



Unannounced Secondary Care Inspection

Name of Establishment:	Somerton Private Nursing Home
Establishment ID No:	1296
Date of Inspection:	9 March 2015
Inspector's Name:	Heather Sleator
Inspection ID	INO21336

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

Name of Home:	Somerton EMI Private Nursing Home
Address:	77 Somerton Road Belfast BT15 4DE
Telephone Number:	(028) 9077 6786
E mail Address:	somertonnursing@btconnect.com
Registered Organisation/ Registered Provider:	Mr Henry Enda McCambridge
Registered Manager:	Ms Lynda Burton
Person in Charge of the Home at the Time of Inspection:	Ms Lynda Burton
Categories of Care:	Nursing - DE
Number of Registered Places:	26
Number of Patients Accommodated on Day of Inspection:	26
Scale of Charges (per week):	£550.00 per week
Date and Type of Previous Inspection:	Unannounced Secondary Inspection 21 May 2014
Date and Time of Inspection:	9 March 2015 10:00 – 15:30 hours
Name of Inspector:	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 the General Manager
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection.

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

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:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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

Somerton Private Nursing Home is situated on the Somerton Road. It is set in secluded surroundings with mature gardens and is within walking distance of local amenities on the Antrim Road in north Belfast

The nursing home is owned by Mr Henry Enda McCambridge and Mr Paul McCambridge has responsibility for the general management of the home.

The current registered manager is Ms Lynda Burton.

Accommodation for patients/ residents is provided on both floors of the home. Bedrooms both double and single are located on both floors and a passenger lift is provided. All rooms are linked to the nurse call system.

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided at the main entrance area of the home on the ground floor.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. There is a lawned area to the front of the home which provides a pleasant and secure garden for patients.

The home is registered to provide care for a maximum of 26 persons under the following categories of care:

Nursing care

DE dementia care

The certificate of registration was clearly displayed in the entrance foyer of the home.

3.0 Executive Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Somerton Private Nursing Home. The inspection was undertaken by Heather Sleator on 9 March 2015 from 10:00 to 15:30 hours.

The inspector was welcomed into the home by Lynda Burton, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Lynda Burton at the conclusion of the inspection.

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

As a result of the previous inspection conducted on 21 May 2014, four requirements and seven recommendations were issued.

These were reviewed during this inspection. The inspector evidenced that the requirements and recommendations had been fully complied with. Details can be viewed in the section immediately following this summary.

Summary

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 21 May 2014.

There was evidence that a continence assessment had been completed for the majority of patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patients' continence needs should identify the type of continence product to be used and the level of support and assistance patients' require. This information should also inform the care planning process. A recommendation has been made to ensure that continence assessments and care plans reflect the level of support that is required and the type of continence product/s to be used.

Discussion with the registered manager confirmed that staff were trained in continence care. Two registered nurses informed the inspector they were competent and had completed training. Further training for registered nurses will be scheduled by the registered manager. Continence awareness training was completed by 15 staff in April 2014. At this time 11 staff completed training in the management of constipation.

The registered manager is the link nurse for continence management in the home and was involved in the review of continence management and education programmes for staff. This is good practice and is commended.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home and known to staff.

Regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.

Additional Areas Examined

Care Practices
Nursing Care Records
Complaints
Finance
NMC Declaration
Patients Comments
Staff Comments
Environment

Details regarding the inspection findings for these areas are available in the main body of the report.

Conclusion

The inspector can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect. Good relationships were evident between staff and patients.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to recording specifically regarding care planning, restrictive practice and behaviours that challenge staff and the service.

Therefore, four recommendations are made. These recommendations are detailed throughout the report and in the quality improvement plan (QIP).

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

The inspector would also like to thank the staff who completed questionnaires.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (o)	<p>The registered person shall, having regard to the number and needs of the patients ensure that –</p> <p>(o) secure and safe outdoor space with seating, accessible to all patients is provided and appropriately maintained.</p>	<p>He lawned area at the front of the home has a fence surrounding it and this area is now a secure garden space for patients to enjoy.</p>	Compliant
2	12 (1) (a) (b)	<p>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 –</p> <p>(a) meet his individual needs</p> <p>(b) reflect current best practice</p>	<p>The review of the home's statement of purpose, nursing care records, staff training records, discussion with staff and the completion of questionnaires by 10 staff confirmed there had been an increased focus on dementia practice in the home.</p>	Compliant

3	20 (1) (c) (i)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(c) ensure that persons employed by the registered person to work in the nursing home receive –</p> <p>(i) appraisal, mandatory training and other training appropriate to the work they are to perform</p>	<p>20 staff completed face to face dementia awareness training in June 2014. This area of training has been included in the staff training plan for 2015.</p> <p>The registered manager and the general manager had also completed this training.</p>	Compliant
4	10	<p>(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill</p>	<p>The registered manager and the general manager had completed training in the following areas from the previous inspection of May 2014;</p> <ul style="list-style-type: none"> • fire safety • first aid • safeguarding vulnerable adults • moving and handling • dementia awareness <p>The registered manager had also</p>	Compliant

		<p>(2) If the registered provider is (b) an organisation, it shall ensure that the responsible individual undertakes; From time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the nursing home.</p> <p>(3) The registered manager shall undertake from time to time such training as is appropriate to ensure he has the experience and skills necessary for managing the nursing home.</p>	<p>completed training in;</p> <ul style="list-style-type: none"> • appraisal • supervision • grief and loss in dementia care 	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.13	It is recommended that the registered person includes details of training undertaken by staff in the annual reports.	The annual report for the year 2014 was submitted to RQIA and details of training completed by the staff team were included.	Compliant
2	28.4	It is recommended that the registered person formalises arrangements to update care staff in pressure area care.	Pressure area care is now included at the time of staff induction to the home. Wound management and skin care is a module on the home's eLearning programme which staff must complete. The registered manager has a monthly training schedule displayed which staff must adhere to.	Compliant
3	12 and Nutritional guidelines and menu checklist for residential and nursing homes.	It is recommended the interval between the evening snack and breakfast the next morning should not be more than 12 hours. Consideration should be given to moving the timing of the evening meal to 17:00 hours from 16:30 hours.	<p>There are two sittings at the midday and evening meal to afford staff more time with those patients who require assistance.</p> <p>The evening meal is served at 17:00 hours. Evening supper is at 19:30 and night staff provide a late supper for patients.</p>	Compliant
4	1.1	It is recommended the values that underpin the standards inform the philosophy of care and staff consistently demonstrate the integration of these values within their practice.	<p>The dining room was repainted and appears bright and attractive.</p> <p>Table settings had been enhanced through the use of condiments on dining tables, new placemats and new glassware.</p>	Compliant

		The appearance of dining tables and crockery used should enhance patients' independence at mealtimes.		
5	12.4	It is recommended the daily menu is displayed in a suitable format and in an appropriate location, so that patients, and their representatives, know what is available at each mealtime.	The day's menu was displayed in the dining room in a format suitable for persons with dementia.	Compliant
6	12.10	It is recommended there are adequate numbers of staff present when meals are served to ensure:- <ul style="list-style-type: none"> • risks when patients are eating and drinking are managed • required assistance is provided 	As previously stated there are two sittings at meal times. This has enabled staff to focus their attention on the more highly dependent patients who need more assistance from staff.	Compliant

7	12.10	<p>It is recommended that the arrangements at the serving hatch are revised so as desserts are not left beside receptacles for food waste</p> <p>Food being transported to patients who do not take their meals in the dining room should be taken on a tray which has been properly set with napkins and condiments. Food should be covered when being transported.</p> <p>Deserts should not be placed in front of patients when they are still eating their main course. Dairy produce should not be placed on trolleys until the point of serving.</p>	<p>The inspector observed the serving of the midday meal. There was segregation of dishes at the serving hatch so as used main course plates and desserts were not placed adjacent to each other.</p> <p>Meals were transported by trays to those patients who did not come to the dining room for the midday meal.</p> <p>Dessert was not served to patients until the main course had been eaten.</p> <p>Dairy produce was not placed on serving trolleys until the point of service.</p>	Compliant
8	34.3	<p>It is recommended that storage should be cleared out of the upstairs shower room so as patients may have a shower, if they so wish.</p>	<p>The upstairs shower room was viewed and this room is no longer used for storage purposes.</p>	Compliant

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 the previous inspection. The incidents are being managed in accordance with the regional adult protection policy by the safeguarding team within the Belfast Health and Social Care Trust.

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed:	COMPLIANCE LEVEL
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
Inspection Findings:	
<p>Review of three patients' care records evidenced that bladder and bowel continence assessments were undertaken. The outcome of these assessments, including the type of continence products to be used, was incorporated into one patient's care plan on continence care. However, there was a lack of consistency in completing the continence assessment as two assessments were not fully completed. The assessment should state the type of continence product required and this information should be transferred to the care plan.</p> <p>A recommendation has been made that registered nurses must ensure that assessment information identifies the type of continence product to be used and the level of support the patient requires. This information should be incorporated into the patient's continence management care plan.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. Care staff monitor the patients' bowel patterns and reference the Bristol Stool chart. However, this information was not in evidence in patients' progress records maintained by registered nurses. A recommendation has been made to ensure nursing staff record and monitor patients' bowel patterns in the progress records and the monthly evaluation of the care plan.</p> <p>The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patient's care record evidenced that patients or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	<p align="center">Substantially Compliant</p>

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings: The inspector can confirm that the following policies and procedures were in place; <ul style="list-style-type: none"> • continence management / incontinence management • catheter care The following guidelines were available to staff in the home: <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. 	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable	Not Applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager and nursing staff revealed that two the registered nurses in the home were deemed competent in male/female catheterisation. The registered manager informed that training would be scheduled for registered nurses in male/female catheterisation and will be sourced from the Trust. Continence management training was completed by 15 staff in April 2014, at this time 11 staff also completed training in the management of constipation. A continence link nurse was working in the home and was involved in the review of continence management and education programmes for staff. This is good practice and is commended. Regular audits of the management of incontinence are undertaken and the findings acted upon to enhance already good standards of care.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Compliant
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings.

11.2 Nursing Care Records

The review of three patients' nursing care records evidenced a satisfactory standard of recording in respect of the nursing process. Recommendations have been made regarding two areas for improvement. These were;

- restrictive practice – where a patient uses a lap belt whilst in a wheelchair the assessment of need/risk assessment should clearly identify the need for the lap belt. The continued use of a lap belt or any form of restrictive practice should be reviewed on a regular basis, in accordance with best practice guidelines. A recommendation has been made.
- management of behaviours that challenge – where a patient displays a distressed reaction the behaviour should be clearly documented. The review of one patient's continence care plan evidenced the statement "can be very aggressive and agitated when toileting". There was no information in the patient's progress records what the behaviour actually was or how often it occurred. The review of the patient's progress records did not evidence any distressed reactions had occurred. A recommendation has been made.

11.3 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

11.4 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.5 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.6 Patients' Views

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed their satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

11.7 Staff's Comments

During the inspection the inspector spoke with 8 staff including nursing, care and ancillary staff. The inspector was able to speak to a number of these staff individually and in private. Staff responses in discussion indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

Examples of staff comments were as follows;

“we provide high quality care.”

“there is a friendly atmosphere here, good management and good resident care.”

“residents enjoy the daily activities.”

11.8 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene. There were no malodours in the home.

Requirements and recommendations made at the previous inspection of May 2014 in respect of the environment had been addressed. This included the provision of a secure garden area for patients to enjoy and enhancing the environment to be more dementia orientated.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Lynda Burton, registered manager, 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

Unannounced Secondary Inspection

Somerton Private Nursing Home

9 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 Lynda Burton, registered 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.

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	19.1	The assessment of patient need in respect of continence management should identify the type of continence product to be used, where applicable, and the level of support the patient needs. This information should be transferred to the continence care plan. Ref:19.1	One	All continence assessments now identify the type of product used and have been transferred to resident's care plans	One month
2	19.1	Nursing staff should monitor patients' bowel patterns using the Bristol Stool chart. Where this information is recorded by care staff the information should be transferred to patients' nursing records and monitored and evaluated by registered nurses. Ref: 19.1	One	Information recorded by care staff is now transferred to resident's records and monitored by nurses	One month
3	10.7	Nursing care records should clearly evidence that where any restrictive practice is used i.e. lap belts, registered nurses are monitoring and evaluating the continued use of the restrictive practice in accordance with professional guidelines. Ref: 11.2	One	Registered nurses are continually monitoring and evaluating the continued use of restrictive practice in accordance with professional guidelines	One month

4	10.7	<p>If a patient displays distressed reactions registered nurses should accurately record what the distressed reaction was and how the patient responded to care interventions.</p> <p>Any statement written in nursing care records must be supported by evidence i.e. details of the type and frequency of the behaviour.</p> <p>Ref: 11.2</p>	One	<p>Nurses fully aware that statements recorded must be fully supported by evidence in particular to distressed reactions displayed by residents.</p>	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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Lynn Burton
Name of Responsible Person / Identified Responsible Person Approving Qip	Paul McCambridge

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	<i>Sharon Sleater</i>	05/06/15
Further information requested from provider			