



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Greenpark Private Nursing Home**

**10 December 2015**

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

An unannounced care inspection took place on 10 December 2015 from 09.30 to 16.45.

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.

For the purposes of this report, the term 'patients' will be used to describe those living in Greenpark Nursing Home, which provides both nursing and residential care.

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

### 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 10 February 2015.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	5	3

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Edward Maguire	<b>Registered Manager:</b> Mary Catherine Powell (acting)
<b>Person in Charge of the Home at the Time of Inspection:</b> Mary Catherine Powell	<b>Date Manager Registered:</b> 27 November 2015
<b>Categories of Care:</b> NH-LD(E), RC-LD(E), RC-MP(E), NH-PH, NH-PH(E), NH-MP, NH-MP(E), NH-DE, NH-I, RC-I	<b>Number of Registered Places:</b> 62
<b>Number of Patients Accommodated on Day of Inspection:</b> 53	<b>Weekly Tariff at Time of Inspection:</b> £476 to £593

## 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 (QIPs) from inspections undertaken in the previous inspection year; and
- the previous care inspection report.

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

The following records were examined during the inspection:

- validation evidence linked to the previous QIP;
- staffing arrangements in the home;
- four patient care records;
- staff training records;
- policies for communication and end of life care; and
- 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 Greenpark Private Nursing Home was an unannounced estates inspection dated 12 February 2015. The completed QIP was returned and approved by the estates inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection 10 February 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure there are four registered nurses on duty from the hours of 08.00 and 14.00. Staffing should be regularly reviewed in keeping with patient/resident's needs.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the planned duty rotas over the Christmas period evidenced that there was three registered nurses rostered for duty between the hours of 08.00 and 14.00. Following discussion with staff and the manager it was evident that a fourth nurse should also be on duty during these hours in order to ensure that nursing care is delivered in a timely way. The manager informed RQIA that staffing levels will be reviewed to ensure the skill mix of staff is in keeping with the needs of patients and that four registered nurses will be on duty during this time. Details and confirmation of the staffing arrangements should be included in the returned QIP.</p> <p>This requirement is stated for a second time.</p>	<p><b>Not Met</b></p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27 (4) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered nurse manager shall ensure that the management of smoking in the home by all patients is reviewed to ensure their assessment is up to date and that their care plan is up to date and suited to their current needs.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> A full review of care records of patients who smoke has been conducted since the previous inspection. Patients who smoke have had their risk assessments and plans of care updated, to include the management of cigarettes, lighting equipment and supervision arrangements in accordance with their current needs.</p>		
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure the following issues are addressed in relation to the environment:</p> <ul style="list-style-type: none"> <li>• new dining room seating should be supplied;</li> <li>• replace the flooring in toilet opposite the day room;</li> <li>• address the issue of the foul odour detected in the identified shower room;</li> <li>• ensure items are not inappropriately stored under stairwells;</li> <li>• replace the flooring in the hairdressing room and repair the door;</li> <li>• replace the flooring in the identified bedrooms;</li> <li>• replace the identified bedroom furniture; and</li> <li>• clear the identified staircase of unused furniture and ensure that it is thoroughly cleaned.</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> Following a review of the above issues the following actions have been taken;</p> <ul style="list-style-type: none"> <li>• new dining room seating has been supplied;</li> <li>• the flooring opposite the dayroom has been replaced;</li> <li>• there were no foul odours detected;</li> <li>• there was not inappropriate storage observed;</li> <li>• the flooring in the identified rooms have been replaced</li> <li>• the identified bedroom furniture has been replaced and there are currently ongoing arrangements to replace the remaining furniture, this should be completed by the end of February 2016.</li> </ul>		

Last Care Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Appendix 2 <b>Stated:</b> First time	The registered person shall develop a policy and procedure to guide staff regarding urinary and faecal continence/incontinence and constipation care.  <b>Action taken as confirmed during the inspection:</b> A review of the policies and procedures evidenced that there is now a policy and procedure to guide staff regarding urinary and faecal continence/incontinence and constipation care.	<b>Met</b>

### 5.3 Standard 19 - Communicating Effectively

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

There was no policy available on communication in the home. The manager stated that this policy is currently being reviewed in keeping with the Nursing Home Standards (April 2015). However, discussion with nursing staff confirmed that they were knowledgeable regarding effective communication. Staff spoken with also confirmed that there was regular staff meetings held and they also reiterated the importance of a good written and verbal handover report.

There was also no policy or procedure available to advise staff regarding breaking bad news. Discussion with the registered nurses and care staff confirmed that they were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication. Palliative care training has been attended by the nursing sister who is the palliative link nurse identified in the home. The nursing sister confirmed that the training programme included training in communication and breaking bad news.

A recommendation is made that a policy regarding communication and the breaking of bad news is introduced and shared with all staff. Training in this regard should also be cascaded to relevant staff and a formal record maintained.

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

The registered nurses demonstrated their ability to communicate sensitively with patients and relatives when breaking bad news and provided examples of how they had done this in the past. They explained that there were events which would trigger sensitive conversations with patients and/or their families, for example an increase in the number of admissions to hospital, and/or reoccurring symptom with a poor prognosis. They emphasised the importance of building caring relationships with patients and their representatives and the importance of regular, ongoing communication regarding the patient's condition.

Care staff considered the breaking of bad news to be, primarily, the responsibility of the registered nursing staff or to the senior carers in the residential unit, but all felt confident that, should a patient choose to talk to them about a diagnosis or prognosis of illness, they would have the necessary skills to do so. They felt strongly that their role was to empathise and support family members during this period.

The policy on actions to be taken in the event of a death stated that end of life and after death arrangements are discussed with the patient and their relatives and documented in their care plan. Three nursing care records were reviewed and they reflected patient individual needs and wishes regarding the end of life care. Records included reference to the patients' specific communication needs. All three nursing care records evidenced that the wishes and feelings were discussed with the patients and/or their representatives. There was evidence that options and treatment plans were discussed. The three nursing care records reviewed indicated that patients and/or their representatives were involved in the assessment, planning and evaluation of care.

A requirement is made that the overall management of patients with a Do Not Attempt Resuscitation (DNAR) order in place should be reviewed and maintained in keeping with Resuscitation Council (UK) Guidelines 2015.

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

Observations of the delivery of care and staff interactions with patients confirmed that communication was well maintained and patients were observed to be treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time.

We consulted with three visiting relatives who confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

There were several cards and letters on display complimenting the care that was afforded to patients when they were receiving end of life care.

It is the primary nurses' role to ensure that the care plan is specific regarding patients pastoral care. Details are included in the care record of the patients' spiritual advisor and the record also includes details of the patients' denomination where relevant.

### **Areas for Improvement**

There was one requirement made in relation to DNAR orders and two recommendations made regarding the policies and procedures and training in relation to this standard.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## **5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)**

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

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. They were reviewed in November 2015 and they were reflective of best practice guidance such as the GAIN Palliative Care Guidelines, November 2013. The GAIN guidelines were available in the home. Registered nursing staff consulted with were aware of the content and were able to demonstrate knowledge of the guidelines.

The policies reviewed included a policy on spirituality and guidance on the management of the deceased person's belongings and personal effects.

The nursing sister is the trained palliative care link nurse appointed in the home and has received formal training. However the nursing sister is the only person in the home formally trained. It is recommended that records evidence that training is cascaded to all relevant staff in relation to palliative care. Records should be retained of the training content and details of who has been trained.

The manager has recently introduced the NHS Priorities of Care for the Dying Person. It is the manager's intention to complete an ongoing register for patients receiving palliative care. This practice is to be commended.

Discussion with the registered nurses and senior carers confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and that they were proactive in identifying when a patient's condition was deteriorating and that appropriate actions had been taken.

There was a formal protocol for timely access to any specialist equipment or drugs. Discussion with the registered nurses confirmed that they were knowledgeable regarding the procedure to follow if required. The registered nurses described how they would order medicines for symptom relief, in anticipation of need. Discussion with the registered nurses also confirmed that they had a good awareness of the procedure to follow, in the event of a patient suddenly becoming unwell or dying unexpectedly. There was no specialist equipment, in use in the home on the day of inspection. The manager confirmed that training in the use of syringe drivers had been provided to registered nursing staff by the local healthcare trust district nursing services.

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

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed nor reviewed on an ongoing basis. The care records did include the management of hydration and nutrition, pain and symptom management. One care record did not have a pain assessment in place despite them having been identified as being in pain and requiring a care plan. A requirement is made in this regard.

Staff confirmed that a key worker/named nurse/senior carer was identified for each patient and in particular when they were approaching end of life care.



Discussion with the registered nurse and staff evidenced that environmental factors were always considered. Discussion evidenced that management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

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

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

Discussion with staff and a review of three care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. All staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

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. Overnight stays were facilitated and staff described how catering and snack arrangements were provided to family members during this period.

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

Discussion with staff 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 staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff offering support to new staff and time spent reflecting on a patients time spent living in the home. One staff member described how difficult it was for staff when there was a sudden deterioration in a patient's health. It was evident that there were supportive relations within the home.

### **Areas for Improvement**

A requirement is made to ensure a pain assessment is completed on patients displaying symptoms of pain and a recommendation is made to ensure palliative care training is cascaded to all relevant staff. Records should also be retained of the training details.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Care records

There had been an improvement observed in the management of care records, they are being regularly audited. However as previously stated one care record reviewed was required to have a pain assessment completed to ensure the most up to date information was available to ensure the care plan was appropriate to meet the needs of the patient. The body map should also be kept up to date to ensure the information documented is the most up to date. One care plan did not contain sufficient detail to meet the needs of an identified patient. A requirement is made that this care record is updated to reflect the care required.

### 5.5.2 Questionnaires and comments

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	10	8
Patients representatives	5	4

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

#### Staff

- “Staff have good links with family/visitors and are able to inform them of changes in condition and offer them support.”
- “The nursing home strives to provide a high level of care for palliative patients.”
- “Our current manager shows great compassion towards residents, families and staff.”
- “It’s nice when you hear about the great care that residents receive in Greenpark from the general public.”
- “I feel the residents receive the highest standard of care from all staff on a professional and personal basis.”
- “The staff in Greenpark are hard-working, caring and dedicated.”
- “We strive to always do our best.”
- “I am very happy with the care that Greenpark provides. I would be happy to have a relative here.”

There were no concerns raised by staff during the inspection.

## Patients

- “Very happy with staff, I feel safe in the home.”
- “Only some staff listen, they are very busy.”
- “Very satisfied that my relatives/friends are made welcome by staff.”
- “This home is a home from home.”
- “Very fine home , food is excellent, no complaints about anything.”
- “I can talk with staff and I am very satisfied with staff.”
- “Very satisfied that staff listens to me.”

There were no concerns raised by patients during the inspection. However the following two comments were returned in patient questionnaires following the inspection and should be addressed where possible:

- “Pain medication is normally not ordered on occasions.”
- “Sometimes I hear staff discussing issues in front of other residents.”

## Patients’ representatives

- “Very content that my relative is well care for.”
- “The change in management has improved the situation.”
- “Without a shadow of a doubt I would not have the slightest hesitation in recommending Greenpark to anyone who is in need of a professional care package.”
- “Staff were quick to identify the signs and symptoms of a kidney infection.”
- “I cannot speak highly enough of Greenpark.”

There were no concerns raised by patients’ representatives during the inspection process. However the following comment was returned in questionnaire following the inspection and should be addressed where possible:

- “5 days is too long to receive antibiotics.”

### 5.5.3 Environment

A general inspection of the home was undertaken which included inspection of a random sample of bedrooms, bathrooms shower and toilet facilities, sluice rooms, storage rooms and communal areas. All areas examined were found to be clean, tidy and were warm and welcoming throughout.

Since the previous inspection there has been significant improvements made to the overall environment. 20 bedrooms have been repainted, 13 rooms have had the flooring replaced. The dining room has been redecorated and new seating has been purchased. Bedroom furniture has been replaced in the identified rooms following the previous inspection. New bedroom furniture has been ordered for the remainder of bedrooms and confirmation has been received to RQIA that they will be in place by the end of February 2016. There is also a planned refurbishment plan in place; its implementation will enhance the overall quality of the environment. A requirement is made to ensure that the refurbishment plan is implemented within the set timescales.

## 6 Quality Improvement Plan

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

### 6.3 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.

### 6.4 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.

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

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

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

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 25 January 2016</p>	<p>The registered persons shall ensure that the overall management of patients with a Do Not Attempt Resuscitation (DNAR) in place is reviewed and maintained in keeping with Resuscitation Council (UK) Guidelines 2015.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All residents who have a DNAR in place will have their care reviewed in line with the Resuscitation Council (UK) Guidelines 2015, communicated to all staff nurses through clinical supervision and appraisals.</p>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 15 (2)</p> <p>Stated: First time</p> <p>To be Completed by: 25 January 2016</p>	<p>The registered persons shall ensure that pain assessments are completed on patients displaying symptoms of pain.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following clinical supervision and appraisal with all staff nurses their role in assessing, monitoring and recording pain management has been defined and will be reflected in practise. Home manager to continue auditing care plans to ensure same.</p>
<p><b>Requirement 3</b></p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed within the set timescales provided to RQIA and no longer than one year from the date of inspection.</p>	<p>The registered persons shall ensure that the refurbishment plan is implemented within the set timescales as forwarded to RQIA.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Refurbishment plan is ongoing as discussed at time of inspection. Home manager and proprietor in agreement of same.</p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: Second time</p> <p>To be Completed by: 10 January 2016</p>	<p>The registered persons shall ensure there are four registered nurses on duty from the hours of 08.00 and 14.00. Staffing should be regularly reviewed in keeping with patient/resident's needs.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Please see enclosed copy of actual working rota's for weeks post inspection. Currently advertising posts through relevant sources to ensure adequate cover at all times.</p>

<p><b>Requirement 5</b></p> <p>Ref: Regulation 15</p> <p>Stated: First time</p> <p>To be Completed by: 25 January 2016</p>	<p>The registered persons shall ensure that body maps are kept up to date to ensure the information documented is the most up to date. The identified care plan should be updated to ensure it contains sufficient detail to meet the needs of the patient.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Appropriate documentation was ammended in a mentioned care plan and all staff involved in care planning have been reminded of importance of same. Regular auditing to ensure good practice and training planned for March 2016.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be Completed by: 25 January 2016</p>	<p>The registered persons should ensure that a policy regarding communication and the breaking of bad news is introduced and shared with all staff.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Policy on Breaking Bad News has been implemented and reflects current guidelines. All staff made aware of same.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2016</p>	<p>The registered persons should ensure that training in communication and breaking of bed news and palliative care is cascaded to all relevant staff and a formal record maintained.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Training on breaking bad news and palliative care is planned for February and March 2016, to be hosted by palliative care link nurse, Sister Louise Cooke. Formal records will be maintained. Care staff within the home also attended RCN event in Belfast on Palliative Care.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2016</p>	<p>The registered persons should consider the comments made by patients and their representatives and where possible make arrangements to have them addressed. Records should be retained for inspection of the efforts made to ensure the issues raised are satisfactorily addressed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All responses noted within the report have been reviewed and considered. Annual appraisals, supervisions have taken place following inspection and issues raised have been discussed with each individual staff member. Copy of report has been made available to all staff. Staff meeting to be held in February 2016 to discuss how best to manage areas of concern. Questionnaires have been forwarded to relatives for feedback to further enhance the services of the home. A meeting is to be arranged with practice managers of the appropriate surgeries to communicate any deficits identified.</p>

Registered Manager Completing QIP	Mary Catherine Powell <i>Mary Catherine Powell</i>	Date Completed	03/02/16
Registered Person Approving QIP	Edward Maguire <i>E Maguire</i>	Date Approved	03/02/16
RQIA Inspector Assessing Response		Date Approved	

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



<b>RQIA Inspector Assessing Response</b>	<b>Donna Rogan</b>	<b>Date Approved</b>	<b>9 February 2016</b>
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