

## **Announced Enforcement Compliance Inspection**

<b>Name of Establishment:</b>	<b>Clifton Nursing Home</b>
<b>Establishment ID No:</b>	<b>1073</b>
<b>Date of Inspection:</b>	<b>25 March 2015</b>
<b>Inspector's Names:</b>	<b>Sharon Loane and Heather Sleator</b>
<b>Inspection ID</b>	<b>IN021548</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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## 1.0 General Information

<b>Name of Home:</b>	Clifton Nursing Home
<b>Address:</b>	2a Hopewell Avenue Belfast BT13 1DR
<b>Telephone Number:</b>	028 9032 4286
<b>E mail Address:</b>	<a href="mailto:Manager.clifton@runwoodhomes.co.uk">Manager.clifton@runwoodhomes.co.uk</a>
<b>Registered Organisation/ Registered Provider:</b>	Runwood Homes Mr Nadarajah (Logan) Logeswaran
<b>Registered Manager:</b>	Miss Nicola Scovell, Manager (registration pending)
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mr Raden Mauremootoo Director of Service Development Runwood Homes Ltd
<b>Categories of Care:</b>	NH-DE, NH-I, NH-PH
<b>Number of Registered Places:</b>	100
<b>Number of Patients Accommodated on Day of Inspection:</b>	88
<b>Scale of Charges (per week):</b>	£581.00 - £716.00
<b>Date and Type of Previous Inspection:</b>	Enforcement Compliance Monitoring Inspection 23 February 2015
<b>Date and Time of Inspection:</b>	25 March 2015 09:30 – 17:00 hours
<b>Name of Inspector's:</b>	Sharon Loane Heather Sleator

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### 1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with Raden Mauremootoo Director of Service Development, Runwood Homes Ltd
- Discussion with the Amparo Macalua, Deputy Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Discussion with visiting relatives
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the two Failure to Comply Notices issued on 22 December 2014:

#### **1. FTC Ref: FTC/NH/1073/2014-15/01**

**Regulation not complied with:**

#### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (1) (a) and (b)**

Regulation 12 (1) (a) and (b)

The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

- (a) meet his individual needs;
- (b) reflect current best practice;

#### **2. FTC Ref: FTC/NH/1073/2014-15/03**

**Regulation not complied with:**

#### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b)**

Regulation 13 (1) (a) and (b)

The registered person shall ensure that the nursing home is conducted so as –

- (a) to promote and make proper provision for the nursing, health and welfare of patients;
- (b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Clifton Nursing Home is situated in Carlisle Circus, Belfast. The nursing home is operated by Runwood Homes Ltd.

The current manager is Miss Nicola Scovell; Miss Scovell has been issued with an application form for registration by RQIA. Upon receipt of a completed application form, the registration process will commence.

Accommodation for patients is provided on three units, Benn Unit is situated the ground floor, Toby Hurst is on the first floor and Donegal Unit is on the second floor of the home. Access to the first floor is via a passenger lift and stairs.

Communal lounges and dining areas are provided within each unit.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. The home has a hairdressing facility, a designated area for worship, a conservatory and a secure garden.

The home is registered to provide care for a maximum of 100 persons under the following categories of care:

### Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
DE	dementia care to a maximum of 40 patients accommodated within the dementia unit on the ground floor.

### 3.0 Summary

This summary provides an overview of the services examined during an announced enforcement compliance monitoring inspection to Clifton Nursing Home. The inspection was undertaken by Sharon Loane and Heather Sleator on 25 March 2015 from 09:30 to 17:00 hours.

The purpose of the inspection was to assess the level of compliance achieved by the home with the two Failure to Comply Notices issued on 22 December 2014. This inspection also reviewed the progress against the eight requirements and one recommendation made at the previous inspection on 23 February 2015. These were reviewed during this inspection. The inspectors evidenced that three requirements had been fully complied with. The remaining areas for improvement and compliance with regulation were in relation to restrictive practice and governance and management arrangements of the home. Details can be viewed in the section immediately following this summary.

The inspectors were welcomed into the home by Raden Mauremootoo, director of service development, Runwood Homes Ltd. Nicola Scovell, home manager was unavailable on the day of the inspection. Verbal feedback of the issues identified during the inspection was given to Raden Mauremootoo and Amparo Macalua, deputy manager, at the conclusion of the inspection.

During the course of the inspection, the inspectors met with patients, staff and visiting relatives. The inspectors observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

The inspectors were unable to validate full compliance with the following notices;

FTC/NH/1073/2014-15/01

FTC/NH/1073/2014-15/03

In acknowledging that some improvement was evidenced in addressing the above failure to comply notices, the improvements were insufficient to demonstrate full compliance

### Post Inspection

In view of the concerns from the inspection, RQIA undertook an overview of previous inspection activity including the lack of progress and sustained compliance, with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Nursing Homes Minimum Standards 2008. The lack of compliance had impacted on the overall management and governance arrangements, the quality of care and service delivery to patients in the home.

Mr Logan Logeswaren, responsible individual Runwood Homes Ltd attended a meeting in RQIA on 2 April 2015 to discuss the findings of the inspection. Mr Logeswaren was accompanied by members of the senior management team of Runwood Homes Ltd.

Following the meeting RQIA, in accordance with Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, imposed the following conditions to the registration of Clifton Nursing Home:

1. Admissions to Clifton Nursing Home will cease until compliance with the specific actions stated in FTC/NH/1073/2014-15/01 and FTC/NH/1073/2014-15/03 dated 22 December 2014 have been fully met.
2. The registered provider must ensure that a nurse manager, with sufficient clinical and management experience, is working in the home on a day to day basis to ensure the quality and safety of care practice and service delivery to patients.

The conditions will remain on the registration of the home until such times as full compliance with the failure to comply notices of 22 December 2014 is attained.

## **Conclusion**

At the time of this inspection the delivery of care to patients' evidenced improvement, and this was also confirmed by staff and relatives who met with the inspectors. Relatives stated they could see an improvement in the home.

The home's general environment was observed to be clean and well maintained and patients were observed to be treated with dignity and respect.

Staff consulted with stated:

- the home environment has improved considerably. The management have put a lot of effort and work trying very hard, trying their best;
- all the changes made are for the greater good of the patients;
- staff advised they have been provided training recently in manual handling, fire safety and dementia awareness; and
- staff advised that management, the director of service development in particular, had been very supportive and had progressed the home

Five requirements and two recommendations have been made as a result of this inspection. The requirements and recommendation are detailed throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank the patients, management, registered nurses, staff and relatives for their assistance and co-operation throughout the inspection process.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	12 (1) (a) and (b)	It is required the registered persons must ensure individualised care plans are in place which meet the assessed needs of the patient in respect of restrictive practice	Eleven nursing care records were reviewed. A lack of consistency was evident regarding the completion of the risk assessment and care planning for the use of restrictive practice. The review of care records evidenced, in a number of records that two different risk assessments were in use. Care plans did not always evidence the rationale for the use of restrictive practice or that the continued need for restrictive practice to be used was monitored.	Moving towards Compliance
2	12 (1) (a) and (b)	It is required the registered persons must ensure the use of restrictive practice is in accordance with best practice guidance	<p>The review of the organisation's policy and procedure for the use of restrictive practice did not evidence that the policy was in accordance with best practice guidelines.</p> <p>The review of the content of restrictive practice training delivered to registered nurses did not evidence the training was based on Northern Ireland legislation and local/regional best practice guidance</p>	Not Compliant

3	16 11)	It is required the registered persons must ensure that care plans are maintained with sufficient and accurate detail to direct staff regarding any restrictive practice	Care records did not evidence that care plans specified: <ul style="list-style-type: none"> <li>• the rationale for the use of restrictive practice</li> <li>• when restrictive practice was to be used</li> <li>• how the practice would be monitored</li> <li>• regular evaluation of the continued use of the restrictive practice had occurred on a regular basis</li> </ul>	Moving towards Compliance
4	14 (4)	It is required the registered person must ensure registered nurses have undertaken training in restraint/restrictive practice	Eleven out of twenty one registered nurses completed training in restrictive practice in March 2015. The review of the content of the training did not evidence that training was based on Northern Ireland legislation and/or departmental guidance and professional standards.	Moving towards Compliance
5	12 (1) (a) and (b)	It is required the registered persons must ensure there is an effective system in place to review the management of restrictive practice. A record of any evaluation or audit undertaken must be retained and any deficits identified must be fully addressed.	A system to audit the management of restrictive practice was in place. The information detailed on the audits reviewed corresponded to the findings of the inspectors.  A system should be implemented to ensure that where any shortfalls are identified during an audit, there is recorded evidence that remedial action has taken place and the shortfalls have been addressed. A recommendation has been made.	Compliant

6	17 (1)	It is required the registered person must establish robust management arrangements to ensure the effective delivery of care to patients and supervision of staff;	<p>The inspectors were unable to fully verify that the assessment and care planning processes in place regarding the use of restrictive practice were completed in accordance with best practice and professional guidelines.</p> <p>The inspectors were also unable to verify that the knowledge base of registered nurses, regarding care planning, was based on Northern Ireland legislation and best practice guidance.</p>	Moving towards Compliance
7	20 (1) (a)	It is required in order to ensure the needs of patients accommodated in Clifton Nursing Home, the staffing levels and deployment of staff should be revised in each individual unit;	Staffing arrangements in Donegal, Toby Hurst and Benn units had been revised by management. The use of agency staff had reduced due to successful recruitment. This resulted in permanent staff being employed in each unit. Units had a management structure and there were sufficient staff on duty to meet the needs of the patients.	Compliant
8	17 (1)	It is required the registered persons must ensure a system to review the quality of services provided in Clifton Nursing Home is implemented. The system should include a systematic review of:	<p>A system to review the quality of services provided was in place. A range of audits, as identified, were in place and there was evidence of regular review of the specified areas.</p> <p>A system should be implemented to ensure that where any shortfalls are identified during an audit, there is recorded evidence that remedial action has taken place and the</p>	Compliant

		<ul style="list-style-type: none"> <li>• care records</li> <li>• cleanliness and hygiene</li> <li>• the environment</li> <li>• the dining experience for patients</li> <li>• restrictive practice</li> </ul> <p>Evidence must be present of the remedial action taken where a shortfall has been identified</p>	<p>shortfalls have been addressed. A recommendation has been made.</p>	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	34.1	Ensure once only syringes are disposed of after use.	This recommendation was not assessed on this occasion and will be reviewed at the next inspection.	Not Inspected

#### **4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There has been one notification to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since October 2014. The incident is being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust (BHSCT). RQIA were not part of the investigatory process, however, RQIA have been kept informed at all stages of the investigations and have attended multi agency strategy meetings as deemed appropriate.

#### **5.0 Inspection findings**

**FTC Ref: FTC/NH/1073/2014-15/01**

**Regulation not complied with:**

**The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 12 (1) (a) and (b)**

Regulation 12 (1) (a) and (b)

The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

- (a) meet his individual needs;
- (b) reflect current best practice;

The review of 11 patients' care records did not evidence the assessment and planning of care in respect of restrictive practice was in accordance with best practice guidance.

Improvement in care planning in respect of restrictive practice was in evidence in some of the care records reviewed. However, there was a lack of consistency in identifying risk and an accompanying care plan was not always present. Risk assessments did not clearly evidence the rationale for the use of restrictive practice. There was a lack of consistency, not only between the three units, but also within the units regarding the risk assessment to be used. Care plans were not in evidence in all care records reviewed, to ensure that the use of restrictive practice was regularly monitored and evaluated.

The review of staff training records evidenced eleven of the twenty one registered nurses had completed training in respect of the use of restrictive practice on the 5 March 2015. The review of the content of the training delivered evidenced that the training provided did not take account of Northern Ireland legislation and regional best practice/professional guidance.

The home's policy on restrictive practice was poor. The policy had not been reviewed from 2011. The policy did not reference the legislation, nursing homes standards, professional standards or the deprivation of liberty safeguards.

**Evidence was not provided to validate full compliance with the requirements of the Failure to Comply Notice.**

## **2. FTC Ref: FTC/NH/1073/2014-15/03**

### **Regulation not complied with:**

#### **The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 13 (1) (a) and (b)**

##### Regulation 13 (1) (a) and (b)

The registered person shall ensure that the nursing home is conducted so as –

(a) to promote and make proper provision for the nursing, health and welfare of patients;

(b) to make proper provision for the nursing and where appropriate, treatment and supervision of patients.

The inspectors reviewed the staff duty rota for the week commencing 23 March 2015. The review of the staff duty rota evidenced the total number of staff on duty on any given day. The duty rota evidenced the allocation of staff to each of the units in the home. The presentation of the duty rota evidenced that there were sufficient staff deployed to each unit to adequately meet the needs of the patients.

The review of staff training records evidenced there had been a concerted effort to ensure staff completed dementia awareness training. Records evidenced that sixty one staff had completed face to face training in dementia awareness and complex behaviours and 87% of staff had completed the training module on the organisations 'eLearning' system.

A more systematic approach to reviewing the quality of services available in the home had been implemented. A range of quality audits were available and reviewed including; infection control, the dining experience, restrictive practice, falls and the care environment. However, there was a lack of consistency in the completion of the audits. Not all of the audits evidenced the remedial action required where a shortfall had been identified. The action taken to address any shortfall was not identified or validated by the person completing the audit.



Evidence was not provided to verify the effective delivery of care to patients and supervision of staff as:

- assessment and care planning regarding the use of restrictive practice was not in accordance with best practice guidance;
- restrictive practice training undertaken by nursing staff in March 2015 did not reference Northern Ireland's legislative framework or best practice guidance;
- the inspectors' observed an illegal lift of a patient by two staff. An urgent action notice issued at the conclusion of the inspection required that management ensure all staff undertake moving and handling practice in accordance with legislation and best practice.
- a newly admitted patient to a unit was internally transferred to another unit as nursing staff did not deem that the patient required dementia nursing care. The patient had been assessed as requiring NH-DE by medical staff and was in receipt of palliative care. Evidence was not provided to verify consultation with the multidisciplinary team prior to transferring the patient. Staff did not recognise that the needs of persons with dementia requiring palliative care may be cared for in the dementia unit.

Of the four required areas for compliance indicated within the notice, a satisfactory level of compliance was attained in two areas regarding staffing arrangements and staff training. Concerns remain in respect of auditing of the review of the quality of services provided by the home. Concerns remain in respect of the remaining two areas.

**Evidence was not provided to validate full compliance with the requirements of the Failure to Comply Notice.**

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Raden Mauremootoo, director of service development as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Heather Sleator  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

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Clifton Nursing Home

25 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Raden Mauremootoo, director of service development and Amparo Macalua, deputy manager, at the conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12 (1) (a) and (b)	It is required the registered persons must ensure individualised care plans are in place which meet the assessed needs of the patient in respect of restrictive practice	This requirement has been subsumed into a failure to comply notice	<p>All assessment in relation to restrictive practice have been reviewed and care plan updated.</p> <p>A full audit of risk assessments and care plans in relation to restrictive practice has been undertaken. The shortfalls identified in the audit for restraint practice will be revisited and more robust action plan to be put in place including time frame and registered nurse accountability</p> <p>Care plans for individual residents will be simplified, specifically for the needs of the residents and checked for accuracy to meet the needs of the residents</p>	In line with the notice
2	12 (1) (a) and (b)	It is required the registered persons must ensure the use of restrictive practice is in accordance with best practice guidance	This requirement has been subsumed into a failure to	Copy of RCN 'Let talk about restraint' has been issued to all Registered Nurses	In line with the notice

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			comply notice	<p>A robust restrictive practice policy will be developed in line with Northern Legislation</p> <p>One to one supervision will to undertaken for all registered nurses in relation to use of restrictive practice to ensure compliance with the best practice guidance</p>	
3	16 (1)	It is required the registered persons must ensure that care plans are maintained with sufficient and accurate detail to direct staff regarding any restrictive practice	This requirement has been subsumed into a failure to comply notice	Care plans for residents have been simplified, specifically for the needs of the residents and checked for accuracy to meet the needs of the residents	In line with the notice
4	14 (4)	It is required the registered person must ensure registered nurses have undertaken training in restraint/restrictive practice	This requirement has been subsumed into a failure to comply notice	<p>Training facilitated on 05/03/15 by Infinity Training Provider, but did not meet the full requirement of Northern Ireland Regulation</p> <p>Additional training has been facilitated on 30/03/15 AND 24/4/15 by Staff Nursing Training (NI) covering all Northern Legislation</p>	In line with the notice
5	17 (1)	It is required the registered person must establish robust management arrangements to ensure the effective delivery of care to patients and supervision of staff;	This requirement has been subsumed into a failure to comply notice	System have implemented in the home to ensure effective delivery of care to patients such as Staff Shift Allocation, New Fluid and	In line with the notice

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				<p>Nutritional/Repositioning Charts. These charts are being monitored by the managers</p> <p>A seconded deputy manager will work alongside the new recruited nurses in Clifton for two days a week</p>	
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**Recommendations**

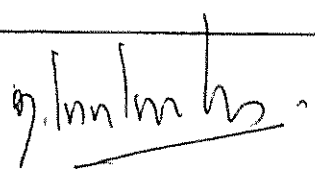
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.11	<p>A system should be implemented to ensure that where any shortfalls are identified during an audit, there is recorded evidence that remedial action has taken place and the shortfalls have been addressed.</p> <p>Ref: requirement 5 section 4.0</p>	One	New action plan has been devised to ensure shortfalls in audit have been actioned with a time scale and are being reviewed after the timescale	One month
2	34.1	<p>Ensure once only syringes are disposed of after use.</p> <p>This recommendation has been carried forward from the previous inspection report</p>	One	all staff instructed that syringes are disposed after one use and monitored by manager	One month

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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Nicola Scovell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Heather Sleator	29/05/15.
Further information requested from provider			