



Unannounced Care Inspection Report 29 August 2018



Cullion House

Type of Service: Nursing Home
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel no: 028 9039 1555
Inspectors: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 22 persons.

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Ltd Responsible Individual: Mr Cathal John Donnelly	Registered Manager: Dora Syatwinda
Person in charge at the time of inspection: Alice Chisanga - (Nurse in charge) Karen Donnelly – (Owner)	Date manager registered: 27 July 2017
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 29 August 2018 from 09.15 to 17.15 hours.

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

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

Evidence of good practice was found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients; valuing patients and their representatives and in maintaining good working relationships. Further good practice was identified in relation to staffing arrangements, staff recruitment, induction, training, adult safeguarding, risk assessment and communication between residents and staff.

Areas requiring improvement were identified under regulation in relation to the recording of neurological observations following a head injury, the propping open of doors and update/review of an identified care plan. Areas requiring improvement were identified under standards in relation to the management of a malodour, identified flooring in the home, hand hygiene provision in the laundry and accurate recording of food intake charts.

Patients described living in the home in positive terms. Some of their comments can be found in section 6.6. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Alice Chisanga, nurse in charge and Karen Donnelly, owner, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 24 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with seven patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients 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.

A poster informing visitors to the home that an inspection was being conducted was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 27 August 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 24 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: Second time	The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use.	Met
	Action taken as confirmed during the inspection: All appropriate doors were observed to be locked.	
Area for improvement 2 Ref: Regulation 16 Stated: Second time	The registered person shall ensure that patients' care plans are developed in a timely manner from admission in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and professional guidance.	Met
	Action taken as confirmed during the inspection: Patients' care plans had been developed in a timely manner from admission.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <hr/> <p>Action taken as confirmed during the inspection: IPC issues identified had been managed appropriately. Isolated IPC issues were managed during the inspection.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that medications administered in the home are done so in a safe manner and in accordance with professional guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Medications were observed to be administered in a safe manner.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <hr/> <p>Action taken as confirmed during the inspection: Wound care records had been maintained appropriately.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 48 Criteria (8)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of fire drills include a report of positive/negative staff responses to the drill and includes a list of staff members who attended the drill to ensure that all staff has participated in one fire drill per year at minimum.</p> <hr/> <p>Action taken as confirmed during the inspection: A system was in place to ensure all staff participated in one fire drill per year at minimum. Fire drill reports included positive and negative staff responses to the drill.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 37 Stated: First time	The registered person shall ensure that good practice is adhered to in accordance with legislative requirements in relation to the storage of patient care records.	Met
	Action taken as confirmed during the inspection: All records in the home were observed to have been stored appropriately.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge confirmed the planned daily staffing levels for the home and the owner confirmed that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 27 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff confirmed that three patients in the home were in receipt of assessed one to one supervision and that additional staff had been employed to meet this need. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Cullion House.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the owner and staff and information sent to RQIA following the inspection confirmed that staff appraisals had been conducted and that a staff supervision planner was utilised to ensure staff received two recorded supervisions per year. It was clear during consultation with staff that some staff were unfamiliar with the term 'supervision'. This information was passed to the owner for their review and action as appropriate.

Discussion with the owner and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing

and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training compliance. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified. Records of safeguarding referrals and investigations had been maintained in the home. RQIA had been notified appropriately. The home's policy relating to safeguarding had been reviewed and updated in April 2018.

Review of three patients' care records evidenced that a range of validated risk assessments were completed on admission and reviewed as required. These assessments informed the care planning process. However, shortfalls in record keeping were identified within two patients' care records during the inspection and these will be discussed in section 6.5.

We reviewed accidents/incidents records from March 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. There was a low number of falls in the home. A monthly falls stick was utilised to identify the number of falls in the home. A falls information file had been made available for staff to refer to when required. However, a review of an identified patients accident records evidenced that neurological observations had not been monitored appropriately in accordance with best practice following a head injury. This was discussed with the owner and nurse in charge and identified as an area for improvement.

Discussion with the owner and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge/s, dining room/s and storage areas. The home was found to be warm, well decorated and clean throughout. There was evidence of recent refurbishment in the home and the owner confirmed further plans for refurbishment. A new boiler system had recently been installed. New chairs had been purchased for patient comfort in communal areas.

A malodour was detected in an identified room. This was discussed with the owner and nurse in charge and identified as an area for improvement. The flooring in a second identified room was found to be in disrepair. This was discussed with the owner and nurse in charge and identified as an area for improvement.

During the review of the environment, two doors were observed to have been propped open. This was brought to the attention of the owner and nurse in charge and identified as an area for improvement.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures were consistently adhered to. Isolated IPC issues were managed during the inspection. However, a review of the laundry room evidenced that there was no provision made for hand hygiene. This was discussed with the owner and the nurse in charge and identified as an area for improvement.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails. Discussion with the owner confirmed that restrictive practices employed in the home were regularly reviewed to ensure that they were still relevant. The policy on the use of restrictive practice in the home had been updated in July 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, induction, training and adult safeguarding.

Areas for improvement

Areas for improvement under regulation were identified in relation to the recording of neurological observations following a head injury and the propping open of doors.

Areas for improvement under standards were identified in relation to the management of a malodour, the flooring in an identified room and with the provision of hand hygiene in the laundry.

	Regulations	Standards
Total number of areas for improvement	2	3

6.5 Is care effective?

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

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

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was, "brilliant" and "we all work well as a team". Staff also confirmed that if they had any concerns, they could raise these with the registered manager, the owner or the nurse in charge. Staff commented that the home's management were, "very approachable".

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners,

tissue viability nurses, speech and language therapists and dieticians. As previously stated, validated risk assessments were completed on admission and reviewed as required. These assessments informed the care planning process. However, one identified patient’s nutritional care plan did not reflect the recommendations made from the speech and language therapist. The care plan had not been reviewed since April 2018. An older nutritional assessment, no longer relevant, had not been removed from the patient’s care records and archived. This was discussed with the owner and the nurse in charge and identified as an area for improvement.

A patient’s food intake records reviewed had not been dated on two days. Where the records indicated that the patient had consumed all, half or quarter of the meal, the records did not identify the actual food that the patient had consumed. This was discussed with the owner and nurse in charge and identified as an area for improvement.

Patients spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and communication between residents and staff.

Areas for improvement

An area for improvement was identified under regulation in relation to the review and updating of care plans in response to the recommendations of other health care professionals.

An area for improvement was identified under standards in relation to the accurate completion of food intake records.

	Regulations	Standards
Total number of areas for improvement	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.

We arrived in the home at 09.25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

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

The serving of lunch was observed in the dining room. Lunch commenced at 12:30 hours. A menu was displayed on the wall of the dining room reflecting the food to be served at mealtimes during the day and also the snacks which were available throughout the day. Patients were seated around tables which had been appropriately set for the meal. Food was served from a heated trolley, placed away from where the patients were eating, when patients were ready to eat or be assisted with their meals. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. A patient experience feedback file was maintained and feedback shared with kitchen staff.

Consultation with seven patients individually, and with others in smaller groups, confirmed that living in Cullion House was a positive experience. Ten patient questionnaires were left for completion. Seven were returned within the timeframe.

Patient comments:

“I like it in here.”

“It is alright here.”

“This is the best nursing home.”

“I love this home. The staff and residents are like my family. I am so happy here.”

“I love it here. The home is brilliant and the staff are brilliant.”

No patient representatives were available for consultation during the inspection. Ten relative/representative questionnaires were left for completion. Two were returned. Both respondents indicated that they were very satisfied with the service provision within Cullion House.

Seven staff were consulted during the inspection. Staff were also asked to complete an online survey; we had 12 responses within the timescale specified. Comments from staff included:

“I am really happy working here.”

“There have been great improvements here.”

“I am happy. Happy to work extra hours.”

“This is a brilliant home and I love working here. There is so much for the residents to do at the home All the staff are amazing and work so well together. Everyone is very happy here.”

“I feel the home is in good hands and well prepared and maintained for the future.”

“All the staff work well as part of a team, respecting each other and all residents in ensuring an excellent high standard is maintained throughout. The Home Manager leads by example, is very approachable and professional.”

“This is a great nursing home. I love working here. “

“It is a great place to work. Staff are all a big team. Everyone works brilliantly together. Clients enjoy outings and activities and they enjoy us being here and looking after them which makes it such a nice place to work.”

“It’s really good.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the nurse in charge and staff, and observations confirmed that the home was operating within its registered categories of care.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

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

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, restrictive practice and infection prevention and control practices.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

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

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alice Chisanga, nurse in charge and Karen Donnelly, owner, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that neurological observations are recorded and monitored, in accordance with best practice guidance, on the identified patient in the event of the patient sustaining a head injury.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff Nurses reminded to carry out CNS observations and that these are recorded and monitored in accordance with best practice guidance in the event of resident sustaining a head injury.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the practice of propping/wedging open doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Dorgards and self closers have been purchased for the two rooms identified. Staff have been reminded that the practice of propping open doors must cease immediately.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that care plans are reviewed regularly and updated to reflect the recommendations made from other health professionals or include the reason the recommendation is not followed. This is in relation to the identified patient's nutrition care plans.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All residents care plans are reviewed regularly. All staff nurses have been reminded of the importance of removing the previous assessment/recommendation from the care plan when this has been reviewed and a new assessment/recommendation made to avoid confusion. The care plans are then cordially updated to reflect these changes and same circulated amongst all staff involved in the residents care.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 44 Criteria (1) Stated: First time To be completed by: 14 September 2018	The registered person shall ensure that the malodour in the identified room is managed effectively. Ref: 6.4
	Response by registered person detailing the actions taken: This has been addressed and the malodour is no longer present.
Area for improvement 2 Ref: Standard 44 Criteria (8) Stated: First time To be completed by: 30 October 2018	The registered person shall ensure that the flooring in the identified room is repaired/replaced as appropriate. Ref: 6.4
	Response by registered person detailing the actions taken: This floor has been completely replaced with a new wooden floor.
Area for improvement 3 Ref: Standard 46 Criteria (2) Stated: First time To be completed by: 30 October 2018	The registered person shall ensure that there is provision made for hand hygiene within the laundry room. Ref: 6.4
	Response by registered person detailing the actions taken: A new sink has been plumbed and installed in the laundry along with soap dispenser, alcohol gel and paper towels.
Area for improvement 4 Ref: Standard 12 Stated: First time To be completed by: 7 September 2018	The registered person shall ensure the accurate completion of food and fluid intake records. Ref: 6.5
	Response by registered person detailing the actions taken: The practice of recording food and fluid records has been reviewed and replaces the previous practice of recording food and fluid intake to evidence exactly what each resident has consumed throughout the day.

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



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