Unannounced Care Inspection Report
20 April 2021

Sandringham

Type of Service: Nursing Home (NH)
Address: 24 Sandringham Court, Gilford Road, Portadown, BT63 5BW
Tel No: 02838394194
Inspector: Nora Curran

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.

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.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 63 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care **Responsible Individual~~(s)~~:** Natasha Southall	**Registered Manager and date registered:** Tracey Palmer -16 August 2019
Person in charge at the time of inspection: Tracey Palmer	**Number of registered places:** 63 A maximum of 32 in category NH-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment	**Number of patients accommodated in the nursing home on the day of this inspection:** 60

4.0 Inspection summary

An unannounced inspection took place on 20 April 2021 from 07.40 to 17.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

This inspection sought to assess progress with areas for improvement identified at the last inspection; it also sought to determine if patients were provided with safe, effective and compassionate care and if the service was well managed.

The following areas were examined during the inspection:

- staffing
- the environment
- infection prevention and control (IPC) and personal protective equipment (PPE)
- care delivery
- governance and management.

Patients said “I couldn’t wish for better.”

The findings of this report will provide Sandringham 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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tracey Palmer, 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.

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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 14 patients on a one to one basis, four patients' relatives 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 'Tell us' 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.

RQIA received two completed staff surveys within the allocated timeframe and seven completed questionnaires from patients. The feedback and comments were shared with the manager are reflected in this report.

The following records were examined during the inspection:

- duty rotas from 12 April to 9 May 2021
- records confirming registration of relevant staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- staff training records
- staff recruitment records
- staff and patient meeting records
- correspondences with relatives about visiting and care partner arrangements
- provider monthly monitoring visits
- a selection of quality assurance audits
- four patients' care records, including supplementary records.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 26 August 2020.

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 13 (1) (a) (b) **Stated:** First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. This is in specific reference to care plans and daily records: • accurately reflect the frequency of repositioning • contain clear information regarding the recommended type of hoist and sling • contain clear information regarding patients' recommended daily fluid intake • accurately reflect the level of assistance required with personal care • accurately reflect the level of assistance with mobility and equipment required • contain clear information regarding medical conditions where treatment is being provided • where a patient has a history of weight loss the care plan accurately states the frequency of monitoring the patients weight.	**Met**

	Action taken as confirmed during the inspection: Four patients' care records were reviewed for the specified areas above. All areas were met with exception of daily fluid intake recommendations for two patients. As this area for improvement was largely met, information regarding patients' recommended daily fluid intake has been stated specifically as a new area for improvement under the standards.	
Area for improvement 2 **Ref**: Regulation 13 (7) **Stated:** First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	**Met**
	Action taken as confirmed during the inspection: New chairs and bedside tables have been put in place. The environment is now monitored regularly during manager daily walk rounds and monthly monitoring visits.	
Area for improvement 3 **Ref**: Regulation 27 (2) (t) **Stated:** First time	The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to safe storage of: • scissors and razors • kettle and toaster • hair colouring products	**Met**
	Action taken as confirmed during the inspection: Items with potential to cause harm to patients were secured appropriately.	

Area for improvement 4 **Ref**: Regulation 27 (2) (t) **Stated:** First time	The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to window blinds.	**Met**
	Action taken as confirmed during the inspection: The window blinds identified at the last inspection have been removed. Health and safety meetings are held regularly.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 41 **Stated:** First time	The registered person shall ensure that the patient dependency levels are kept under review to ensure staffing arrangements in the home meet patients' assessed needs.	**Met**
	Action taken as confirmed during the inspection: Patients' dependency levels were reviewed monthly and the organisation's Care Home Equation for Safe Staffing (CHESS) assessment tool was used to determine total hours care required.	
Area for improvement 2 **Ref**: Standard 6 **Stated:** First time	The registered person shall ensure that patients' personal care and grooming needs are regularly assessed and met. This includes (but is not limited to): • patient's finger nails • facial hair • footwear • clothing	**Met**
	Action taken as confirmed during the inspection: Patients were seen to have personal care needs met. Staff recorded any personal care and grooming interventions on a daily care sheet which was checked and signed off by a nurse each day.	

Area for improvement 3 **Ref**: Standard 23 **Stated:** First time	The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage. With specific reference to ensuring: • that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan.	**Met**
	Action taken as confirmed during the inspection: The pressure relieving devices for three patients were checked and found to be at the correct setting. Care records also detailed the device type and required setting.	
Area for improvement 4 **Ref**: Standard 12 **Stated:** First time	The registered person shall review the transportation of meals to patients' bedrooms to ensure they are covered and placed in an appropriate area.	**Met**
	Action taken as confirmed during the inspection: Meals taken to patients' bedrooms were seen to be covered appropriately on prepared trays. Meals were placed in front of patients.	
Area for improvement 5 **Ref**: Standard 44.5 **Stated:** First time	The registered person shall ensure security measures are operated that restrict unauthorised access to the home to protect patients and their valuables, the premises and their contents. With specific reference to the use of an identified fire exit door.	**Met**
	Action taken as confirmed during the inspection: The door identified at the last inspection was seen to be secured with a keypad lock accessible only to staff.	

Area for improvement 6 **Ref**: Standard 35 **Stated:** First time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. • Environmental and hand hygiene audits should be sufficiently robust to ensure that any IPC deficits are appropriately identified and actioned • Governance audits in respect of care records to ensure care plans and care records are maintained as required	**Met**
	Action taken as confirmed during the inspection: A selection of quality assurance audits were reviewed and found to monitor the environment, hand hygiene, infection control and care records.	

6.2 Inspection findings

6.2.1 Staffing

Safe staffing begins at the point of recruitment. Three staff records were reviewed as part of the inspection. There was a system in place to verify staff identity, complete enhanced Access NI checks, obtain employment references, review staffs' health status, and where applicable, evidence of relevant qualifications and training. Staff were provided with a comprehensive induction to prepare them for working with patients, and the three individual records reviewed showed that induction programmes were still ongoing.

Newly recruited care staff, not previously registered with Northern Ireland Social Care Council (NISCC), were supported to start the application process at the start of their employment. All other relevant staff were registered with NISCC or the Nursing and Midwifery Council (NMC) respectively, and this was checked monthly by the manager.

The duty rotas accurately reflected the staff working in the home over the 24 hour period each day. The person in charge at each shift was highlighted and the total amount of care hours clearly stated for each shift.

There was a system in place to ensure that mandatory training was kept up to date. While the majority of mandatory training was being provided on an eLearning platform due to the COVID-19 pandemic, some courses were supplemented with teleconference sessions, and recent sessions covered topics such as; safeguarding, falls prevention, dementia awareness, cultural and religious beliefs, personal care, pressure ulcer prevention and continence care. A number of sessions were also held onsite with smaller groups of staff and social distancing measures observed. These face to face sessions included moving and handling and infection prevention and control. This was identified as good practice.

Staff said that they felt supported in their roles, were satisfied with the planned staffing levels and that there was effective communication between staff and management.

No concerns were expressed by patients, staff or relatives about staffing levels or availability.

Staff members completing the anonymous survey were invited to comment on whether or not they felt that the service was safe. One person said they were satisfied and one said they were neither satisfied nor dissatisfied. When asked if they felt the care delivered to patients was compassionate, both said that they were neither satisfied nor dissatisfied.

The completed patient questionnaires indicated that all seven respondents were very satisfied that the service was safe and compassionate.

Patients spoke in positive terms about staff, telling us that staff were pleasant and polite in manner and that staff were on hand to provide assistance when required. Some patients described how staff would support them to maintain independence and recover from periods of illness.

Relatives told us that they were happy with the staffing arrangements and described positive experiences with staff. Relatives said that communications with the staff were positive and that they felt informed about their relatives' needs and the running of the home.

6.2.2 The environment

A selection of bedrooms, lounges, dining rooms and storage areas were inspected. Bedrooms were found to be clean and personalised with patient memorabilia. Toiletries and razors were seen to be stored securely for patient safety. All patient areas were warm, well-lit and free from malodour.

The home was decorated to a satisfactory standard and an enclosed garden area was tidy and well maintained.

Daily menus were on display at each dining room. We noted that in the morning the menus on display were from the previous day. This was corrected at 08.45 hours. On discussion with the manager and chef it was acknowledged that while there was a system in place to change the menu display over each evening, this was overlooked on this occasion due to new kitchen staff. The chef gave assurances that the induction of new kitchen staff would be review to ensure menus are updated in a timely manner. This will be reviewed at the next inspection.

A sample of nurse call bell systems were checked and found to be in working order. Patients who chose to spend time in their bedrooms were seen to have call bells within easy reach. Staff were seen to respond to call bells in a timely manner.

Corridors and fire exits were seen to be free from clutter or obstruction. Areas containing items with potential to cause harm such as cleaning stores and treatment rooms were found to be appropriately secured. Linen and supply stores were found to be clean and organised.

6.2.3 Infection prevention and control (IPC) and personal protective equipment (PPE)

Precautions were in place to minimise the risk of spread of infection. Signage was on display throughout the home informing staff, patients and visitors of the current guidance on COVID-19. Everyone entering the home had their temperature monitored and health declarations completed. Staff and patients had temperature checks completed twice daily.

There was facility to carry out hand hygiene and put on the recommended PPE before proceeding into the home. There were arrangements in place for staff entering and exiting the home and uniform policy was adhered to.

The home's environment was found to be clean and in addition to regular cleaning schedules, frequently touched points such as door handles and hand rails were cleaned more often. Cleaning records were maintained. Domestic staff told us that while the job was extremely busy, they felt supported in their roles and had adequate cleaning supplies and equipment. Staff also told us that they recently acquired some new equipment which included an upright vacuum and steam cleaner.

Communal bathrooms were clean and all nurse pull cords were covered with a washable material. One soap dispenser in a communal toilet area did not have a drip tray underneath and the splash-back from frequent use was noted to have caused some damage to the paintwork on the wall. The surface of one sideboard situated in a communal lounge was noted to be worn and would not have been conducive to IPC cleaning standards. This was discussed with the manager and assurances were given that both issues would be addressed immediately. The manager later provided confirmation that the drip tray had been replaced, the damaged wall had been repainted and the sideboard was recovered the day following the inspection.

Staff carried out hand hygiene at key moments and were seen to use PPE in accordance with Department of Health (DoH) guidance. Selected areas of the home were identified for donning and doffing of PPE. There was a good supply of PPE available and staff confirmed that they had adequate supplies during the pandemic. Additional teleconference training sessions on IPC and correct donning and doffing of PPE were provided to staff and records maintained.

As part of the regional programme for planned and regular testing for COVID-19, patients were tested every four weeks and staff and care partners were tested weekly.

There were policies in place for safe visiting and care partners. The manager had written to all patients' next of kin explaining the care partner role and inviting anyone interested to contact the home so that arrangements could be made to complete individual assessments. At the time of inspection, care partner arrangements were in place for three patients and risk assessments had been completed.

Visiting to patients was facilitated by appointment and a room in each wing of the home was identified for indoor visits. The provider had developed the new role of visiting champion and the home had employed four staff into this role on a full time basis. The visiting champion duties included coordinating all visiting appointments, decontaminating the rooms between visits, maintaining records of temperature checks and health declarations, and escorting the patients to and from the visiting. The champion would then remain in the vicinity while the visit took place to offer support and/or assistance when required. Patients and their visitors had the choice of more privacy by closing the door if they wished and the champion would remain outside the room.

Visits took place over the seven day week and each visit was one hour. We spoke with three visiting champions during the inspection and they told us that they felt supported in their role. They maintained records which showed that most patients received a visit weekly and those patients without visitors would have additional one to one social time provided by the visiting champions. This was identified as good practice.

Patients said:

- “I see my daughter and son once a week.”
- “My niece comes to see me.”
- “My family are happy I’m here during this (pandemic)…they come for window visits…we prefer that cause it would be too tempting to hug…they have managed COVID very well here.”
- “I see my son every week…something to look forward to…then they phone me every night.”

While relatives did not express concerns about the care provided, cleanliness of the home or the home’s management of visiting, some did express frustration in relation to the current DoH restrictions on visiting to care homes and felt that this needed updated. Relatives spoken with confirmed that they were provided with one indoor visit per week and that they could also avail of window visits in addition to the indoor session.

Staff talked about the challenges they faced during the peaks of the COVID-19 pandemic and how they have learnt new ways of working and feel closer as a team. They told us that they felt safe in work with the measures in place and were assured that everyone worked to the correct guidance. Staff said that they felt supported by the management of the home and also the local health and social care trust.

6.2.4 Care delivery

All patients should receive the right care at the right time to meet their daily needs. Staff met at the beginning of each shift to discuss the needs of patients. In addition care records were available to inform nursing and care staff of patients’ needs. The care records for four patients were reviewed. Patients’ needs were assessed at the time of admission and care plans were developed to direct staff how to meet those needs and included any advice or recommendations made by healthcare professionals such as GP, dietetics, occupational therapy, and speech and language therapy. Patients’ individual care needs were review at least monthly.

Supplementary records such as food and fluid intake, repositioning, and personal care were in place and maintained contemporaneously. These records were cross referenced with the information in the care plans and found to be accurate and up to date.

Patients who are unable to mobilise or move independently are at greater risk of skin breakdown. These patients were assisted by staff to change their position regularly and the frequency of repositioning was stated in the care records. Care plans for moving and handling and personal care clearly stated the level of assistance required and where appropriate, information about the type of hoist and sling needed.

Patients’ individual nutritional needs were assessed at least monthly using the Malnutrition Universal Screening Tool (MUST), in conjunction with oral and choking risk assessments. Care plans were in place to inform staff of the level of support needed and any dietary recommendations. Individual patient fluid intake targets were not consistently recorded, or if recorded did not consistently say when or what action to take if the patient was under target. An area for improvement was made.

Patients’ weights were monitored monthly or more often if required. Patients with a history of unplanned weight loss were referred to dietetics and a care plan put in place which stipulated the dietitian recommendations and how often weight should be checked.

We observed breakfast and lunch time servings. Patients were offered a choice of where to have their meals and one patient commented that they enjoyed the options of using the dining rooms and communal lounges now that the home was not in outbreak and they did not have to isolate as stringently.

Dining rooms were appropriately set and trays were prepared for those patients who chose to have meals away from the dining room. There was a choice of meals on offer and the food was attractively presented. There were a variety of drinks available. Both meal sittings were organised and unhurried.

During the inspection staff were seen to be knowledgeable about patients' needs and responded promptly and politely to patients' requests. Patients told us that they got help when needed. Patients looked cared for, in that they were well dressed and clean, oral care was given, hair was brushed and tidy, fingers nails were clean and short and patients looked comfortable.

Patients had an annual review of their overall care, arranged by the relevant health and social care trust key workers. These reviews involved patients, staff and their next of kin. A record of the review meeting, including any actions arising, was provided to the home. The manager informed us that some patients annual reviews were delayed due to the pandemic, but the manager had maintained a record of correspondences with the relevant key workers requesting dates for review.

Staff members completing the online survey were invited to comment on how effective they felt the service was to patients. One said that they were dissatisfied and one said that they were very dissatisfied. Both respondents provided additional comments which included that they felt the food options for patients were "repetitive" and that there was a lack of activities for patients at the weekends and evenings. These concerns were not reflective of the comments made by patients and staff during the inspection or observations made at the time.

The comments were shared with the manager who provided RQIA with additional assurances. The menus were Four Season Health Care (FSHC) standard seasonal menus which rotate weekly for four weeks and are re-written twice a year. Patients have the opportunity to contribute to menu planning before each seasonal change. As part of FSHC customer satisfaction surveys which are completed twice a year, food questionnaires were completed by 20 patients in February 2021 in preparation for the spring/summer menus. The feedback from the February survey was positive about the food quality and choice. This survey will be repeated again in August in preparation for the autumn / winter menus. In addition, dining experience audits were completed approximately three times a month and no concerns or issues had been raised.

The manager confirmed that the personal activity lead is on duty Monday to Friday and is responsible for organising the majority of social activities during these times. FSHC is currently recruiting for an activity lead at weekends and in the meantime the weekend activities are "staff led" and a planner is in place for the seven days. Recent examples of weekend activities included Easter and Mother's Day celebrations and a Duke of Edinburgh remembrance.

The patient questionnaires received by RQIA indicated that all seven respondents were very satisfied that care was effective.

Patients said:

- "The day flies…we get breakfast, then morning tea that you get a snack with, then lunch, then afternoon tea again, then dinner and more snacks with evening tea round…no wonder I've put weight on."
- "I'm very very happy…it is a lovely place to live…we have become family…I have met new friends."
- "I love meeting with my chums…the staff are helpful and obliging…there is always something going on."

6.2.5 Governance and management

There was a clear management structure within the home to ensure lines of accountability. Staff were familiar with the specific roles and responsibilities of the full team. There were written policies and procedures in place for all aspects of the running of the home and staff had access to these.

There was evidence of regular staff meetings to support good communication between staff and management. A number of records were reviewed including, daily flash meetings, monthly head of department meetings, quarterly health and safety and clinical governance meetings and general staff meetings, the most recent of which were held on 15 and 16 April 2021 over three sessions to maintain social distancing. A meeting between the manager and the visiting champions took place on 11 March 2021. All meeting records contained attendance lists, agendas and action plans.

The most recent patient meeting took place on 26 February 2021 and included attendance record, topics discussed and outcomes. Patients' comments at the meeting included, "I love taking part in the wee things that Sam (personal activity leader) plans." "We are all kept entertained and I enjoy the fellowship." "There is always something to look forward to."

The manager conducted daily walk rounds of the home and maintained a record which included the areas looked at, findings, and consultation with staff and patients.

There was a system of quality assurance audits in place which covered a range of areas such as infection prevention and control, hand hygiene, restrictive practices, and prevention of pressure ulcers. A sample of the most recent audits were reviewed and found to be well maintained.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. A review of the monthly monitoring records from February 2021 was found to be detailed with an update on any progress made from the previous visit and concluded with an action plan to further drive improvement.

Staff members completing the online survey were invited to comment on how they felt the service was led. Both said that they were very dissatisfied. The respondents provided further comments which described feelings of being detached from the running of the home, frustrations relating to some staff dynamic issues, a perceived lack of trust that management will address issues, and generally feeling unsupported. The nature of the comments was shared with the manager who provided a response and gave assurances around staff support. The manager walk round records also included a section on staff welfare.

The patient questionnaires received by RQIA indicated that all seven respondents were very satisfied that the service was well led.

On inspection staff told us, “She (manager) keeps us informed…we have flash meetings in small groups…she has practically lived here (during pandemic / outbreaks).”

One patient said, “Ms Palmer (manager) is most helpful.”

Areas of good practice

Areas of good practice were identified in relation to face to face training for staff during the pandemic, the arrangements for implementing the DOH visiting guidance with the additional support from visiting champions.

Areas for improvement

One area for improvement was identified in relation to documentation of fluid intake targets.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

As a result of this inspection one area for improvement was identified in respect of patient fluid intake records.

Several areas of good practice were identified and during the inspection. Patients were seen to be well presented and content in their surroundings. Staff interactions were seen to be professional and polite.

The majority of feedback from staff, visitors and patients was positive, and indicated that they felt the service was safe, effective, compassionate and well led. Two staff survey responses indicated that they had concerns about leadership and the effectiveness of the care provided. These concerns were shared with the manager following the inspection and RQIA were satisfied with the manager’s response and that action would be taken to ensure that all staff were aware of the reporting processes and supports available to them. The manager further confirmed that the whistleblowing policy was in place and the processes for this were highlighted in staff areas. The manager planned to reiterate to staff that they operated an open door policy for those staff who did not feel comfortable raising issues during daily flash meetings, general staff meetings or during the provider monthly visits.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tracey Palmer, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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 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:** 4 May 2021	The registered person shall ensure that fluid intake management is documented clearly in individualised care plans. This should include: • patients' expected daily fluid intake target • what action to take if a patient is not meeting fluid intake target • the threshold for taking action. Ref: 6.2.4
	Response by registered person detailing the actions taken: The Registered Manager has completed a review of Residents requiring their daily fluid intake to be monitored. Registered Nurse meeting was arranged and discussed the triangulation required for calculating residents expected daily fluid intake, the importance of recording 24hr intake on progress notes and the expected action to take when target is not met. Registered nurses have been advised of the importance of good record keeping.

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

The Regulation and Quality Improvement Authority

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