



The Regulation and
Quality Improvement
Authority

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**Unannounced Care Inspection
of
Hollygate**

4 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 04 June 2015 from 10.00 to 16.00 hours.

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 28 November 2014.

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
Total number of requirements and recommendations made at this inspection	2	5

The total number of requirements and recommendations above includes both new and those that have been 'restated'.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Hollygate Care Services Ltd Craig Cecil Emerson (Acting)	Registered Manager: Irene Margaret McBurney
Person in Charge of the Home at the Time of Inspection: Irene Margaret McBurney	Date Manager Registered: 01 April 2005
Categories of Care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 20
Number of Patients Accommodated on Day of Inspection: 20	Weekly Tariff at Time of Inspection: £593 to £ 693

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 analysed:

- 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
- pre inspection assessment audit

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with three patients, two care staff, two nursing staff and two patient's visitors/representatives.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- five patient care records
- staff training records
- complaints records
- policies for communication and end of life care
- policies for dying and death 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 24 November 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 28 November 2014.

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (b) Stated: First time	The registered person must ensure that a care plan is put in place for an identified patient with regard to a specific pain management issue Action taken as confirmed during the inspection: The inspectors confirmed that a care plan was in place and evaluated appropriately.	Met

<p>Requirement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p>	<p>The registered person must ensure that arrangements are in place to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse by:</p> <ul style="list-style-type: none"> ensuring that all complaints are assessed in accordance with the regional Safeguarding of Vulnerable Adults (SOVA) guidance and any safeguarding issue contained therein are referred to the designated officer for adult safeguarding within the Trust in a timely manner. The home should not initiate any investigation regarding safeguarding issues until directed to do so by the safeguarding team 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspectors confirmed that complaints were assessed in accordance with SOVA guidance. The registered manager confirmed that any complaint regarding safeguarding would be recorded in the complaints record, rather than in two separate locations.</p> <p>The registered manager demonstrated an awareness of the protocol for initiating investigations.</p>		

Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p>	<p>It is recommended in relation to wound care management:</p> <ul style="list-style-type: none"> the dimensions of a wound should be recorded as per NICE guidelines on the wound observation chart each time the wound is dressed; regular photographic evidence of the wound should be present in the patient's care records <p>Action taken as confirmed during the inspection:</p> <p>The inspectors confirmed that wound observation charts were completed at the time wound dressings were changed. However, the dimensions of a wound in one care record did not evidence that the dimensions were recorded on the wound observation chart.</p> <p>There was evidence that wound photographs had been taken and these included a measurement tape. The registered manager confirmed that the digital date on the camera would be corrected, to ensure that the photographs would indicate the accurate date the photographs were taken.</p> <p>Given that this recommendation has been stated two times, a requirement is now made.</p>	<p>Not Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 28.4</p> <p>Stated: Second time</p>	<p>It is recommended all nursing staff complete training regarding wound management.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspectors confirmed that wound care training had been completed by six registered nurses. The registered manager confirmed that further dates were in place for three registered nurses to attend wound training.</p>	<p>Met</p>

<p>Recommendation 3</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p>	<p>It is recommended that a supplementary bowel assessment such as Bristol stool chart informs the care plan and evaluation process</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspectors confirmed that patients' bowel function was recorded on a daily basis, using the Bristol stool chart. A review of two patients' care records identified that bowel type was recorded on admission. However, there was no evidence that the frequency of patients' bowel movements had been identified and the care plans examined did not indicate the patient's normal bowel pattern.</p> <p>This recommendation is stated for the second time.</p>	<p>Not Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"> • evidence based guidelines in relation to bowel / bladder care are sourced and made available to staff • that policies / procedures in relation to continence / incontinence management include stoma and catheter care and are further developed /reviewed to include evidence based references • regular formal audits of the management of incontinence are undertaken <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspectors confirmed that the policies regarding continence / incontinence and the management of stomas and catheter care were reviewed, in line with current best practice.</p> <p>Best practice guidelines were available.</p> <p>Regular audits of incontinence were available. In view of recommendation three above, the content of the audits was discussed with the registered manager, who agreed to review the format, to ensure that there was traceability of information in the auditing process.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p>	<p>It is recommended that all registered nurses receive an update on male and female catheterisation, care of supra-pubic catheters and management of stoma care until 100% compliance is achieved</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of training records identified that seven registered nurses had completed catheterisation training. However, the training dates were not current. This was discussed with the registered manager, who confirmed that urinary catheterisation was performed on a regular basis by all registered nurses in the home.</p> <p>A new recommendation is made to ensure that competency assessments are maintained, to ensure that the knowledge, skills and competence of registered nurses is up to date.</p>		

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

There was no policy available regarding communicating effectively and on breaking bad news. However, discussion with the registered manager and two registered nursing staff demonstrated that they were knowledgeable regarding the communication skills required to break bad news effectively.

A sampling of two 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. Discussion with the registered manager confirmed that there were additional dates planned for additional registered nurses to complete this training.

Is Care Effective? (Quality of Management)

Care records did not reflect patients' individual needs and wishes regarding the end of life care or make reference to the patient's specific communication needs.

A review of three care records evidenced that options and treatment plans and the breaking of bad news was discussed with patients and/or their representatives. There was evidence within the records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news. When the need for breaking of bad news was raised, two care staff felt that they would refer relatives to the registered nurses.

Is Care Compassionate? (Quality of Care)

Discussion was undertaken with five staff, including two registered nurses who had the responsibility of being in charge of the home, regarding how staff communicates with patients and their representatives. All staff demonstrated a good awareness, relevant to their role, of the need for sensitivity when communicating with patients and/or their representatives. We observed a number of communication interactions throughout the inspection that confirmed that this knowledge was embedded into practice. These observations included staff assisting patients with personal care, assisting patients with meals and speaking with frail patients. There was a calm atmosphere in the home throughout the inspection.

Staff spoken with emphasised the importance of developing good relationships with patients and/or their representatives. Nursing staff consulted were able to demonstrate how they delivered bad news sensitively.

We consulted three patients and two patient representatives during the inspection who confirmed that patients were treated with respect and dignity at all times. Both patient representatives spoken with stated that the staff were very supportive, patients were treated with respect and dignity and that the care was very good. A review of the compliments records evidenced that patient representatives' were appreciative of the care and support provided to them when their relative was receiving end of life care.

Areas for Improvement

The policy on breaking bad news should be developed in line with current best practice guidelines.

Number of Requirements:	0	Number of Recommendations: *One recommendation is included under standard 32 below.	0*
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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)

Policies and procedures on the management of palliative and end of life care were available in the home. These included the procedure for managing the dying process and care after death. The policy 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. A folder containing guidance documents was available for staff reference. This included guidance for the management of symptoms in adults in the last few days of life and the GAIN Palliative Care Guidelines, February 2013. Two registered nursing staff were aware of and able to demonstrate knowledge of the GAIN Palliative Care Guidelines.

A review of training records evidenced that 13 staff had completed recent training in respect of palliative/end of life care; and death, dying and bereavement. Discussion with the registered manager confirmed that plans were in place for additional staff to complete this training.

Discussion with two registered nurses confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. A review of five care records and discussion with two registered nurses 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 not in place. However, discussion with two registered nurses confirmed their knowledge of the procedure to follow, if such equipment or medication was required.

There was no specialist equipment, in use in the home on the day of inspection. Considering that the home is registered to provide care for patients who are terminally ill, the training needs of staff were discussed with the registered manager who provided assurances that training in the use of syringe drivers would be accessed through the local healthcare trust nurse.

There was no identified palliative care link nurse identified. This was discussed with the registered manager, who confirmed that arrangements were in place to provide training to one registered nurse, who would undertake this role.

Is Care Effective? (Quality of Management)

A review of five care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered, on admission.

A review of three patient care records evidenced that end of life care was addressed on admission, as appropriate. There were records of discussions regarding funeral arrangements and the relevant persons who were to be contacted in the event of a death. Patients who were on the palliative care register had a care plan in place to address their palliative care needs. This included reference to spiritual and religious preferences. Two out of three care records reviewed did not evidence that end of life care had been included in the care plans. However, there was an end of life operational system in place, to assist in the development of individual care plans and two registered nursing staff consulted demonstrated an awareness of this process that was in the process of being developed.

Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A key worker/named nurse was identified for each patient approaching end of life care. There was evidence that referrals had been made to the specialist palliative care team and where instructions had been provided, these were evidently adhered to.

Discussion with the manager and two registered nurses 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. Through discussion there was evidence that staff had managed shared rooms sensitively.

A review of notifications of death to RQIA during the previous inspection year evidenced that all deaths were notified appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with two registered nursing staff and a review of five care records evidenced that patients and/or their representatives had been consulted on admission in respect of their cultural and spiritual preferences regarding end of life care. Both nursing staff consulted demonstrated an awareness of patient's expressed wishes and needs.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff consulted demonstrated their experience of providing catering/snack arrangements to family members during this period.

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

Discussion with the registered manager 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.

All staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death.

From discussion with the registered manager and two nursing staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included 1:1 counselling where the more experienced nursing staff considered the feelings of staff who were new to the caring role.

Information regarding support services was available and accessible for staff, patients and their relatives. This information was contained in a bereavement box and included information leaflets from the Health and Social Care Bereavement Network. The information included a guide for talking with and supporting children following a death, information and guidance after the death of a relative or friend, in a nursing home and a leaflet on grief and bereavement.

Areas for Improvement

It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. The care plans should include patients' and or their representatives' communication needs and wishes; cultural, spiritual and religious preferences; and environmental considerations.

The policies on death, dying and bereavement; and the policy of palliative and end of life care should be developed in line with current best practice and should include guidance on managing shared rooms; accessing specialist equipment and medications; and communication skills required for breaking bad news.

A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.

Number of Requirements:	0	Number of Recommendations:	3
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5.5 Additional Areas Examined

Staffing

Staffing arrangements were reviewed and were deemed to be appropriate to meet the patients' needs.

Questionnaires

As part of the inspection process we issued questionnaires to staff, patients and their representatives.

Questionnaire's issued to	Number issued	Number returned
Staff	10	7
Patients	4	4

All comments on the returned questionnaires were in general positive. Some comments received are detailed below:

Staff

"The home delivers high standard of care and end of life care"
 'The support given to each other is fantastic. This place feels like a home from home'
 'It is the patients' home at the end of the day'
 'I treat these vulnerable people as I would like to be treated towards the end of my life'
 'I find the quality in this home outstanding'
 'It is a friendly, family-like home and a high standard of care'
 'Homely place to work'
 'The manager has very high standards and it is a pleasure to work to those standards'

Patients

"The view from the window is very good. I am always looking outside"
 'The food is good because I am very fussy'

Environment

A tour of the premises was undertaken. The home presented as comfortable and all areas were maintained to a high standard of hygiene, with the exception of one identified sluice room, where a number of issues were identified that posed a risk to cross-contamination of infection.

This conclusion was evidenced by the following:

- bed pans, vases and toilet seat risers were stored on the floor
- the bed pan rack were rusted with metal exposed
- cleaning materials were maintained in an unlocked cupboard
- damage to the paint work on internal pipes
- no lid to the sluice cistern
- paper signage was observed to be un-laminated

The issues identified were discussed with the registered manager. A requirement is made to ensure that the registered persons make suitable arrangements to ensure that the standard and monitoring of cleanliness in the identified sluice room is maintained. Incorporated into this requirement is the need for robust systems and processes to be put in place, that specifically address the issues outlined above.

One sitting room was observed to have seven wheelchairs and a hoist stored to one side of the room. This was discussed with the registered manager, who confirmed that alternative storage areas were not available. Following the inspection, this was discussed with Mr Mark Emerson, who agreed to review the storage facilities for wheelchairs with the architect that is planning the proposed extension to the ground floor. A recommendation is made in this regard.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager 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 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

Requirement 1

Ref: Regulation 19 (1)
(a) Schedule 3 (3) (K)

Stated: First time

To be Completed by:
02 August 2015

The registered person must ensure that record keeping is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance including:

- the dimensions of a wound should be recorded as per NICE guidelines on the wound observation chart each time the wound is dressed;
- regular photographic evidence of the wound should be present in the patient's care records.

This requirement has previously been made twice, as recommendations.

Response by Registered Person(s) Detailing the Actions Taken:

Letters issued to all Nursing staff regarding the above, presently the wound charts are now being recorded with dimensions and updated photographs to be added every two weeks.

Requirement 2

Ref: Regulation 27 (2)
(b) (d)

Stated: First time

To be Completed by:
02 August 2015

The registered person must make suitable arrangements to ensure that the standard and monitoring of cleanliness in the identified sluice room is maintained. This must include robust systems and processes that provide traceability and follow up on identified areas.

The registered person must ensure that the refurbishment plan is reviewed and revised including realistic and appropriate timescales for the completion of works.

A copy of the reviewed plan should be forwarded to RQIA with the completed QIP.

Response by Registered Person(s) Detailing the Actions Taken:

The sluice room has been refurbished which included the following; new flooring, storage rack painted, entire room painted, cistern cover replaced.

In addition a new flushing handle and splashback for the sink are to be fitted in the next week to complete the refurbishment.

A copy of the cleaning audit for the sluice room is enclosed.

Recommendations	
Recommendation 1 Ref: Standard 19.1 Stated: Second time To be Completed by: 02 August 2015	It is recommended that a supplementary bowel assessment such as Bristol stool chart informs the care plan and evaluation process
	Response by Registered Person(s) Detailing the Actions Taken: The Bristol Stool Chart already informs the care plans which includes type and frequency. The type and frequency have now been included in the activities of living as requested.
Recommendation 2 Ref: Standard 39.9 Stated: First time To be Completed by: 02 August 2015	It is recommended that the registered manager should ensure that competency assessments are maintained regarding urinary catheterisation, to ensure that the knowledge, skills and competence of registered nurses is up to date.
	Response by Registered Person(s) Detailing the Actions Taken: Competency assessments are now in place which includes all of the above. These will be maintained every six months.
Recommendation 3 Ref: Standard 4.1 & 4.5 Stated: First time To be Completed by: 02 August 2015	It is recommended that registered nurses develop care plans, as relevant, on patients requiring end of life care. Care plans should include patients' and or their representatives': <ul style="list-style-type: none"> • Communication needs and wishes • Cultural, spiritual and religious preferences • Environmental considerations.
	Response by Registered Person(s) Detailing the Actions Taken: All nurses have received the above information and have been requested to include same in the plan of care. Recent audit of one care plan evidenced this.

<p>Recommendation 4</p> <p>Ref: Standard 36.2 & 36.4</p> <p>Stated: First time</p> <p>To be Completed by: 02 August 2015</p>	<p>All policies and procedures should be reviewed to ensure that they are subject to a three yearly review.</p> <ul style="list-style-type: none"> • A policy on palliative and end of life care should be developed in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> and DHSSPSNI (2003) <i>Breaking Bad News</i>. • A policy on death and dying should be developed in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> and should include the procedure for dealing with patients' belongings after a death and the management of shared rooms. • A protocol on accessing specialist equipment and medications should be developed. <p>The policies and guidance documents listed above, should be made readily available to staff.</p>
<p>Recommendation 5</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be Completed by: 02 August 2015</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: A palliative and end of life care policy was in place as per regional guidance. A policy on Breaking Bad news has now been developed in line with DHSSPSNI (2003).</p> <p>The management of shared rooms in death and dying has now been included in policy, as have the procedures regarding the management of a residents' belongings after death and the use of the bereavement bags.</p> <p>A protocol has been developed on assessing specialist equipment and medicines.</p>
	<p>A palliative care link nurse should be appointed, to ensure that there is a nominated person in the home with up to date knowledge and skills in providing symptom control and comfort.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A palliative care link nurse has been allocated, this nurse is up to date in palliative care training and is attending a train the trainer course on 15th July 2015. This nurse has a special interest in palliative care and will ensure all other staff are up to date with recent developments.</p>

Recommendation 6 Ref: Standard 44.8 Stated: First time To be Completed by: 02 August 2015	The responsible persons should review the storage arrangements for wheelchairs and hoists that were stored in the first floor sitting room.		
	Response by Registered Person(s) Detailing the Actions Taken: One hoist is located on the first floor and one hoist on the ground floor. Wheelchairs have all been labelled with numbers for storage and cleaning purposes. At night the wheelchairs are stored in the residents' rooms. At present there is no alternative location to store the wheelchairs during the day as they need to be in close proximity to the residents in case of an emergency evacuation. This situation is under review and an application for variation has been submitted to the RQIA.		
Registered Manager Completing QIP	Irene McBurney	Date Completed	10/07/15
Registered Person Approving QIP	Craig Emerson	Date Approved	10/07/15
RQIA Inspector Assessing Response	Aveen Donnelly	Date Approved	06/08/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address