



Unannounced Care Inspection Report 20 August 2018



The Model Care Home

Type of Service: Nursing Home (NH)
Address: 1 Portrush Road, Ballymoney, BT53 6BX
Tel No: 028 2766 4502
Inspector: James Lavery

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 and residential care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (No.11) Limited Responsible Individual: Maureen Claire Royston	Registered Manager: Vasco Alves
Person in charge at the time of inspection: Vasco Alves	Date manager registered: 14 April 2017
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 36 Room numbers 11,12 & 14 cannot be used by people with mobility problems. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 20 August 2018 from 10.15 to 18.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last 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 monitoring the professional registration of staff, staff training, adult safeguarding, fire safety practices and the management of challenging behaviours/distressed reactions. Further good practice was found in relation to falls management, catheter care, staff communication with patients, governance processes relating to quality assurance and quality delivery, staff selection and recruitment and staff meetings.

Three areas for improvement under regulation were identified in regards to Control of Substances Hazardous to Health (COSHH) compliance, the safe and secure storage of medicines and wound care delivery.

One area for improvement under the standards was identified in relation to fluid balance recording.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Mr Vasco Alves, registered manager, and Louisa Rea, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 31 May 2018. There were no further actions required to be taken following the most recent 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
- pre-inspection audit

RQIA involves service users and members of the public as volunteer lay assessors. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. A lay assessor was present during this inspection and their comments are included within this report.

During the inspection the inspector and lay assessor met with nine patients and three staff. No patients' relatives were available to speak with during the inspection. Questionnaires were left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA directly.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined/discussed during and/or following the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- three patients' care records;
- one patients' food/fluid balance supplementary care records
- the matrix for staff supervision and appraisal
- a selection of governance audits including those relating to wound care, restrictive practice and patients' weights
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 39 Stated: First time To be completed by: 28 February 2018	<p>The registered person shall ensure that a robust governance process is implemented to allow for challenging behaviour training to be quality assured and that systems are in place to ensure that all appropriate staff have attended such training.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of governance records evidenced that challenging behaviour training had been quality assured and that systems were in place to ensure that all appropriate staff had/were scheduled to attend such training. The registered manager stated that there had been a staff meeting on 10 August 2018 for care staff during which this topic was discussed. In addition, the registered manager confirmed that the Four Seasons Resident experience team had also been scheduled to provide further training on the subject of distressed reactions and resident experience. Several staff who were spoken with during the inspection confirmed that they had undertaken challenging behaviour training and felt confident in managing such situations.</p>	Met
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure the following in relation to the management of challenging behaviours:</p> <ul style="list-style-type: none"> care plans relating to such patients will contain comprehensive and consistent information in relation to the management of such behaviours, risk assessments for such patients will be completed in a comprehensive and consistent manner as they relate to such behaviours 	

	<p>Action taken as confirmed during the inspection:</p> <p>Review of the care record for one patient who was assessed as having the potential to present with challenging behaviours/distressed reactions, confirmed that relevant care plans contained comprehensive and consistent information in relation to the management of such behaviours. Furthermore, associated risk assessments had also been completed in a comprehensive and consistent manner. It was noted during review of this patient's care records that some unrelated information, which was out of date, was still present. It was stressed that such information should be archived and removed from the current care record in order to avoid any confusion. The registered manager agreed to action this.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all agency staff undergo a thorough and effective induction prior to commencing work within the home,</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of governance records confirmed that agency staff had undergone a thorough and effective induction prior to commencing work within the home. The registered manager stated that the use of agency staff within the home was infrequent and not a regular occurrence.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. The registered manager also stated that the no permanent patients were being admitted to the home at present although periods of respite care were being provided. The registered manager confirmed that this decision had not resulted from any concerns relating to patient care but was part of ongoing operational decisions relating to future admissions into the home.

Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. The registered manager advised that from 6 to 19 August 2018 there was one occasion when planned staffing levels were not fully adhered to due to sickness. Discussion with patients and staff provided assurances that they had no concerns regarding staffing levels.

Discussion with the registered manager and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both bi-annual supervision and annual appraisal. Staff who were spoken with confirmed that they felt well supported by the registered manager. One staff member stated, "I love it here."

Discussion with the registered manager indicated that training was planned to ensure that mandatory training requirements were met. Additional face to face training was also provided, as required, to ensure staff were enabled to meet the assessed needs of patients. Staff spoken with demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. It was positive to note that since the previous care inspection, the registered manager had convened a staff meeting on 10 August 2018 for care staff during which the subject of managing patients who present with challenging behaviours/distressed reactions was discussed. In addition, the registered manager also confirmed that the Four Seasons Resident experience team was scheduled to provide further training on the subject of distressed reactions and resident experience. Several staff who were spoken with during the inspection confirmed that they had undertaken challenging behaviour training and felt confident in managing such situations.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The registered manager also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted that the top of several patients' wardrobes were being used to store miscellaneous items. This potential hazard to patients was highlighted to the registered manager who agreed to use more appropriate storage areas in discussion with patients/relatives. It was also observed that one wheelchair storage area, which was formerly used as a communal toilet area, still had a functioning toilet and wash hand basin in place. This was discussed with the registered manager who agreed that the unused toilet and wash hand basin should be removed from the storage area as soon as possible. While an appropriate application had been submitted to/approved by RQIA in respect of altering this room's usage, the need to ensure that rooms are fit for their stated purpose was highlighted. This matter was passed to the RQIA estates team following the inspection for further consideration and action as appropriate. It was also noted that a door providing access to a communal toilet/shower area had incorrect signage. The registered manager amended the signage before completion of the inspection. It was further observed that the drip tray for two wall mounted hand sanitisers had fallen off. This was discussed with maintenance staff who advised that the adhesive being used was inadequate and needed to be replaced. This was highlighted to the registered manager for further and timely action.

Access and egress to the home is via a set of double doors. The second set of doors upon entering are operated using a button mechanism (to gain access) and a keypad (to exit). Further keypads are also used to restrict access/egress in several patients' areas on the first floor. No instructions were adjacent to any of those keypads which would assist patients with entering/exiting these areas, as appropriate. While maintaining the security of the building, in regards to the safety and security of patients and their property is recognised, the need to ensure that patients' freedom of movement is suitably promoted and not inappropriately restricted was stressed. The registered manager addressed this weakness during the inspection by placing appropriate signage beside each identified keypad throughout the building.

No patients who were spoken with throughout the inspection expressed any concerns regarding the environment of the home.

Fire exits and corridors were observed to be clear of clutter and obstruction. Observation of staff on the day of inspection also evidenced that they adhered to safe fire practices and that fire training was consistently embedded into practice.

Observation of the environment and staff practices highlighted one area in which chemicals were not stored securely in compliance with COSHH regulations. This was discussed with the registered manager and it was stressed that the internal environment of the home must be managed to ensure that COSHH regulations are adhered to at all times. An area for improvement under regulation was made.

Observation of the environment further identified two areas in which medicines, specifically food thickeners, had not been stored securely. This was highlighted to the registered manager and the need to ensure that all medicines are stored securely at all times was emphasised. An area for improvement under regulation was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff, staff training, adult safeguarding and fire safety.

Areas for improvement

Two areas for improvement under regulation were identified in regards to COSHH compliance and the safe and secure storage of medicines.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Discussion with staff and the registered manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Review of care records evidenced multi-disciplinary working and collaboration with professionals such as general practitioners (GP), tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Care records also evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who required the use of a urinary catheter were found to have been written and kept under review by nursing staff in a timely manner. It was also noted that nursing staff had effectively scheduled and monitored the regular replacing of the patient's catheter, as required. This practice is commended. However, review of the patient's supplementary fluid balance records highlighted that some of these had only been partially completed. It was also noted that corresponding nursing entries

within the patient's daily progress sheet lacked evidence of consistent and meaningful review of fluid balance records and/or were inaccurate. These shortfalls were highlighted to the registered manager and an area for improvement under the standards was made.

Review of the care record for one patient who required ongoing wound care also evidenced a number of deficits, namely: one wound area lacked a relevant and person centred care plan which accurately prescribed the required care; inconsistency between an entry within the patient's daily progress sheet and supplementary wound care records; one wound care plan which lacked sufficient details relating to the required wound care regimen; the presence of successive skin state assessments which resulted in a potential lack of clarity for staff. While discussion with nursing staff and review of the care record confirmed that the patient's wounds were being closely monitored and attended to by staff, the need to satisfactorily address these weaknesses relating to documentation was highlighted to the registered manager. An area for improvement under regulation was made.

Care records relating to one patient who was assessed as having the potential to present with challenging behaviours/distressed reactions were reviewed. It was encouraging to note that the patient's mental and emotional needs were explicitly considered and addressed within several relevant risk assessments and care plans. Care plans relating to this assessed need had been written from a person centred, detailed and holistic perspective and also reviewed by nursing staff in a timely manner. This practice is commended.

Review of care records for one patient who was assessed as being at a risk of falling and who also required a modified diet were reviewed. Risk assessments and care plans relating to both of these assessed needs evidenced comprehensive, person centred and detailed information. Relevant information relating to the patient's dietary needs had also been effectively shared with kitchen staff within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of challenging behaviours/distressed reactions, falls management and catheter care.

Areas for improvement

One area for improvement under regulation was identified in regards to wound care.

One area for improvement under the standards was highlighted in relation to fluid balance recording.

	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.

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Discussion with the registered manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned following the inspection within the specified timescales. Questionnaire comments received after specified timescales will be shared with the registered manager as necessary. Five patient questionnaires completed and returned during the inspection included the following comments:

"I never have any complaints."

"Anything that you want, they get. They're very good."

"...they're very good ... every one of them."

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

There were systems in place to obtain the views of patients and their representatives in relation to the delivery of care and the management of the home.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining areas on both the ground and first floors appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. Staff communication with patients was also observed to be timely, respectful and compassionate. It was also noted that staff serving lunch within the first floor dining area temporarily positioned the food trolley in an adjacent corridor. This resulted in the corridor being briefly obstructed and therefore had the potential to impact the ability of patients/visitors to freely mobilise along the identified corridor. This was highlighted to the registered manager who agreed to review the practice and routine of staff in this matter.

It was also observed that a cat was present and cared for within the home. Feedback from the registered manager, staff and patients evidenced that the presence of the cat was enjoyed by patients. The registered manager confirmed that monitoring and caring for the cat, to ensure that it did not negatively impact the well-being of any patients, was the responsibility of a designated member of staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and promoting an ethos of dignity and respect.

Areas for improvement

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

	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registered manager confirmed that there was a system in place to ensure that policies and procedures for the home were systematically reviewed on a three yearly basis.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the registered manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

Discussion with the registered manager and a 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.

A review of records evidenced that monthly monitoring reports were completed 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.

Staff recruitment information was available for inspection and records for one staff member evidenced that all relevant checks including enhanced AccessNI checks were sought, received and reviewed prior to them commencing work in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005.

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 registered manager confirmed that the equality data collected was managed in line with best practice guidance.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to monitoring patients' weights, the use of restrictive practices and care records. All audits which were sampled had been completed in an effective and robust manner and the registered manager confirmed that their findings helped to inform ongoing quality improvement within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance processes relating to quality assurance and quality delivery; staff selection and recruitment; staff meetings.

Areas for improvement

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

	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 Mr Vasco Alves, registered manager, and Louisa Rea, regional manager, as, 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 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision being completed with all staff to remind about COSHH legislation; Same being discussed in the October's staff meeting. All nail care products locked away. Home Manager to check compliance during daily walkabout.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all medicines are stored safely and securely within the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision being completed with all staff to remind about choking risk related with thick and easy; Same being discussed in the October's staff meeting. All thick and easy stored securely. Home Manager to monitor during daily walkaround .</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care to patients:</p> <ul style="list-style-type: none"> • A comprehensive and patient centred care plan will be in place which clearly outlines the nursing care required. The use of any pressure relieving equipment should also be accurately referenced. • Supplementary wound care records shall be completed/maintained in a comprehensive, contemporaneous, clear and accurate manner at all times. • Daily nursing entries relating to wound care will evidence meaningful evaluation of all ongoing wound care in an accurate manner at all times. <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Wound care supervision completed with all qualified staff, staff nurse is responsible for ensuring that wound care documentation is relevant and patient centred care, Home Manager will monitor compliance when updating the wound care Datix reports.</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 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that all supplementary fluid balance records are completed/maintained in a comprehensive, contemporaneous and accurate manner at all times. Daily nursing entries shall also regularly evidence meaningful and accurate review of such supplementary records. Ref: 6.5
	Response by registered person detailing the actions taken: Supervision has been completed with all trained staff in relation to accurate completion of nursing notes to reflect the review of supplementary charts and subsequent actions to be taken. This will be monitored through the Resident Care Traca completion.

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



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