Unannounced Care Inspection Report
14 June 2016

Beechill

Type of Service: Nursing Home
Address: 12 Royal Lodge Road, Belfast, BT8 4UL
Tel No: 028 9040 2871
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Beechill took place on 14 June 2016 from 09.40 to 17.30.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Safe systems were in place for recruitment and for monitoring the registration status of nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. One requirement has been made in this domain in relation to rectifying infection prevention and control issues identified on inspection. A recommendation made in the previous inspection, that management systems are put in place to ensure compliance with best practice in infection prevention and control, has been stated for a second time.

Is care effective?

There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to other health professionals. Communications between health professionals were recorded within the patients' care records. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. One recommendation was made in this domain in relation to the recording of bowel management. A recommendation made in the previous inspection relating to the completion of continence assessments within the patients' care records has been stated for a second time.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. The mealtime experience was observed to be well organised and pleasurable for the patients. No requirements or recommendations were made in this domain.

Is the service well led?

Monthly monitoring visits were conducted consistently and corresponding reports were present and available for review. A notice was displayed informing patients/relatives of the availability of the reports. Many compliments had been received by the home in relation to the care and compassion provided to patients/relatives and some of these comments are contained within this report. Complaints were managed as required. Appropriate certificates of registration and public liability insurance were on display. There was one recommendation made in the well led domain in relation to the management of urgent communications, safety alerts and notices.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4*

*The total number of recommendations made includes two recommendations that have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rosendo Soriano, Registered 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered provider: Four Seasons Health Care Dr Claire Royston	**Registered manager:** Rosendo Soriano
Person in charge of the home at the time of inspection: Rosendo Soriano	**Date manager registered:** 15 June 2016
Categories of care: NH-DE	**Number of registered places:** 34

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with 12 patients individually and others in small groups, two patient representatives, three care staff and two registered nursing staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients' representatives and staff not on duty. Nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- duty rota from 13 – 19 June 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 January 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 14 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 4 Criteria (1) (7) **Stated:** First time	It is recommended that patients' continence assessments are fully completed and include the specific continence products required by the patient.	**Partially Met**
	Action taken as confirmed during the inspection: Four patient care records were reviewed. Two of the continence assessments within the care records included the specific continence products required by the patient. The other two records did not identify the continence products required.	
Recommendation 2 **Ref:** Standard 4 Criteria (8) **Stated:** First time	The registered person should ensure that a continence care plan has been completed for all patients who require continence management. Where the patient has a urethral catheter insitu, a separate care plan must be created for catheter management.	**Met**
	Action taken as confirmed during the inspection: Continence care plans were completed in four patient care records reviewed. A separate care plan had been developed to direct care for a patient requiring a urethral catheter to maintain their continence needs.	

Recommendation 3 **Ref:** Standard 46 Criteria (1) (2) **Stated:** First time	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control (IPC) within the home. Particular attention should focus on the areas identified on inspection.	**Partially Met**
	Action taken as confirmed during the inspection: There was evidence that monthly IPC audits had been conducted and these had been reviewed on the provider's monthly monitoring visits. Evidence was also available of IPC having been discussed at the general staff meeting. However, during a review of the environment, it was evident that compliance with best practice in IPC had not been achieved. Please see section 4.3 for further clarification.	
Recommendation 4 **Ref**: Standard 12 Criteria (6) (15) (22) **Stated:** First time	The registered person should ensure that meals are plated for patients requiring assistance with their meals only when the assistant is available to provide the required assistance.	**Met**
	Action taken as confirmed during the inspection: A review of the mealtime experience confirmed that meals were served to patients when the person providing assistance with the patient's meal was available.	
Recommendation 5 **Ref**: Standard 12 Criteria (9) **Stated:** First time	The responsible person should ensure that where a patient has a swallowing difficulty, staff assisting this patient with their meals are trained and deemed competent to do so.	**Met**
	Action taken as confirmed during the inspection: A review of training records evidenced that 26 staff had completed training in dysphagia/swallowing awareness and a further training had been scheduled to be conducted on 15 June 2016.	

Recommendation 6 **Ref:** Standard 4 Criteria (9) **Stated:** First time	It is recommended that repositioning charts should contain documented evidence for skin inspection of pressure areas has been undertaken at the time of each repositioning.	**Met**
	Action taken as confirmed during the inspection: Four repositioning charts were reviewed during the inspection. All charts reviewed included good evidence of skin checks completed.	
Recommendation 7 **Ref:** Standard 35 Criteria (7) **Stated:** First time	It is recommended that regulation 29 monthly monitoring report is further developed to include unique identifiers of patients consulted.	**Met**
	Action taken as confirmed during the inspection: Three regulation 29 monthly monitoring reports were reviewed on inspection. All reports included unique identifiers of patients consulted.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 13 – 19 June 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The registered manager would review training records monthly. If a staff members' training had lapsed, or about to lapse, the registered manager would send a 'letter of reminder' to the staff to identify the training need. Notices were displayed on the staff notice board to inform of upcoming training dates. The registered manager confirmed that additional training was being sourced to facilitate 'link nurses' in palliative care; wound management and IPC. Information sent to RQIA following the inspection confirmed the following examples of mandatory training compliance: basic life support (92%); fire safety (87%); moving and handling (88%) and adult safeguarding (97%). Twenty five staff had completed training in dementia awareness.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A system was in place to ensure six monthly recorded supervision meetings and annual appraisals were conducted with staff. The deputy managers conducted supervision meetings with staff and the registered manager conducted all appraisals with staff and supervision with the deputy managers.

Competency and capability assessments of the nurse in charge of the home in the absence of the manager had been completed appropriately and signed by the nurse and the person conducting the assessment. The completed assessments were reviewed and verified by the registered manager.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) were appropriately managed. NMC checks were monitored monthly at the start of the month and at the date of expiry.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manger confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 14 January 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Rooms and communal areas were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

The following issues were identified which were not managed in accordance with best practice infection prevention and control (IPC) guidelines:

- inappropriate storage in identified rooms
- rusting bin frames in use
- shower chairs not effectively cleaned after use
- pull cords in use without appropriate covering
- no bin bag in bin frame
- no hand hygiene provision within the dining room

The above issues were discussed with the registered manager on the day of inspection and a requirement was made. An assurance was provided by the registered manager that these areas would be addressed with staff and measures taken to prevent recurrence. A recommendation was made in the previous QIP that management systems are put in place to ensure compliance with best practice in infection prevention and control. This recommendation has been, stated for a second time.

Areas for improvement

It is required that the registered person ensures the infection control issues identified on inspection are managed to minimise the risk and spread of infection.

Number of requirements	1	Number of recommendations:	0

4.4 Is care effective?

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care plans had been reviewed monthly.

One patient's mobility care plan directed staff to use the 'right sheet; right hoist and right sling' when providing care to the patient. This was discussed with the registered manager. It was agreed that care plans should be written in a format which would identify the specific equipment required to meet patients' needs. A similar recommendation relating to the identification of specific continence products has been stated for the second time in section 4.2. It was also agreed that terminology such as 'doubly incontinent' should never be used within patient care records as these are undignified. The registered manager gave assurances that these identified areas would be brought to staffs' attention; rectified and monitored.

A review of bowel management records evidenced these had not been completed in accordance with best practice guidelines. A single 'Bowel Output Monitoring Chart' containing all patients' names was completed and made reference to the Bristol Stool Chart. However, these were not always transcribed to the patients' individual daily progress reports. One patient's daily progress records indicated a gap of 17 days between recorded bowel movements. The patient's daily evaluation records referred to 'incontinence care given' or 'assisted with toileting needs' and not indicating if a bowel movement had occurred or making reference to the Bristol Stool Chart. A recommendation was made.

Staff demonstrated an awareness of patient confidentiality in relation to the storage of records. Records are stored securely in lockable cabinets at the nursing stations.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals, for example General Practitioner's (GP), speech and language therapist (SALT), dietician and tissue viability nurse (TVN). Care records reviewed adhered to recommendations prescribed by other healthcare professionals.

Discussion with the registered manager confirmed that since the last inspection, meetings with registered nursing staff had been conducted on 9 March and 19 May 2016. Two separate meetings had also been conducted with care assistants and domestic/laundry staff of 21 March 2016. Records of the meetings were maintained in the form of minutes including detail of date, attendees/apologies, discussions had and actions agreed. Copies of the minutes were made available, for staff unable to attend the meeting, to review.

The registered manager confirmed that they would undertake a daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. The registered manager also confirmed that they operate an open door policy to allow relatives and patients to converse with them at any time. A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from one relative/patient per day via the QOL system. Further information on the QOL system can be found in section 4.5.

Discussion with the registered manager confirmed that plans were in progress to re-establish relatives meetings within the home. The last recorded relatives meeting, held in December 2014, had recorded no attendees. Evidence was also provided on the re-establishment on a quarterly newsletter in draft for Beechill patients/relatives/staff. A relatives' noticeboard was maintained at the entrance to the home.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed 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 their colleagues and other healthcare professionals.

Patients and representatives were confident in raising any concerns they may have with the staff and/or management.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on short term respite care, patients' rights, pressure care, incontinence, bereavement, Alzheimer's disease and infection prevention and control issues.

Areas for improvement

It is recommended that the patients' bowel function is recorded in the patients' daily evaluation records.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Four of the questionnaires were returned within the timescale for inclusion in the report. On inspection two registered nurses and three carers were consulted to ascertain their views of life in Beechill.

Some staff comments are as follows:
'It's very good to have nice teamwork.'
'I enjoy it here.'
'It's very good. I am very happy.'
'It's ok. I'm happy.'

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives, and staff on the running of the home. A 'Quality of Life' feedback system was available at the reception area. This is an iPad which allows patients, relatives/representatives, visiting professionals and/or staff to provide feedback on their experience of Beechill. A portable iPad is also available to record feedback from patients. This feedback is ongoing and is shared with the regional manager. Anyone completing the feedback has the option to remain anonymous or leave their name. Management have the option to contact people who leave their contact details to gain further clarification on the feedback received.

All feedback reports are acknowledged by the registered manager. Any actions taken as a result of the feedback is submitted to FSHC head office. Views and comments recorded were subsequently analysed and an action plan was developed and shared with staff through staff meetings; handovers and/or supervision/appraisal. The registered manager confirmed the results and any actions taken would be included within the annual quality report and the quarterly newsletter when it is developed.

Twelve patients were consulted with individually to ascertain their views on living in Beechill. Patients indicated that they could raise a concern with staff and that they were listened too. Following a discussion with the registered manager patient questionnaires were not left in the home for completion as this was deemed inappropriate.

Some patient comments are as follows:
'I love it. You have everything around you.'
'It's very nice and very good here.'
'I would rather be at home.'
'It's nice and busy here.'
'It's easy going here.'

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.

Two patient representatives were consulted on the day of inspection. Seven relative questionnaires were left in the home for completion. One relative questionnaire was returned within the timeframe. The respondent indicated that the care in the home was commendable.

Some representative comments are as follows:
'I find the care here quite good. I am kept well informed.'
'I am very pleased with the manager and his ideas for the home. Very positive changes have been made to the environment.'
'Two hundred percent to the staff for promptness; assiduity; patience; gentleness and respectfulness.'

The serving of lunch was observed in the main dining room. Signage was on the wall and the door indicating the location of the dining room. A pictorial menu was on display within the dining room indicating meal choice. The mealtime was well supervised. Food was served in an organised manner; when patients were ready to eat or be assisted with their meals. Staff wore appropriate aprons when serving or assisting with meals and patients were provided with dignified clothing protectors. A selection of condiments were on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. Appropriate music was played in the background. Food was covered when transferred to patients' rooms. A provision for hand hygiene was not observed within the dining area. This is included within a requirement made in section 4.3. The mealtime experience was observed to be well organised and a pleasurable experience for patients.

Areas for improvement

No areas for improvement were identified during the inspection under the compassionate domain.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

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

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed at the entrance to the home.

Policies and procedures were maintained electronically. There was evidence that updated policies were being printed and centralised in a file which was to be located at the nurses' station. Staff had 24 hour access to online facilities within the home.

A record of compliments was maintained. Some examples of compliments received are as follows:

'We would like to thank the nursing staff; the office staff and the domestics for their care and kindness to our mother.'
'Thank you for all the kind and attentive care you gave to…. He was settled from the beginning to the end.'
'Thanks very much for all the love, care and attention shown to…. Your thoughtfulness was very much appreciated.'

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, infection prevention and control, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents. As previously indicated in section 4.3, the system to monitor best practice compliance with infection prevention and control requires further development.

Online 'TRaCA' audits are conducted on housekeeping, daily/weekly medications management, health and safety, resident care, weight loss and the homes governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit even if the audit had achieved 100 percent compliance. The action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned. The registered manager confirmed that audit results would be discussed at staff meetings.

Safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that all relevant staff had read the communication or had been notified about it. A file was maintained of all safety alerts. A recommendation has been made that a safe system and procedure is developed to ensure the appropriate management of safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Discussions with staff confirmed that there were good working relationships within the home and that management were responsive to any suggestions or concerns raised.

Areas for improvement

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements	**0**	**Number of recommendations**:	**1**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Rosendo Soriano, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for review by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 14 July 2016	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The issues highlighted have been addressed and action taken so that inappropriate items are not stored in the identified rooms, rusty bin frames have been replaced with new bins, shower chairs were cleaned and are being monitored on daily walkabout, pull cords were covered and hand hygiene gels put in place in both dining areas.
Recommendations	
Recommendation 1 **Ref:** Standard 4 Criteria (1) (7) **Stated:** Second time **To be completed by:** 31 July 2016	It is recommended that patients' continence assessments are fully completed and include the specific continence products required by the patient. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: All patients' continence assessments have been fully completed and include the specific continence products required by each individual patient.The type of continence product is reflected on their care plans.
Recommendation 2 **Ref:** Standard 46 Criteria (1) (2) **Stated:** Second time **To be completed by:** 31 July 2016	It is recommended that robust systems are in place to ensure compliance with best practice in infection prevention and control (IPC) within the home. Particular attention should focus on the areas identified on inspection. **Ref: Section 4.2, 4.3**
	Response by registered provider detailing the actions taken: There is an infection control audit in place which is carried out on amonthly basis and action plans created for areas which need improvement.

Recommendation 3 **Ref:** Standard 4 Criteria (9) **Stated:** First time **To be Completed by:** 31 July 2016	It is recommended that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily progress records. **Ref: Section 4.4**
	Response by registered provider detailing the actions taken: Patient bowel function,reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement as well as in the patients' daily progress records.
Recommendation 4 **Ref:** Standard 17 **Stated:** First time **To be completed by:** 31 July 2016	The registered person should ensure a system is in place to manage safety alerts and notifications. **Ref: Section 4.6**
	Response by registered provider detailing the actions taken: There is now a system in place to manage safety alerts and notifications.

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

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