

Unannounced Care Inspection Report 18 February 2019



Nightingale Care Home

Type of Service: Nursing Home (NH)

Address: 34 Old Eglisk Road, Dungannon, BT71 7PA

Tel No: 028 8775 2666

Inspector: Jane Laird

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 provider 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 nursing home registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons (Bamford) Ltd Responsible Individual: Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Mr Anthony Edward Hart	Date manager registered: Mr Anthony Edward Hart - Registration Pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. MP - Mental disorder excluding learning disability or dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 35 There shall be a maximum of 3 patients in category NH-PH.

4.0 Inspection summary

An unannounced focused inspection took place on 18 February 2019 from 08.50 hours to 16.30 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 DHSSPS 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 improvements made had been sustained.

Evidence of good practice was found in relation to staff recruitment, training, communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice were identified in relation to the culture and ethos of the home, meaningful activities, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement were identified in relation to patients' privacy, the environment and record keeping.

Patients described living in the home in positive terms. 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 taking 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	*2	*5

*The total areas for improvement include one regulation and two standards that have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Anthony Edward Hart, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 31 August 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 previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with 21 patients, two patients' relatives, and 10 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with 'Have we missed you' cards which were to be placed in a prominent position to allow patients, relatives and families who were not present on the day of inspection opportunity to give feedback to RQIA regarding the quality of service provision. 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 also displayed on the front door at the main entrance.

The following records were examined during the inspection:

- staffing rota for weeks commencing 11 and 18 February 2019
- three patients' care records
- three patients' food and fluid intake charts and repositioning charts
- two agency staff induction files
- 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 registered manager at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 31 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 August 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: First time	The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that cleaning agents/chemicals were stored securely on the day of inspection.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that newly appointed staff receive a structured induction to the home commencing on their first day of employment.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that newly appointed staff had received a structured induction to the home on commencement of their first day of employment.	
Area for improvement 3 Ref: Regulation 13 (1) (a) 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.	Partially met
	Action taken as confirmed during the inspection: On review of patient's records there was evidence that planned care had been implemented following recommendations made by health care professionals. However, this was not consistent and is discussed further in 6.3.3. This area has only partially been met and has therefore been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 11 Stated: First time	The registered person shall ensure that a variety of activities are provided within the home, on a regular basis.	Met
	Action taken as confirmed during the inspection: The Activity schedule was reviewed which evidenced that a variety of activities are provided within the home on a regular basis.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person shall ensure that the outcome of care delivered is monitored and recorded contemporaneously.	Not met
	Action taken as confirmed during the inspection: Records for repositioning and dietary/fluid intake were not consistently recorded. Progress notes did not always reflect the total 24 hour fluid intake for patients as recorded within the charts. This is discussed further in 6.3.3 This area has not been met and has therefore been stated or a second time.	
Area for improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that the storage of equipment used by patients is appropriate and in accordance with infection prevention and control guidelines.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the storage of equipment used by patients was appropriate and in accordance with infection prevention and control guidelines on the day of inspection.	
Area for improvement 4 Ref: Standard 41 Stated: First time	The registered person shall ensure that communication between all grades of staff is frequent and effective so as staff receive clarity regarding the daily life of the home and the roles and responsibilities of the different staff.	Not met

	<p>Action taken as confirmed during the inspection: On discussion with staff the inspector confirmed that handovers were not being carried out on a daily basis between all grades of staff.</p> <p>This area has not been met and has therefore been stated or a second time.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 7 (3) and (9)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an effective and meaningful communication medium is made available to meet the needs of patients' linguistic backgrounds.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that an effective and meaningful communication medium is made available to meet the needs of patients' linguistic backgrounds.</p>	Met

6.3 Inspection findings

6.3.1 The Patient Experience

We arrived in the home at 08.50 hours and were greeted by staff who were helpful and attentive. Staff were attending to patients personal care needs. Patients were seated within one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed and others were having breakfast, again in keeping with their personal preference or their assessed needs. 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. However, it was identified that there was no lock on one of the bathroom doors or within any of the patient's bedrooms. This was discussed with the manager who had referred the bathroom lock to the maintenance officer for repair and assured the inspector that this would be installed following the inspection. Consideration around patient privacy within their own bedroom was discussed and the manager stated that this would be discussed with patients and/or their representatives to establish a clear system of when patients do not wish to be disturbed and/or during personal hygiene interventions. This was identified as an area for improvement.

We observed the use of a keypad at the front door which we considered to be restrictive practice. 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 manager acknowledged the importance of patient's freedom of movement and placed appropriate signage above the keypad at the main exit door within reception.

Discussion with patients and staff and review of the activity programme displayed in the lounges evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection there were two personal activity leaders (PAL's) on duty. They discussed the provision of activities and the current arrangements within the home to facilitate community involvement. The local nursery were scheduled to visit the home on the week of the inspection and on a monthly basis, this was welcomed by the patients. The PAL's were very knowledgeable about the patients' individual interests and encouraged patients to use their skills/talents where possible. Beauty therapy was being carried out on the day of inspection where patients had the choice of having a manicure and/or their nails painted. Poetry was also taking place late morning within one of the main lounges. The patients appeared to enjoy the interaction between the staff and each other.

One of the PAL's discussed a recent event within the home where patients took part in an art presentation involving a local artist. The art work incorporated three pictures made up from decoupage, two separate pictures of nightingale birds and one of Florence Nightingale to celebrate the National Health Service (NHS) 70th birthday. The inspector commended the staff for their dedication and interaction with the patients through the diverse range of activities offered and for achieving the honour to have their art work on display within a public art centre.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.3.4.

We observed the serving of the lunchtime meal. The dining room was well presented with table clothes, condiments and drinking glasses available at each table. Lunch commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. A registered nurse was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu was on display within the dining room and offered a choice of two main meals.

Consultation with 21 patients individually, and with others in small groups, confirmed that living in Nightingale was a positive experience.

Patient comments:

- "Staff are lovely here"
- "Feel very safe. They are all very nice"
- "Care is powerful here"
- "Overall content living here"
- "Staff are looking after me"

Representative's comments:

- "Care is very good here. Staff very friendly"
- "Staff are brilliant. They go out of their way to make you feel at home"

We also sought relatives' opinion on staffing via questionnaires. There was no response in the time frame provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

An area for improvement was identified during the inspection under care standards in relation to patient privacy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.2 Staffing provision

The 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. Staffing rotas for weeks commencing 11 and 18 February 2019 were reviewed and evidenced that the planned staffing levels were adhered to. Discussion with the manager further confirmed that contingency measures were in place to manage short notice sick leave when necessary. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients but also stated that this is effected occasionally due to short notice absenteeism. Staff also stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home. Staff said that they felt supported by management, comments included; "I really enjoy it here". "I love it here". "Good team work". We also sought staff opinion on staffing via the online survey. One response was received from a member of staff which did not raise any concerns.

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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Nightingale. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

An area for improvement was identified at the previous care inspection regarding the communication between all grades of staff through shift handovers. Discussion with staff evidenced that care staff were not 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 this was not part of their daily routine. This was discussed with the manager and restated as an area for improvement for a second time.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There were no new areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient, however, on review of one patient's care plan regarding adult safeguarding it was not reflective of the updated terminology related to the departmental policy and regional protocols. This was discussed with the manager who provided assurances that all patient's care plans would be reviewed and amended where necessary.

We also reviewed the management of nutrition, patients' weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician, however, this was not consistent throughout all care records. A recommendation by a dietician regarding a patient's supplementary dietary requirements was not implemented into practice. This was discussed with the manager who agreed to implement this immediately. This area for improvement has been restated for the second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as food and fluid intake, repositioning records and elimination records evidenced that contemporaneous records were not consistently being maintained. On review of the food and fluid intake recording charts for three patients there were two charts in use for the recording of fluid intake with the potential for incorrect overall fluid totals. Patients who were prescribed daily supplements were not consistently being recorded on the dietary/fluid chart. This was discussed with the manager who agreed to implement a new single template recording form. There were also gaps identified within the repositioning charts where patients had not been repositioned as per their care plan. This area for improvement was identified at the previous care inspection and was only partially met and has therefore been stated for a second time.

It was further identified that there was no set fluid intake target or dietary/fluid consistency on any of the dietary/fluid recording charts to direct care staff and the condition of the patient's skin was not recorded following each repositioning intervention. This was discussed with the manager and identified as areas for improvement under care standards.

Areas for improvement were identified during the inspection under care standards in relation to the recording of the condition of patients' skin following repositioning interventions and in relation to accurate details of set fluid target on recording charts to direct relevant care.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3.4 General environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout. On inspection of individual patient bedrooms it was observed that a number of vanity units and identified walls were marked/worn requiring refurbishment. The surface of the vanity units is chipped and worn and therefore unable to be appropriately cleaned. This was discussed with the manager who agreed to implement a refurbishment plan. The estates inspector for the home was notified and an area for improvement was identified.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures/best practice guidance were adhered to on most occasions and staff were observed utilising the correct personal protective equipment (PPE). However, incorrect colour coding of identified laundry bags were discussed with the manager who provided reassurances that the correct colour coding of laundry bags would be reviewed and correct IPC practices initiated.

An area for improvement was identified during the inspection under care standards in relation to the environment and need for a refurbishment plan of patients bedrooms.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.5 Management and Governance of the home

Since the last inspection there has been a change in management arrangements. Mr Anthony Edward Hart took up position of manager in December 2018 and is awaiting registration. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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.

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

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with

Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. Copies of the report were available for patients, their representatives, staff and trust representatives. We evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA and/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.

No areas for improvement were identified within this domain 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 Anthony Edward Hart, 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 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 DHSSPS 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 13 (1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate effect</p>	<p>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.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed a review of care plans and now reflect the new terminology for adult safeguarding. The recommendation from SALT in respect of a patient's supplementary diet was implemented on the day of the inspection. The food and fluid intake charts are monitored during the daily walkabout by Registered Manager and Registered Nurses conduct spot checks during their working shift. Residents who require their total fluid intake monitored now have their total fluid balance recorded in the residents progress notes daily. All areas identified were discussed initially under supervision and reiterated with staff again during staff meetings - care staff meeting 5th March and Registered Nurse meeting 3rd April.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27</p> <p>Stated: First Time</p> <p>To be completed by: 18 April 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of the vanity units in a number of patient bedrooms and repair to damaged walls in multiple rooms.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Ref: 6.3.4</p> <p>Response by registered person detailing the actions taken: Registered Manager has identified that the three main areas for refurbishment includes vanity units, painting programme for bedrooms and radiator covers. Costings have been requested for consideration.</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: Second time To be completed by: 18 April 2019	<p>The registered person shall ensure that the outcome of care delivered is monitored and recorded contemporaneously.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Registered Manager completed Supervision with Registered Nurses following the inspection. Compliance with documentation discussed at staff meetings. Registered Manager will monitor triangulation of documentation during daily walkabouts using QoL. Registered Nurses are now aware of the importance of recording daily fluid intake into progress records and when there is a deficit for more than three days to discuss with resident's GP and agree an amount for staff to work towards.</p>
Area for improvement 2 Ref: Standard 41 Stated: Second time To be completed by: 18 March 2019	<p>The registered person shall ensure that communication between all grades of staff is frequent and effective so as staff receive clarity regarding the daily life of the home and the roles and responsibilities of the different staff.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Prior to inspection whilst Care Assistants did not attend the handover from night to day staff, the Registered Nurse was ensuring that care staff were fully informed of any changes to residents care. However following inspection, care staff are now attending the full handover. Registered Manager discussed this at the care staff meeting on 5th March. Registered Manager will continue to monitor communication to ensure effectiveness between all grades of staff.</p>
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 18 April 2019	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p> <p>Ref: 6.3.1</p>
	<p>Response by registered person detailing the actions taken: FSHC Health & Safety and Estates Team have been commissioned to undertake a survey of all Homes in the portfolio and prepare a report with recommendations by 30th June 2019.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 18 April 2019</p>	<p>The registered person shall ensure that where a patient is assessed as being at risk of pressure damage, information on the condition of the patient's skin is recorded following each repositioning intervention.</p> <p>Ref: 6.3.3</p> <p>Response by registered person detailing the actions taken: Registered Manager completed a supervision on wound care and supporting documentation with staff following inspection. This was further discussed at the care staff and Registered Nurse meetings. Registered Manager will monitor compliance with the frequency of skin checking and when redness or pressure is identified that appropriate advice is taken from GP and/or TVN and recorded effectively in care plan.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 18 April 2019</p>	<p>The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines.</p> <p>Specific reference to fluid intake recording charts:</p> <ul style="list-style-type: none"> • Fluid target should be recorded on daily intake chart over 24 hours. • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. <p>Ref: 6.3.3</p> <p>Response by registered person detailing the actions taken: Registered Manager has completed a review of supplementary booklets which include food and fluid. Supervision has been completed with staff and further discussed at recent staff meetings. The 24 hour intake is totalled at midnight and recorded within progress notes. The diet type and consistency is recorded on front page of supplementary booklet. Registered Manager during daily walkabout will monitor staff compliance in completing documentation.</p>

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



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