

Unannounced Care Inspection Report 27 February 2017



The Glebe Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW

Tel no: 028 9084 8212

Inspector: James Laverty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of The Glebe Care Centre took place on 27 February 2017 from 09.40 to 16.20.

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

Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. Staff were knowledgeable in relation to their specific roles and responsibilities. A review of the home confirmed that the premises were generally well maintained and noted to be clean, clutter free and warm. However, weaknesses were identified in the delivery of safe care specifically in relation to the provision of a stair gate on the 1st floor which was both ineffective and observed to be used inconsistently by staff. Shortfalls were also identified in relation to the storage of chemicals which were not stored in adherence with Control of Substances Hazardous to Health (COSHH) Regulations. Moving and handling equipment was not stored in accordance with best practice guidelines for Infection prevention and control. Two requirements and one recommendation have been stated to ensure compliance and drive improvements.

Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. All patients and relatives spoken with commented positively regarding the care being delivered while staff members spoke enthusiastically about their roles. Weaknesses were identified in the delivery of effective care specifically in relation to the use of restrictive practices and the monitoring of patients assessed at risk of falling. Two recommendations have been stated to ensure compliance and drive improvements.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and in the majority timely. Patients were observed to be afforded choice, privacy, dignity and respect. Patients who had difficulty verbalising their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner. Observations made in relation to the serving of the lunchtime meal identified some areas for improvement. One recommendation has been stated to ensure compliance and drive improvements.

Is the service well led?

There was evidence that overall systems and processes were in place to help ensure the delivery of safe, effective and compassionate care. Discussion with staff evidenced that there was a clear organisational structure within the home.

A review of records evidenced that complaints were not recorded in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and Care Standards for Nursing

Homes, 2015 (DHSSP'S). One recommendation has been stated to ensure compliance and drive improvement.

The term 'patients' is used to describe those living in The Glebe Care Centre which provides both nursing and residential care.

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

1.1 Inspection outcome

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

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

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

1.2 Actions/enforcement taken following the most recent care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 November 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Christopher Walsh	Registered manager: Geraldine Boyce
Person in charge of the home at the time of inspection: Geraldine Boyce	Date manager registered: 28 June 2012
Categories of care: RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	Number of registered places: 38

3.0 Methods/processes

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

- 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 plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit.

During the inspection we met with 11 patients, one relative, one registered nurse, three care staff, one senior care staff, two catering staff and one ancillary staff member.

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

The following information was examined during the inspection:

- five patient care records
- staff duty rotas for the current and preceding week
- staff training records
- accident and incident reports
- complaints records
- a sample of audits
- minutes of staff meetings
- minutes of patients/relatives meetings
- induction records for agency registered nurses
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 November 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 16 November 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that mandatory training is completed by all staff in accordance with the responsibilities of the post and recommended refresher/training frequencies. A robust system to monitor staff compliance with training requirements must be established.</p> <p>Action taken as confirmed during the inspection: A review of staff training records evidenced that mandatory training was completed by staff with appropriate systems in place to address non-compliance.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 21 Schedule 2</p> <p>Stated: First time</p>	<p>The registered provider must ensure that all required information relating to the recruitment and selection of staff is retained in the home. The information must be available for inspection.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of records evidenced that recruitment and selection records pertaining to staff were available on the day of inspection,</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 39.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure a robust system is established to regularly monitor the registration status of staff with their professional bodies, the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) and evidence is present of any/all monitoring checks undertaken.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced that NMC and NISCC records were available within the home and subject to a monthly audit by the registered manager.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 37.1 and E55</p> <p>Stated: First time</p>	<p>The registered provider should review the suitability of the location and function of the nurses' station on the first floor. The review should include the provider and staffs responsibility regarding data protection, confidentiality and the safe storage of records.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A desk and shelving was in place which afforded an adequate level of privacy for nursing staff. Two lockable metal cabinets were also in place and being used to store patients' records.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 37.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that any record retained in the home which details patient information is stored safely and in accordance with DHSSPS policy, procedures and guidance and best practice standards.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>No care or supplementary care records which identified patients were observed to be on display in communal areas or stored inappropriately during the inspection.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that registered nurses assess, plan, evaluate and review care in accordance with NMC guidelines regarding records and record keeping.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that care plans were written and reviewed in a timely manner and reflected a range of appropriate risk assessments. All records reviewed were in accordance with NMC guidelines.</p>		

<p>Recommendation 5</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure that there are robust systems in place to discharge, monitor and report on the delivery of nursing care, in particular, the auditing processes in relation to care records.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of records provided by the registered manager evidenced that care records were audited at monthly intervals. Audit findings were disseminated to nursing staff and there was evidence that these had been re-audited by the registered manager to ensure quality improvements.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered provider should that there are effective communication systems operational in the home so as to ensure staff are in receipt of the required information to meet patient need and meet the responsibilities of their job role. This includes the shift handover report and the frequency of staff meetings.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussions with the registered manager and a number of staff confirmed that staff attend a handover report at the beginning of every shift. Records also evidenced the provision of regular staff meetings which staff were actively encouraged to attend.</p>		
<p>Recommendation 7</p> <p>Ref: Standard 35.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure the monthly quality monitoring report includes the time of commencing and finishing the monitoring visit and that the identity of persons contributing to the visit id not readily identifiable.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of monthly quality monitoring visits evidenced that the start time was recorded at each visit along with the identity of who was conducting the visit. A completion time was not noted although following discussion with a senior inspector and the registered manager it was agreed that a start and completion time was no longer required within existing regulatory standards.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A sample of duty rotas for a two week period were reviewed and evidenced that planned staffing levels were adhered to. Discussion with patients and representatives evidenced that there were no concerns regarding staffing levels.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility and in relation to adult safeguarding. Observation of the delivery of care generally evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Review of the current training matrix/schedule for 2016/17 indicated that there was an effective system in place to ensure mandatory training requirements were met and measures were in place to address non-compliance. During discussions with the registered manager it was noted that although staff attendance at training is reviewed on a monthly basis, this information was not recorded. The registered manager was encouraged to ensure that there is a record of such monthly checks to ensure that a robust and auditable approach is maintained in relation to staff training. The registered manager also advised that there was no First Aid trainer available at present and advised that this matter would be discussed with her line manager.

Records provided evidence of an induction pro forma for registered agency nursing staff which could be used when necessary. Records also confirmed that there were out of hours and on-call arrangements in place should there be any queries or concerns.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, sluices, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be well decorated, warm and comfortable. Fire exits and corridors were observed to be clear of clutter and any obstruction. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The plaster surrounding a wall socket in one patient's bedroom was in disrepair and posed a potential health and safety risk. This matter was brought to the registered manager's attention and was repaired before the conclusion of the inspection. Concerns also arose in relation to the laundry facilities within the home. Observation of the laundry and discussion with the registered manager evidenced that the laundry is very small and as a consequence staff are required to leave filled laundry bags lying outside on the ground adjacent to the laundry entrance. Although shelving is in place to facilitate storage of laundered clothing the environment remains notably cramped. The registered manager stated that the one available washing machine and tumble dryer is inadequate for the scale of laundering required on a daily basis and has therefore been encouraged to raise this as a matter of urgency with her line manager. This matter has been highlighted to the estates inspector for further consideration.

A metal stair gate located at the top of a flight of stairs posed potential risks to patients' health and safety. Discussion with staff indicated that the stair gate was in place to prevent mobile patients gaining access to the stairwell. However, the locking mechanism on the gate was ineffective as the gate opened when gently pushed against. A number of staff were observed opening the stair gate when entering and exiting the first floor without ensuring that it was closed and secured before walking away. As a consequence, both matters exposed patients to a significant risk of harm. A requirement was made in relation to same.

Shortfalls were also noted in relation to the safe storage of chemicals within the home. A plastic spray container which was labelled “bleach” was observed to be within patient reach on top of a cabinet in a communal toilet area. A requirement was made regarding the safe storage of chemicals within the home

During a review of a bathroom on the ground floor, it was observed that 2 patient hoists and slings were inappropriately stored. This practice posed potential infection control risks and was discussed with the registered manager. A recommendation was made.

Areas for improvement

A requirement has been made to ensure that all aids and equipment used in the home is suitable for the purpose for which it is used and in good working order. This is in reference to the use of a stair gate as previously discussed.

The registered person must ensure that all chemicals are stored in adherence with COSHH Regulations. A requirement has been made.

A recommendation has been made in regards to the storage of moving and handling equipment to ensure best practice guidance for infection prevention and control are adhered to.

Number of requirements	2	Number of recommendations	1
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4.4 Is care effective?

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. Both were generally reviewed and updated on a monthly basis.

Care records accurately reflected that were appropriate referrals made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians and any recommendations made were adhered to.

Supplementary care charts, such as repositioning, food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

Seven care records were reviewed as part of the inspection process. Weaknesses were identified with regards to the use of restrictive practices. One patient’s care records which indicated that a pressure mat was in use in order to alert staff when the patient was mobilising without supervision was reviewed. While the care records did include a relevant care plan, there was no record showing that the intervention had been appropriately risk assessed so as to ensure that the restrictive practice was necessary and proportionate or that the decision to implement restrictive practices had been discussed with the patient and/or representative or members of the multidisciplinary team (MDT). A ‘restraint register’ was maintained by the registered manager to monitor the use of restrictive practices within the home however it did not include information about this patient. A recommendation was made in relation to the management of restraint and/or restrictive practices.

A patient seated in a lounge was observed on several occasions trying to rise from her chair unaided and was assisted back to a seated position by a visiting relative of another patient. A review of the patient's care records evidenced that they had sustained five recorded falls during a recent two month period. The completed falls risk assessment identified a "high risk" of falls. Despite an alarm being sounded to indicate that the patient was attempting to stand unaided, staff did not respond in a timely manner thereby placing the patient at potential risk of injury. A recommendation was made.

Areas for improvement

The registered provider should ensure that where restraint or restrictive practices are being employed, relevant risk assessments should reflect this and demonstrate how the intervention(s) being implemented is necessary and proportionate. Collaboration with the patient and/or representative and members of the MDT should be evidenced as appropriate. A recommendation has been made.

The registered person should ensure that patients who are assessed as being at a risk of falling receive safe, effective and person centred care at all times. A recommendation has been made.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and in the majority of occasions timely with the exception of the example referred to in section 4.4. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"I couldn't say a word against the place."

"It's a home from home."

"It's a very happy place to be."

"The staff are great."

Patients who had difficulty verbalising their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Patients and members of staff spoken with confirmed that patients were listened to, valued and communicated with in an appropriate manner.

Discussions with staff provided evidence of good staff morale and a clear sense of teamwork and all staff expressed a high level of confidence in the management of the home.

In addition to speaking with patients, relatives and staff, RQIA provided 10 questionnaires for staff to complete, 6 for relatives and 5 for patients. At the time of writing this report four relatives have returned their questionnaire with all of them expressing a high level of satisfaction with the quality of care provided within the home. Of the 10 staff questionnaires

distributed, 4 have been received within the identified timescale for return and indicated that care within the home was safe, effective, compassionate and well led. In addition, 3 patient questionnaires have also been returned within the identified timescale and were either “satisfied” or “very satisfied” with the care they received.

An observation of the lunch time meal identified the following areas for improvement. One patient was observed seated at a table during lunch at which there were no condiments available. The table was observed to be untidy and cluttered with some items belonging to staff. Discussion with staff evidenced that although the patient preferred to sit at this particular table they did not recognise the need to ensure that the table was suitably presented so as to promote the patient’s dignity and respect. A recommendation has been made.

Areas for improvement

The registered person should ensure that all meals are served in such a manner as to promote and safeguard the dignity and respect of patients at all times.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home and a certificate of public liability insurance was current and displayed.

Discussion with the registered manager and a review of care records confirmed that the home was operating within its registered categories of care.

Records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and a review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, infection prevention and control, incidents/accidents.

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

The registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. However, it was noted that staff signatures were not always obtained as a record of attendance. This was discussed with the registered manager who agreed to obtain signatures of attendees at all future staff meetings.

A review of the minutes for the most recent patient/relatives meeting evidenced that two complaints had been expressed, but had not been recorded in the home's complaints records. While the registered manager was able to demonstrate that the complaints had been addressed, all expressions of dissatisfaction should be recorded and managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005. A recommendation was made in relation to the management of complaints.

Areas for improvement

The registered person should ensure that all expressions of dissatisfaction are managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Geraldine Boyce, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

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

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 12 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider must ensure that suitable measures are put in place to ensure patients health and welfare. This requirement is made specifically in regards to the stairwell on the first floor. A risk assessment should be undertaken and any outcomes shared with staff and relevant others to ensure that patients are not exposed to unnecessary risks and to ensure that all staff use such equipment appropriately at all times.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A new gate is being made for the upstairs stairwell with a safer locking mechanism to ensure residents are not exposed to any unnecessary risks</p>
<p>Requirement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p>	<p>The registered provider must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: All domestic staff have received supervision regarding the safe storage of chemicals. This will be monitored closely by the Housekeeper and the Manager</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2017</p>	<p>The registered provider should ensure that all moving and handling equipment is stored within the home in adherence with best practice guidance on infection prevention and control.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Hoists will no longer be stored in bathrooms in adherence to best practise guidance on infection protection and control</p>
<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2017</p>	<p>The registered provider should ensure that where restraint or restrictive practices are being employed, relevant risk assessments should reflect this and demonstrate how the intervention(s) being implemented is necessary and proportionate. Collaboration with the patient and/or representative and members of the MDT should be evidenced as appropriate.</p> <p>Ref: Section 4.4</p>

	<p>Response by registered provider detailing the actions taken: All residents careplans where restraint has been employed have now been reviewed and all relevant risk assessments and MDT input has been recorded. In two cases it has been decided that alarm mats were no longer required.</p>
<p>Recommendation 3 Ref: Standard 22 Stated: First time To be completed by: 7 March 2017</p>	<p>The registered provider should ensure that patients who are assessed as being at a risk of falling receive appropriate levels of supervision so as to ensure that they receive effective and person centred care at all times.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: There has been a discussion with staff to ensure any resident who is at high risk of falls should not be left unattended if possible.</p>
<p>Recommendation 4 Ref: Standard 6 Stated: First time To be completed by: 7 March 2017</p>	<p>The registered provider should ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered provider detailing the actions taken: The table in the downstairs dayroom is now set up at meal times for the gentleman who uses it. Staff have been instructed to ensure it is kept clean and tidy.</p>
<p>Recommendation 5 Ref: Standard 16 Stated: First time To be completed by: 7 March 2017</p>	<p>The registered provider should ensure that all expressions of dissatisfaction are recorded as complaints and managed in accordance with legislation and DHSSPS care standards for Nursing Homes 20015.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered provider detailing the actions taken: All complaints expressed during residents meeting will now be recorded and dealt with through the complaints policy in the Home</p>

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



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