing pressure ulcers. Specifically, pressure relieving equipment used should be at the correct setting for the patient's weight. The type of equipment used and associated setting should be accurately recorded in the patients plan of care. Contemporaneous records of repositioning and patients skin condition should be maintained.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An audit of all residents who are at risk of developing pressure damage and require pressure relieving equipment/ airflow mattress is in place. This audit includes a review of the residents care plans to ensure they are reflective of what is in place. Repositioning documentation is checked and signed by the nurse in charge each shift.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure safe moving and handling training is embedded into practice.</p> <p>This area for improvement is made with specific reference to the use of wheelchair footplates.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Additional Moving and Handling Training was completed during October and November 2021 for all staff.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure care plan directions are adhered to.</p> <p>This area for improvement is made with specific reference to the management of weight loss.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Weight Matrix and weight audit completed monthly with referrals to dietician being monitored by the HM</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 16 (1) (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. The care plans should be further developed within five days of admission and kept under review to reflect the changes needs of the patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An admission Tracker Audit is in place to ensure all risk assessments and Care plans are initiated within first 5 days of admission.</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 30 (1) (d) (f)</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2021</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: An additional senior staff member is registered with the RQIA portal to ensure any notifiable incidents are submitted without delay.</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the registered manager is trained and understands their specific role in relation to safeguarding.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The Interim Manager has completed Level 3 Safeguarding Adult Training. Additional support is accessible from the Regional Manager in relation to safeguarding issues.</p>

Area for improvement 10 Ref: Regulation 10 (1) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that robust governance arrangements are put in place to ensure that the deficits identified in the report are appropriately actioned. Ref: 5.2.5 Response by registered person detailing the actions taken: Robust Governance arrangements are in place and overseen by the Interim Home Manager and Regional Manager.
Area for improvement 11 Ref: Regulation 29 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 5.2.5 Response by registered person detailing the actions taken: Regulation 29 visits are now being undertaken by the Regional Manager.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 41 Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Staff Meetings have been held and have been forward planned on a quarterly basis.
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: Immediate action required	The registered person shall ensure the staffing rota includes the full name of each member of staff, the capacity in which they worked and the actual hours they worked. Ref: 5.2.1 Response by registered person detailing the actions taken: Staff rota presently indicates full name of staff , designation and hours worked on each shift.

<p>Area for improvement 3</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure fire doors in the home are not wedged or tied open.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This was addressed with staff following the inspection and additional Fire training sessions held.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46.5</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2021</p>	<p>The registered person shall ensure there is an identified nurse with day-to-day responsibility for monitoring compliance with infection prevention and control procedures such as hand decontamination and use of personal protective equipment.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A senior nurse is the identified Infection Control Nurse. The Nurses day/night compliance check template was updated on 20/11/21. The template includes staff compliance of PPE, Hand Hygiene and Uniform signed by the nurse in charge.</p>

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



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