

# Unannounced Care Inspection Report

## 30 January 2017



## Knockagh Rise

**Type of Service: Nursing Home**

**Address: 236 Upper Road Greenisland, BT38 8RP**

**Tel no: 028 9085 5930**

**Inspector: Lyn Buckley**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Knockagh Rise took place on 30 January 2017 from 11:50 to 16:00 hours.

This inspection was carried out to follow up on information received by RQIA, on 30 January 2017 from a whistle blower. The caller stated that they had contacted the adult safeguarding team for the Northern Health and Social Care Trust (NHSCT). This was confirmed by RQIA.

Concerns raised, by the whistle blower, related to the lack of food in the home. Following discussion with RQIA's senior managers the decision was made to undertake an unannounced inspection of the home. The focus of the inspection was the management of patients' nutrition, food and fluids, weight loss and management of catering and menus.

Following this inspection RQIA were satisfied that there was sufficient food in the home to meet the nutritional needs of the patients. However, serious concerns were identified in relation to catering systems and processes; patients' nutritional risk assessment and care planning; and the management of patients' therapeutic diets and weight management. Following consultation with senior management in RQIA, Mr J Wilson, responsible individual, and Mrs E Colquhoun, acting manager, were required to attend a serious concerns meeting on 6 February 2017. At this meeting RQIA were provided with assurances in relation to the serious concerns identified and no further enforcement action was taken at this time. RQIA will continue to monitor the standards of care within Knockagh Rise.

RQIA also referred concerns regarding catering systems and processes to the local Environmental Health Officer.

The term 'patient' is used to describe those living in Knockagh Rise which provides both nursing and residential care.

Details of the inspection process and findings can be viewed in the body of this report.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	*11	*3

\*Total number of requirements and recommendations made includes two requirements and one recommendation stated for a second time; and two requirements and one recommendation carried forward to the next care inspection.

Details of the Quality Improvement Plan (QIP) within this report and serious concerns identified were discussed with Mrs Ethel Colquhoun, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious concerns meeting was held and RQIA were provided with assurances in relation to the serious concerns identified and no further enforcement action was taken at this time. Refer to section 1.0 for details.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 November 2016. The QIP was returned and reviewed by the pharmacist inspector. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection of the home. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Knockagh Rise Limited/ Mr Malcom James Wilson	<b>Registered manager:</b> Refer to box below.
<b>Person in charge of the home at the time of inspection:</b> Mrs Ethel Colquhoun – acting manager	<b>Date manager registered:</b> Mrs Ethel Colquhoun – acting manager since 20 October 2016.
<b>Categories of care:</b> NH- I, NH-PH, NH-PH(E),RC- I, RC-PH and RC-PH(E).  A maximum of six residential places in categories RC- I, RC-PH and RC-PH(E).	<b>Number of registered places:</b> 29

## 3.0 Methods/processes

This inspection was carried out to follow up on information received by RQIA, on 30 January 2017 from a whistle blower. The caller also confirmed they had contacted the adult safeguarding team for the Northern Heath and Social Care Trust (NHSCT). This was also confirmed by RQIA.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. Following discussion with senior management, it was agreed that an unannounced care inspection would be undertaken to review the following areas:

- management of nutrition, food and fluids
- catering systems and processes
- management of weight

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care and medicines management inspection report
- the returned QIP from the previous care
- notifications received since the previous care inspection

The following records were examined during the inspection:

- food hygiene and catering records
- the four week menu planner
- records of patients' menu choices and food eaten
- patients' weight records
- two patient care records
- accident/incident records from October 2016 to date

We spoke with nine patients in small groups during the lunch time meal. We also had the opportunity to consult with one relative visiting during the lunchtime meal and one registered nurse, two care assistants and two catering staff.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 22 November 2016.**

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

## 4.2 Review of requirements and recommendations from the last care inspection dated 18 October 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered provider must ensure that RQIA are appropriately notified of accidents and/or incidents occurring in the home in accordance with 'The Nursing Homes Regulations' (Northern Ireland) 2005 – regulation 30.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of accident records evidenced that two accidents had not been notified to RQIA as required. The manager agreed to submit the notifications retrospectively following the inspection.  This requirement has not been met and is stated for a second time.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 13 (1) <b>Stated:</b> First time	The registered provider shall ensure that nursing staff adhere to professional standards for medicines management at all times to ensure patients are not put at risk of harm.	<b>Carried forward for review at next care inspection.</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this requirement was not reviewed and is therefore carried forward for review at the next care inspection	
<b>Requirement 3</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> First time	The registered provider shall ensure that care planning reflects specific care and treatment requirements in relation to specialist seating, the position of patients with swallowing difficulties when they are assisted to eat and drink; and pressure relief mattress settings.	<b>Carried forward for review at next care inspection.</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the inspection focus this requirement was not reviewed and is therefore carried forward for review at the next care inspection.	

<b>Requirement 4</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<p>The registered provider shall ensure that reports from visits undertaken on behalf of the responsible individual and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 29, are available in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>          Review of regulation 29 reports evidenced that the reports for October and November 2016 were not available in the home. The only report available was dated 31 December 2016.</p> <p>During the serious concerns meeting, on 6 February 2017, the manager provided copies of regulation 29 reports for October and November 2016. However, both of the reports submitted were dated December 2016. Advice was provided that there should be evidence of one visit undertaken on a monthly basis and that it was not acceptable for a visit to be undertaken in December 2016 to ‘cover’ previous months. This requirement has not been met and is stated for a second time.</p>	<p style="text-align: center;"><b>Not Met</b></p>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	<p>The registered provider should ensure that the serving of meals is reviewed to ensure adequate time between meals is enabled in line with regional nutritional guidelines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>          Due to the inspection focus this aspect of meals and mealtimes was not reviewed and is therefore carried forward for review at the next care inspection.</p>	<p style="text-align: center;"><b>Carried forward for review at next care inspection.</b></p>

<b>Recommendation 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered provider should ensure that any action plans generated following a regulation 29 visit clearly evidences that identified deficits have been addressed and that the person undertaking subsequent visits validates/reviews the actions taken.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> As stated previously, refer to requirement 4 above, the only regulation 29 report available during the inspection was for the visit undertaken on 31 December 2016. Therefore this recommendation could not be validated and is stated for a second time.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered provider shall ensure that access to the kitchen is restricted to staff only and mechanisms are put in place to ensure this.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations confirmed that this recommendation had been met.	

### 4.3 Inspection findings

#### 4.3.1 Management of nutrition, food and fluids

A four week rotating menu was displayed in the kitchen. However, from discussion with management and staff; and a review of the records of food eaten it was evident that the four weekly menu was not adhered to. The menu for the day of the inspection was based on the available food and had not been planned in advance as per the menu planner. Records of variations to the menu were not maintained. Discussion with the manager during feedback confirmed that the evidence was accurate. Advice was provided regarding the review of the menu and that the menu also needed to be reinstated. Records relating to any changes/variance to the planned menu were not available and management confirmed they were not aware such records needed to be maintained. Advice was provided to the manager and a requirement was made.

Records pertaining to food hygiene requirements were reviewed and evidenced to be incomplete. For example cooked food temperatures and refrigerator temperatures were not consistently recorded; and stock rotation and kitchen cleaning records were missing. Following this inspection RQIA contacted the local Environmental Health Officer and a requirement was made.

Review of food stocks evidenced that while stocks were low there was enough food to provide meals for patients on the day of the inspection. The lunch time meal served consisted of sausages with spaghetti hoops? and toast/bread or scrambled eggs on toast. Patients consulted were not aware of what the lunch time menu was but later confirmed they had enjoyed their meal. One relative spoken with confirmed that the standard of food was "very



good” and that the lunch served was evidence of this. The cook confirmed that the evening meal would be steak and onions or savoury mince with potatoes and cauliflower with rice pudding and yoghurt for dessert. A selection of diluting fruit juices were available and offered to patients with their meal and/or milk or water. The lunch was also followed by a cup of tea or coffee.

Prior to the conclusion of the inspection the responsible individual confirmed the delivery of food stores. It was concerning that there were no discernible systems and processes in place to manage the planning and ordering of food for the nursing home. As discussed previously the planned rotating menu was not adhered to and it appeared the ordering of supplies and menu choices were decided on a daily basis. A requirement has been made.

Review of patient records evidenced that staff recorded the patient menu choice and food eaten at each meal. Records also indicated if patients required a therapeutic diet. However, discussion with staff indicated confusion as to which therapeutic diets patients were prescribed. Review of two patients care plans indicated that the care plans had not been reviewed since November 2016 and the recommendations made by dieticians and speech and language therapist (SALT) were not being adhered to. A requirement and a recommendation were made.

Discussion with the manager regarding governance and audit processes evidenced that the manager had not undertaken governance audits since 20 October 2016. For example, RQIA identified that patients’ nursing risk assessments and care plans that had not been reviewed since November 2016. This was very concerning and a requirement has been made.

During the serious concerns meeting evidence was provided that the manager had been working as the nurse in charge of the shift rather than in a management role. It was agreed that the manager would clearly identify on the staff duty rota the hours worked and the capacity in which she worked them. RQIA were also assured that recruitment for nursing staff was proactive and ongoing.

### **Areas for improvement**

A requirement was made that structures and systems are implemented to ensure the planned menu is adhered to; any variance/change to the planned menu and the reason for it, is recorded to enable anyone inspecting records to determine the food served/eaten.

A requirement was made regarding adherence to required food hygiene requirements regarding record keeping and the management of the systems and processes to ensure patients are not put at risk and that safe food handling practices are adhered to.

A requirement was made that a structured and traceable process of ordering food supplies is implemented to ensure the provision of food to meet the nutritional needs of patients.

A requirement was made that care plans are reviewed on a regular basis by registered nursing staff to ensure they are accurate and up to date and reflective of healthcare professionals recommendations.

A recommendation was made that catering, nursing and care staff are kept informed regarding which patients required therapeutic diets and the type of diet they require.



A requirement was made that governance audits are undertaken on a regular basis to promote and make proper provision for the nursing, health and welfare of patients.

<b>Number of requirements</b>	5	<b>Number of recommendations</b>	1
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#### 4.3.2 Management of weight loss

Discussion with the manager, review of weight records and two patient care records evidenced that patients' weight was not monitored on a regular basis or as required based on nutritional assessment. RQIA were unable to determine changes in patients' weight based on the records reviewed. It was evident that patients' weights were not managed in accordance with care standards and evidenced based practice. The manager agreed to ensure all patients identified as being at risk of weight loss were weighed immediately and the remaining patients weighed by 6 February 2017. A requirement was made.

During the serious concerns meeting evidence was provided that patients identified as being at risk of weight loss had their weight recorded following the inspection. Review of this information indicated that the trend was a weight gain or that the weight remained stable. For patients identified as having a weight loss a clear explanation was provided and patients had been re-referred to their dietician where appropriate.

Review of patient care records evidenced that risk assessments and care plans pertaining to the management of weight loss had not been reviewed since November 2016 and the plans were not reflective of recommendations from dieticians. Two requirements have been made; one requirement has been made previously regarding care plans; refer to section 4.3.1 and the QIP.

#### Areas for improvement

A requirement was made that patients' weight is monitored on a regular basis and in accordance with DHSSPS Care Standards for Nursing Homes (2015) – Standard 12.

A requirement was made that the patient assessments are kept under review and are revised at any time when it is necessary to do so having regard to any changes of circumstances.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ethel Colquhoun, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required.	The registered provider must ensure that RQIA are appropriately notified of accidents and/or incidents occurring in the home in accordance with The Nursing Homes Regulations' (Northern Ireland) 2005 – regulation 30.  <b>Ref: Section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b> All accidents and incidents are appropriately scanned and emailed to the RQIA
<b>Requirement 2</b>  <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required.	<b>Carried forward for review at next care inspection.</b> The registered provider shall ensure that nursing staff adhere to professional standards for medicines management at all times to ensure patients are not put at risk of harm.  <b>Ref: Section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b> All nursing staff adhere to the management of medicine at all times The nurses in question have completed a medication compancy.
<b>Requirement 3</b>  <b>Ref:</b> Regulation12 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 21 November 2016.	<b>Carried forward for review at next care inspection.</b> The registered provider shall ensure that care planning reflects specific care and treatment requirements in relation to specialist seating, the position of patients with swallowing difficulties when they are assisted to eat and drink; and pressure relief mattress settings.  <b>Ref: Section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b>  All care plans are being rewritten and updated .All commenced on the 31 <sup>st</sup> January.This is still on going. The resident that required the seating for feeding has been referred to the appropriate team and will be assessed.
<b>Requirement 4</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required.	The registered provider shall ensure that reports from visits undertaken on behalf of the responsible individual and in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 – regulation 29, are available in the home.  <b>Ref: section 4.2</b>
	<b>Response by registered provider detailing the actions taken:</b> All Regulation 29 are available in the appropriate folders.

<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider shall ensure that structures and systems are implemented to ensure the planned menu is adhered to; any variance/change to the planned menu and the reason for it is recorded to enable anyone inspecting records to determine the food served/eaten.</p> <p><b>Ref: Section 4.3.1</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The four week menu plans were revamped and and on display in the kitchen area and to be adhered to.After the inspection there is a diary in place in the kitchen for the cook to record if the menu is varied and the reason why. This was in place with immediate effect on the 31<sup>st</sup> January.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider shall ensure that required food hygiene requirements for record keeping are adhered to and that safe food handling practices are adhered to.</p> <p><b>Ref: Section 4.3.1</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All food hygiene records are in place in the kitchen.This was in place as of immediate effect of the inspection on 30<sup>th</sup> January.All safe food handling practices are being adhered to.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 12 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered provider shall ensure that a structured and traceable process of ordering food supplies is implemented to ensure the provision of food to meet the nutritional needs of patients.</p> <p><b>Ref: Section 4.3.1</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All food ordering is now tracable.There was a duplicate book put in place in the kitchen ,the cook wites all the orders that are required for the week.The orders are placed on a Monday,Wednesday and Friday.This is overseen by Mrs Wilson and the orders phoned to the relevent suppliers.</p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1March 2017.</p>	<p>The registered provider shall ensure that up to date care plans are in place to meet patients' nutritional needs regarding therapeutic diets and the management of weight loss. Care plans shall be</p> <ul style="list-style-type: none"> <li>• reflective of recommendations made by healthcare professionals</li> <li>• reviewed on a regular basis by registered nursing staff</li> </ul> <p><b>Ref: Section 4.3.1and 4.3.2</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All residents that require supplements are now weighed weekly.All recorded and monitored.If required then will be referred to the dietician.All staff aware of any theraputic diets that are required for residents,this is also in place in the kitchen.All careplans are being updated with the same information.</p>

<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2017.</p>	<p>The registered provider shall ensure that governance audits are undertaken on a regular basis to promote and make proper provision for the nursing, health and welfare of patients.</p> <p><b>Ref: Section 4.3.1</b></p> <p><b>Response by registered provider detailing the actions taken:</b> .Audits are being undertaken monthly.</p>
<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered provider shall ensure that patients' weight is monitored on a regular basis and in accordance with DHSSPS Care Standards for Nursing Homes (2015) – Standard 12 and recommendations from healthcare professionals.</p> <p><b>Ref: Section 4.3.2</b></p> <p><b>Response by registered provider detailing the actions taken:</b> The residents on supplements are weighed weekly and the remaining residents are weighed monthly and recorded.</p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2017.</p>	<p>The registered provider shall ensure that patient assessments are kept under review and are revised at any time when it is necessary to do so having regard to any changes of circumstances.</p> <p><b>Ref: Section 4.3.2</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All patients assessments will be reviewed on a monthly basis or sooner if any changes to be made, then will be made as soon as the new information comes to light.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2016.</p>	<p><b>Carried forward for review at next care inspection.</b></p> <p>The registered provider should ensure that the serving of meals is reviewed to ensure adequate time between meals is enabled in line with regional nutritional guidelines.</p> <p><b>Ref: Section 4.2</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All meals are served on time with adequate times between each meal.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 March 2017.</p>	<p>The registered provider should ensure that any action plans generated following a regulation 29 visit clearly evidences that identified deficits have been addressed and that the person undertaking subsequent visits validates/reviews the actions taken.</p> <p><b>Ref: Section 4.2</b></p> <p><b>Response by registered provider detailing the actions taken:</b> Action plans that have been highlighted by the regulation 29 have all been put into place immediately.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required.</p>	<p>The registered provider should ensure that catering, nursing and care staff are kept informed regarding which patients require therapeutic diets and the type of diet they require. Where a patient's needs change this should be effectively communicate to staff.</p> <p><b>Ref: Section 4.3.1</b></p> <p><b>Response by registered provider detailing the actions taken:</b> All staff including kitchen staff are aware of all theraputic diets within the home.This information is found on the daily menus and is addressed for each resident.This is all in place as of 30<sup>th</sup> January.</p>
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*\*Please ensure this document is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\**



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