



The **Regulation** and  
**Quality Improvement**  
Authority

Inspector: Donna Rogan  
Inspection ID: IN022065

**Carlingford Lodge Care Home**  
RQIA ID: 11102  
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## **Unannounced Care Inspection of Carlingford Lodge Care Home**

**17 July 2015**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 17 July 2015 from 10.15 to 16.00.

This inspection was underpinned by **Standard 19 - Communicating Effectively; Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.**

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 17 March 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	3	1

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Gavin O'Hare Connolly, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Caroline Denny	<b>Registered Manager:</b> Karen McElherron
<b>Person in Charge of the Home at the Time of Inspection:</b> Pat Mulholland	<b>Date Manager Registered:</b> 07 May 2014
<b>Categories of Care:</b> NH-DE, NH-I	<b>Number of Registered Places:</b> 75
<b>Number of Patients Accommodated on Day of Inspection:</b> 74	<b>Weekly Tariff at Time of Inspection:</b> £623

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

**Standard 19: Communicating Effectively**

**Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

### 4. Methods/Process

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

Prior to inspection the following records were examined:

- 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 returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year;
- the previous care inspection report; and
- pre-inspection assessment audit.

During the inspection, observation of care delivery/care practices and a review of the general environment were undertaken. We met with 25 patients, four care staff and three registered nurses. There were no visiting professionals available during the inspection.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- the staff duty rota;
- four patient care records;
- accident/notifiable events records;
- staff training records;
- staff induction records; and
- policies for communication, death and dying and palliative and end of life care.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 17 March 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: Regulation 32 (h)</b>  <b>Stated: First time</b>	<p>The registered person shall give notice in writing of any changes to the premises of the nursing home are significantly changes or altered in any way.</p> <p>An application for variation should be submitted to RQIA without delay of the changes made to the dementia unit. This includes the installation and management of the key coded locking mechanism installed and the changing a bedroom into a café. This application should be approved by RQIA prior to being used by patients.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector can confirm that RQIA have received the necessary application regarding the variation to the changes to use of a room in the home. This has been approved by RQIA.</p> <p>The key coded locking mechanism has been removed.</p>	
<b>Requirement 2</b>  <b>Ref: Regulation 27 (h)</b>  <b>Stated: First time</b>	<p>Ensure the following areas are addressed:</p> <p>Tidy and reorganise the store beside lift zone 4.</p> <p>Ensure all items are safely stacked in storage areas, storage areas should be maintained clear to ensure the door can be opened.</p> <p>Repair the door leading into the kitchen.</p> <p>The linen store on the ground floor should be reorganised to ensure storage is maintained in keeping with best practice.</p>	<b>Partially Met</b>
	<p>The identified store has been reorganised and all items are safely stacked. The door was easily accessed.</p> <p>The door leading to the kitchen has been repaired. However on the day of inspection it was observed to be wedged open. This is a fire door and should be maintained closed at all times.</p> <p>The identified linen store was observed to be unorganised and it was observed that there were inappropriate items stored in this area. The</p>	

	<p>registered manager had assured the inspector that this issue had been addressed following the previous inspection. However this was not evidenced during this inspection. The inspector raised this issue with Gavin O'Hare Connolly who made arrangements for the store to be reorganised during the inspection. This was completed. However this requirement is stated for a second time to ensure the store is maintained in keeping with best practice.</p>	
<p><b>Requirement 3</b></p> <p><b>Ref: Regulation 13 (7)</b></p> <p><b>Stated: First time</b></p>	<p>The laundry room is required to be reorganised to ensure safe and effective laundering. Items of unclean laundry were observed to be on the floor. Suitable laundry receptacles should be supplied to accommodate this.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The laundry area was observed to be clean and tidy and well organised. There were no items of linen stored on the floor and additional laundry receptacles were supplied.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref: Regulation 11 (1) (b)</b></p> <p><b>Stated: First time</b></p>	<p>The following areas should be addressed in the dementia unit as discussed:</p> <p>All orientation and menu boards should be kept up to date.</p> <p>Some items were observed in patients' bedrooms which did not belong to them, such as eye glasses and wheelchairs.</p> <p>Call bell leads should be suitably placed to minimise the risk of tripping.</p> <p>Where appropriate memory boxes should be used alongside bedroom door signage.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The menu boards did not accurately reflect the meal served on the day of inspection. This part of the requirement is stated for a second time.</p> <p>There no items observed in patients bedrooms that did not belong to the patient.</p> <p>Call bells were observed to be suitably placed and there were no health and safety issues observed.</p> <p>Memory boxes are continuously being reviewed in conjunction with patients and their families.</p>	<p><b>Partially Met</b></p>

<p><b>Requirement 5</b></p> <p><b>Ref: Regulation 20 (1) (a)</b></p> <p><b>Stated: First time</b></p>	<p>The registered manager must ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers and skill mix as are appropriate for the health and welfare of patients.</p> <p>The worked duty rotas for all grades of care staff must be forwarded to RQIA on Monday of each week until RQIA are satisfied that staffing levels are being maintained and sustained in sufficient numbers and skill mix to meet the needs of patients currently residing in the home.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Since the previous inspection staffing has been reviewed to ensure that number and skill mix on duty meet the needs of patients. Staff and relatives spoken with confirmed staffing was satisfactory.</p> <p>Duty rotas are no longer required to be forward to RQIA as the staffing levels have become more stable.</p>	<p><b>Met</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref: Regulation 14 (2) (c)</b></p> <p><b>Stated: First time</b></p>	<p>The registered manager must ensure a dependency analysis of patients' needs and a falls risk analysis during the twilight hours in both units is conducted. A report on the outcome should be forwarded to RQIA upon completion.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A dependency analysis was completed by the registered manager to ensure the staffing levels and skill mix was suitable to meet the needs of patients.</p>	<p><b>Met</b></p>

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 26</b>  <b>Stated: First time</b>	The registered manager must ensure that the nurse in charge must always be clear of the contingency arrangements in place to ensure appropriate staffing levels at all times in the home and that they adhere to the policy and procedures around staffing arrangements in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The nurse in charge was aware of the contingency arrangements to ensure the appropriate arrangements are in place regarding staffing levels in the home.  There was a policy and procedure available to guide staff.	
<b>Recommendation 2</b>  <b>Ref: Standard 1</b>  <b>Stated: First time</b>	The registered manager must inform relatives of the staffing difficulties the home is currently experiencing and will inform relatives of the arrangements that have been put in place to minimise any further disruption to staffing levels in the home.  The planned agenda and the minutes and/or actions of the outcome of the relatives' meeting organised for 26 March 2015 should be prominently displayed for all relatives/representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager held a meeting with relatives and informed them of the difficulties that the home was experiencing at the time of the previous inspection. The minutes of relatives meetings were prominently displayed.	

### 5.3 Standard 19 - Communicating Effectively

#### Is Care Safe? (Quality of Life)

A policy/reference manual had been provided by the registered manager for staff. The manual included the regional guidelines on breaking bad news. Discussion with six staff confirmed that they were knowledgeable regarding this policy and procedure.

A sampling of staff training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives. This training included the procedure for breaking bad news as relevant to staff roles and responsibilities.

### **Is Care Effective? (Quality of Management)**

Care records reflected patients' individual needs and wishes regarding the end of life care. Records included reference to the patient's specific communication needs.

A review of care records evidenced that where relevant the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate. Evidence was present in care records of how staff had supported patients' representatives.

There was evidence within care records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Care staff were consulted and discussed their ability to communicate sensitively with patients and/or representatives. When the need for breaking of bad news was raised care staff felt this was generally undertaken by nursing staff. However, staff were aware of communication aids/cues, for example, non-verbal cues and gestures. They also felt their role was to empathise and to support patients and their representatives following sensitive or distressing news.

### **Is Care Compassionate? (Quality of Care)**

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from day one in the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Carlingford Lodge.

### **Areas for Improvement**

There were no areas for improvement identified regarding this standard.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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#### **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

##### **Is Care Safe? (Quality of Life)**

As previously stated the registered manager had compiled a reference manual with included the management of palliative and end of life care and death and dying. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects.

Training records evidenced that staff were trained or had awareness in the management of death, dying and bereavement.

Two registered nurses attended training in respect of McKinley syringe pump and mouth care.

Registered nursing staff and care staff were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Two link nurses in respect of palliative care had been identified in the home and arrangements are in place for them to attend specialist training in September 2015.

A review of the competency and capability assessments for registered nurses evidenced end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records also confirmed that end of life care was included.

Discussion with nursing staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with nursing and care staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with nursing staff confirmed their knowledge of the protocol.

There was no specialist equipment, for example syringe drivers is in use in the home at the time.

##### **Is Care Effective? (Quality of Management)**

A review of the care records evidenced that the patient's needs for palliative care were assessed and reviewed on an ongoing basis and documented in patient's care plans. This included the management of hydration and nutrition, pain management and symptom management. A key worker/named nurse was identified for each patient. There was evidence that referrals would be made if required to the specialist palliative care team and close contact was evidenced to be maintained with the patient's GP.

Discussion with the manager, nursing and care staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying, patients bedrooms are single rooms' and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

A review of notifications of death to RQIA during the previous inspection year, evidenced they were appropriately submitted.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding care. Staff gave examples from the past, of how they supported the spiritual wishes of patients and of how staff stayed and gave emotional support to patients at the end of life. Staff stated they were able to sit with patients, if family members were not available so as no patient passed away with no one present.

From discussion with staff and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives. There was evidence within compliments records that relatives had commended the management and staff for their efforts towards the family and patient.

Discussion with staff and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. Information on bereavement counselling was present on the relatives' notice board.

From discussion with staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included for example, bereavement support; staff meeting and 1:1 counselling, if appropriate. There is an employee's assistance helpline.

### **Areas for Improvement**

There were no areas of improvement identified for the home in respect of palliative and end of life care at this time.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. The Environment**

#### **Kitchen/staff area**

A review of the kitchen area identified a number of areas for concern. The issues raised are as follows:

- door to the kitchen was wedged open;
- dried food store requires to be cleaned and tidied;
- items such as pre-cooked foods were observed in the fridge and were not date stamped. The inspector was informed that they were going to be served for the evening tea;
- staff were unsure of how long custard had been stored in the fridge. It was not date stamped;

- baked beans were observed to be opened, unmarked and stored in their original tin in the fridge;
- frozen food was observed to be stored unmarked in the fridge. Staff were unaware if it was breaded fish or chicken;
- the staff microwave required to be thoroughly cleaned; and
- the staff room fridge required to be thoroughly cleaned.

The above issues were raised with the operations director, Gavin O'Hare Connolly, who made immediate arrangements to have the issue addressed and the identified food substances removed and destroyed.

A requirement is made to ensure this area is regularly monitored especially in the absence of permanent staff employed in the home. The findings should be monitored as part of the Regulation 29 monitoring reports and records should be retained.

### **Linen store**

A review of the previously identified linen store in a previous inspection identified a number of areas for concern. The issues observed are as follows:

- the linen store required to be totally cleaned;
- items such as uncovered oxygen tubing was observed to be stored on the floor
- items were observed to be inappropriately stored in this area;
- clinical items should not be stored alongside clean linen;
- personal clothing was stored in this area. It was unclear if these items were clean and they should not be stored alongside clean linen;
- there was out of date food supplements stored in this area; and
- items such as dressing packs, syringes, blood bottles were stored in among the linen and clothing.

The issue was raised with the director of operations, Gavin O'Hare Connolly, who made immediate arrangements to have the above matters addressed.

A requirement is made that this area is regularly monitored to ensure further episodes of inappropriate storage of equipment does not reoccur. This area should also be monitored as part of the Regulation 29 monitoring visits and the finding should be recorded.

## **5.5.2. Questionnaires**

### **Staff**

As part of the inspection process we issued questionnaires to staff. Ten questionnaires were given out and eight were completed and returned.

Most areas of the questionnaires were assessed by staff as being positive. Other comments are included below.

Regarding the inspection theme, staff were satisfied that arrangements were in place to manage patient's pain and patients are well supported and enabled to have a dignified death. Staff also agreed patients are afforded privacy, dignity and respect at all times and that care is based on individual needs and wishes.

The following comments were returned in the questionnaires:

- "Most satisfied that there are arrangements in place to manage pain."
- "Unsatisfied that there are supportive systems in place to enable staff to pay their respects following the death of a patient."
- "Unsatisfied as to the arrangements of training in place regarding safeguarding vulnerable adults and how to report poor practice."
- "Satisfied that patients are afforded privacy, dignity and respect at all times."
- "I put my heart and soul into my job to make sure every resident I tend to is provided with respect, dignity and independence."
- "Satisfied that patients receive timely support from the multidisciplinary team."
- "Most satisfied that patients are well supported to and enabled to have a dignified death."

## **Relatives**

Four relatives were spoken with during the inspection. Relatives were very supportive of the staff team, stating that they were always made welcome and was kept informed of her relative's wellbeing.

Comments included:

- "Staffing is well improved."
- "I feel more content now, I think things have well settled, my ..... is well cared for."
- "I think it is great here, staff are very attentive."
- "I could not say a bad word about the home."

There were 5 questionnaires were provided to relatives/representatives, three were returned with the following comments:

- "Care for my ..... to date is satisfactory, if that changes I will let them know as soon as possible."
- "Staff deliver good quality of care, I call at different times of the day and they are always busy."
- "Very satisfied with care provided, if I did have any issues I can approach the staff."

## **Patients**

There were four questionnaires completed by patients.

Their comments are as follows:

- "Quality of care is good."
- "Most satisfied that my medications are being given on time."
- "My food is very poor, e.g lumpy custard, stodgy potatoes, I have been assured that action is being taken."
- "Don't feel confident that staff listens to me."
- "Not satisfied most of the times with food, fish was hard unable to eat it today, last night's quiche was overcooked."

A recommendation has been made that the negative comments made by both staff and patients are investigated and where necessary actions are addressed. A record should be retained of the investigation, the outcome and where necessary the action taken to address the issues.

## **Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Davison, registered manager and Jim Cole, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gavin O'Hare Connolly, operations director as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

### **6.1 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 (Northern Ireland) 2005.

### **6.2 Recommendations**

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan				
Statutory Requirements				
<b>Requirement 1</b>  <b>Ref: Regulation 14 (2) (c)</b>  <b>Stated: First time</b>  <b>To be Completed by: 17 July 2015</b>	The registered persons shall ensure that the issues listed in section 5.4.1 are addressed without delay.			
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Areas of concern addressed on the day of the inspection, ongoing standards expected, communicated with staff responsible. Areas monitored by home manager to ensure compliance is maintained.			
<b>Requirement 2</b>  <b>Ref: Regulation 13 (7)</b>  <b>Stated: Second time</b>  <b>To be Completed by: 17 July 2015</b>	The registered persons shall ensure that the linen store on the ground floor should be reorganised to ensure storage is maintained in keeping with best practice. Ensure that all the issues listed in section 5.4.2 are addressed without delay.			
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> All areas reorganised on the day of the inspection. Monitored regularly by home manager.			
<b>Requirement 3</b>  <b>Ref: Regulation 17 (1)</b>  <b>Stated: First time</b>  <b>To be Completed by: 28 August 2015</b>	The registered persons shall ensure that the kitchen area and the identified linen store is regularly monitored to ensure further episodes of inappropriate storage of equipment does not reoccur. This area should also be monitored as part of the Regulation 29 monitoring visits and the finding should be recorded.			
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Areas monitored by home manager to ensure compliance and by the visiting senior manager during Reg 29 visits.			
Recommendations				
<b>Recommendation 1</b>  <b>Ref: Standard 7</b>  <b>Stated: First time</b>  <b>To be Completed by: 28 August 2015</b>	The registered persons shall ensure that issues raised by staff and patients are investigated and where necessary actions are addressed. A record should be retained of the investigation, the outcome and where necessary the action taken to have them addressed.			
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Issues raised with relevant staff departments. Training was completed by all staff for safeguarding, supported with individual supervisions, as necessary. No further issued raised during staff/resident meetings.			
<b>Registered Manager Completing QIP</b>		Karen McElherron	<b>Date Completed</b>	01.09.15
<b>Registered Person Approving QIP</b>		Caroline Denny	<b>Date Approved</b>	7.09.2015
<b>RQIA Inspector Assessing Response</b>		Donna Rogan	<b>Date Approved</b>	08/09/15

***\*Please ensure the QIP is completed in full and returned to [nursing.team@rqia.org.uk](mailto:nursing.team@rqia.org.uk) from the authorised email address\****