



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Parkanaur College (1508)
Date of Inspection: 7 November 2014
Inspector's Name: Kylie Connor and Laura O'Hanlon
Inspection ID: IN016962

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Parkanaur College
Address:	57 Parkanaur Road Dungannon BT70 3AA
Telephone number:	028 8776 1272
E mail address:	wilfred.mitchell@btopenworld.com
Registered Organisation/ Registered Provider:	Thomas Doran Trust
Registered Manager:	Mr Eamonn Connolly
Person in charge of the home at the time of inspection:	Mr Eamonn Connolly
Categories of care:	RC – LD RC - LD (E) RC - PH RC - MP
Number of registered places:	24
Number of residents accommodated on Day of Inspection:	21
Scale of charges (per week):	£461.00 - £518.00
Date and type of previous inspection:	28 May and 5 June 2015 Primary Announced Care Inspection
Date and time of inspection:	7 November 2014 11:00 am to 6:30 pm
Name of Inspectors':	Kylie Connor and Laura O'Hanlon

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the requirements and recommendations examined during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and professionals
- Consultation with residents individually and observation of others
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 Inspection focus

This unannounced inspection assessed progress with the issues raised during and since the previous inspection. Since the previous inspection RQIA were contacted by email in September 2014 by a third party who stated that they represented a staff member of Parkanaur College. The email stated that the staff member raised a number of concerns in respect of the following;

- Staff are repeatedly raising health and safety breaches with management but these concerns fall on deaf ears
- Staff constantly ask for risk assessments and care plans to be reviewed and updated following incidents of challenging behaviour but the management fail to carry these out.

RQIA contacted Parkanaur College and discussed the issues with the registered manager. Assurance was provided that appropriate actions had been taken.

The inspector has rated the home's Compliance Level against each criterion. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Parkanaur College is situated near Dungannon. The home is situated in a rural park with woodland surroundings. The residential home is operated by Thomas Doran Trust. The current Registered Manager is Mr Eamonn Connolly.

The home comprises of six single bedrooms and nine double bedrooms; two sitting rooms; a dining room; kitchen; laundry; toilet /washing facilities; staff accommodation and offices.

The home is registered to provide care for a maximum of 24 persons under the following categories of care:

RC - LD	Learning Disability
RC - LD (E)	Learning Disability - over 65 years
RC - PH	Physical disability other than sensory impairment
RC - MP	Mental disorder excluding learning disability or dementia

7.0 Summary of inspection

This secondary unannounced care inspection of Parkanaur College was undertaken by Kylie Connor and Laura O'Hanlon on 7 November 2014 between the hours of 11:00 am and 6:30 pm. Eamonn Connolly, Registered Manager was available during and for verbal feedback at the conclusion of the inspection.

The eight requirements and 10 recommendations made as a result of the previous inspection were examined. There was evidence that the home has fully addressed all requirements and all but one recommendation. This is commended. A recommendation in the area of complaints and has been stated for the second time.

The inspector's also examined two areas of concern raised by a third party on behalf of a whistle-blower. These were in the areas of health and safety and in regard to updating risk assessments and care plans. Neither area of concern was upheld. Further details are available in section 9.0 of the report.

A number of additional areas were examined including, registered provider visits and management of continence. Further information is available in section 10.0 of the report.

During the inspection the inspector's met with residents, three staff with different roles and responsibilities, two professionals and the registered manager. The day to day arrangements in relation to the conduct of the home, the standard of care provided to residents and the areas being examined during the inspection were discussed. The inspector's observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment. Further details are available in section 10.0 of the report.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. A

number of suggestions were made during discussions with staff and a recommendation has been made.

Two professionals expressed positive views regarding the standard of care and support provided by the home and of communication with the home.

The areas of the environment viewed by the inspector's presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

One requirement and two recommendations have been made as a result of the secondary unannounced care inspection. These pertain to the areas of the registered provider visits and report, complaint records and suggestions made by staff. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector's would like to thank the residents, registered manager, professionals and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection, 28 May & 5 June 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15 (2) (a) (b)	The registered person shall ensure that the assessment of the residents' needs is kept under review; and revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	The registered manager confirmed that all but one resident has had an annual review at the time of the inspection. The registered manager confirmed that appropriate liaison has been made and is on-going with the placing trust. Care records reviewed identified that annual care reviews were completed. This is addressed.	Compliant
2	16 (1) (2) (b)	The registered person shall ensure that a written care plan is prepared in consultation with the resident and / or their representative as to how the resident's needs in respect of his care, health and welfare are to be met.	The registered manager verified that the format had been reviewed and that signatures are being obtained. Review of care records identified that this is addressed.	Compliant
3	14 (2) (c)	<p>The registered person must ensure that residents receive care which is safe and effective.</p> <p>Preventative measures must be implemented to reduce the number of accidents and incidents occurring in the home.</p> <p>Following each accident /incident:</p> <ul style="list-style-type: none"> • A root cause analysis must 	Records reviewed identified that this has been addressed. Staff spoken to verified that the focus is on prevention of incidents, especially those of a behavioural nature, understanding the cause in order to prevent a re-occurrence. The registered manager confirmed that the home are conducting a post incident review, completing RQIA's Form 2 and these are retained in the home and sent to RQIA by request. Review of accident and incident records identified root cause analysis being undertaken.	Compliant

		<p>be undertaken to determine the circumstances and identify causes.</p> <ul style="list-style-type: none"> • A post incident review should be completed confirming the specific action taken to reduce and minimise risks to residents. 		
4	30 (1) (d)	The registered person shall give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.	The registered manager confirmed that a flow-chart has been developed and that every ABC chart completed is left in the incident book which the registered manager reviews daily. Discussion with the registered manager confirmed that this flow-chart would be incorporated into the appendix of the relevant policy and procedure in regards to responding to behaviours which challenge. Review of a random number of accident and incident records identified that this is addressed.	Compliant
5	13 (1) (a)	It is required that the registered manager requests an urgent review of the identified residents' needs through the trust care manager and relevant multi-disciplinary professionals including the resident's representative to ascertain the appropriateness of these residents continued placement in the home.	Discussions with the registered manager identified that this was addressed. The registered manager confirmed that the comprehensiveness of pre-admission assessments completed by professionals and those completed by the registered manager have improved. The registered manager stated that there has also been improvements in pre-admission consultations with the referring trusts. The registered manager confirmed that this has resulted in appropriate admissions to the home and inappropriate admissions being prevented.	Compliant

6	14 (4)	The registered person shall make arrangements, by training staff or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.	A review of records and discussions with staff identified that this is addressed.	Compliant
7	27 (2) (b)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Revarnish the identified locker as marked and chipped • Repair the identified chest of drawers as handle broken • Replace the identified bedroom curtains as worn • Replace the privacy screen in the identified double bedroom. 	The registered manager stated that all areas had been addressed. The inspectors walked around the home during the inspection and did not observe any of these issues. This is addressed.	Compliant

8	17 (1) (2)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of care and other service provision in or for the purposes of the residential care home and that any such review is undertaken no less than annually.</p> <p>The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purpose of paragraph (1) and make a copy of the report available to residents.</p>	<p>A copy of an annual report dated September 2013 to September 2014 was observed as completed. The registered manager confirmed that an action plan is being drawn up. This is addressed.</p>	<p>Compliant</p>
---	------------	---	--	------------------

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	13.9	It is recommended that a record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	A review of a sample of the daily activity records and individual resident daily routines, discussions with residents identified that this is addressed.	Compliant
2	10.1	It is recommended that recommendations made by the behaviour support team be incorporated into the identified resident's care plan.	Review of an identified care record revealed that this is addressed.	Compliant
3	21.1	It is recommended that the policy and procedure on the guidance on restraint be reviewed and updated to include the following: <ul style="list-style-type: none"> • Reference to the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) • To include that RQIA must be notified on each occasion restraint is used. 	Review of the policy identified that this is addressed.	Compliant
4	1.2	It is recommended that an action plan is drawn up following residents' meetings outlining the action to be taken on residents' comments and suggestions and the name / s of the person / s responsible for taking action on any matters arising.	Review of a residents meeting held in June 2014 identified that this is addressed.	Compliant

5	1.6 and 1.7	It is recommended that the views and opinions of residents and their representatives about the running of the home are sought formally at least once a year, preferably by an organisation or person independent of the home. A report should be prepared that identifies the methods used to obtain the views and opinions of residents and their representatives and this incorporates the comments made, issues raised and any actions to be taken for improvement. A copy of this report should be provided to residents and their representatives.	Discussions with the registered manager and a review of records identified that this was completed as part of the annual report and the annual relatives meeting took place in October 2014.	Compliant
6	6.1	It is recommended that a record evidencing the involvement of residents and / or their representatives in discussions regarding care and support planned is included in all residents' records.	Discussions with the registered manager and a review of one care plan identified that this is addressed.	Compliant
7	5.4	It is recommended that the assessment of need is signed by the resident and /or their representative.	Discussions with the registered manager and a review of a number of care records identified that this is addressed.	Compliant
8	23.4	It is recommended staff, as appropriate, be provided with training in regard to the Human Rights Act (1998).	Discussions with the registered manager and a review of records confirmed that this element has been included in the protection of vulnerable adults training delivered to staff. This is addressed.	Compliant

9	8.2	It is recommended that the recording of incident records be improved upon to include a detailed account of the incident and any action taken following the incident.	Records reviewed identified that improvements have been made and that this is addressed.	Compliant
10	25.2	A recommendation is made that the registered manager shall ensure that any complaint made under the complaints procedure is recorded in detail, fully investigated and a comprehensive record maintained in regard to the investigation process.	Review of records found that complaints made were recorded in detail. Actions taken were recorded but there was no evidence of the process of the investigation or the outcomes. This is not addressed. One identified complaint was discussed with the registered manager who explained the circumstances pertaining to the complainant. It was agreed that the identified complaint would be immediately brought to the attention of the identified trust keyworker and the wider issues would be discussed at the scheduled care review.	Moving towards compliance

9.0 Inspection Findings

9.1 Management of health and safety

The whistle blower, through a third party stated that;

- Staff are repeatedly raising health and safety breaches with management but these concerns fall on deaf ears.

Three staff interviewed individually confirmed that they had no issues of concern in regard to any health and safety issues pertaining to either residents or staff. One staff member acknowledged that there had been an incident in June 2014 but that since this, there had been no further incidents or concerns. The registered manager stated that he has extensive experience in the area of health and safety and provided assurance of his capabilities.

Comments received included:

- “No. (concerns regarding health and safety issues) Every day there are health and safety checks and they are incredibly thorough.”
- “Residents are kept more busy and the day is more structured and staff received Makaton training three weeks ago and (some) residents sat in and also (staff are receiving training) in British Sign Language (BSL) level one training. ARC will provide training to residents so they can communicate (using makaton). Overall, since the registered manager came along, we have improved and it’s about continually auditing and improving. Staff say they feel it’s a steady environment now. We have the new team leader posts now.”

The whistle-blowers concerns are not upheld.

9.2 Review of risk assessments and care plans

The whistle blower, through a third party stated that;

- Staff constantly ask for risk assessments and care plans to be reviewed and updated following incidents of challenging behaviour but the management fail to carry these out.

Three staff interviewed individually confirmed that they had no issues of concern in regard to risk assessments and care plans. They confirmed that updates are carried out in a timely manner. The same incident was referred to by a staff member who confirmed that an updated risk assessment and care plan was followed by a care review and the outcome was shared with staff. A review of three care records identified no areas of concern in this area.

Comments received included:

- “Assessment and care plans are always up to date and abcs are updated and daily notes are very detailed.”

The whistle-blowers concerns are not upheld.

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspection took place on a Friday and the inspector's were informed that some residents were leaving or had already left the home to spend the weekend with family. The inspector's met with six residents individually. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents confirmed that the food was good and that staff displayed informed values. Residents confirmed that residents meetings take place and that they are chaired by a resident. No concerns were expressed or indicated.

Comments received included:

- "I like going swimming on a Monday evening."
- "We did a onesie day (to raise money for children in need)."
- "I do my own (laundry)."
- "It's good (living in parkanaur)."
- "We are involved in planning outings."

10.2 Relatives/representative consultation

No relatives were spoken to during the inspection.

10.3 Staff consultation

The inspector's spoke with three staff members, individually and in private. A fourth, who was a new member of staff was spoken to in general terms during a walk around the home. A number of other staff were observed interacting appropriately with residents during a walk around the home.

Discussion with staff identified that they felt well supported in their respective roles and were satisfied that residents receive a high standard of care and support. Staff confirmed that arrangements in place to manage behaviours which challenge, are appropriate and that staff are supported through training and de-briefing from the deputy manager or registered manager. Staff gave examples where learning from training had positive outcomes for residents. There was acknowledgement that the organisation of training schedules for staff has improved.

Staff verified that they can raise issues of concern freely with the deputy manager or registered manager and felt that they are listened to and action is taken. Staff confirmed that staff meetings take place but that the meeting scheduled for September was cancelled at short notice. Staff conveyed informed values and an understanding of how a person-centred approach delivers positive outcomes for residents.

A number of suggestions for improvements were made. These were;

1. To improve the use of technology for ease of updating care records and conduct management tasks such as audits

2. Improve formal management meetings and action planning
3. Prevent staff meetings being cancelled/post-phoned
4. Continue the planning for improvements in regard to décor and furnishings.

Comments received included:

- “Yes (responses to behaviours which challenge are appropriate). They (the staff team) are used to a more person centred approach. Through education, treating (residents) individually eg given time to prepare a resident for the day ahead, being more proactive re using preventative measures.”
- “We continually adjust (and updated the care plan). They are all individual.”
- “I honestly think it (the care provided and the conduct of the home) is really high in here. The staff work really hard as a team.”
- “I’ve had loads,(of training), I’m lost for words. I’ve done all mandatory training and I’m doing RESPECT next week and we have a good number coming up, challenging behaviour with different clients, makaton and BSL is on-going and more training for team leaders in advocacy, positive behaviour and protection of vulnerable adults and train the trainer.”
- “A lot of the external courses are excellent and we are learning from others. Staff are better equipped than they have ever been and there is not as high a staff turnover as there has previously been.”
- “At all times there is enough staff.”
- “We are steadily working towards improvements every day. We have new activity plans and improvements which do need to be made are being noticed and are acted upon quickly.”
- “A strong staff team in place.”

10.4 Professionals’ consultation

Two professionals spoken to individually during the inspection expressed positive views in regard to staff attitude, care and support received by residents and communication with the home. One professional stated that work placements had been secured for a number of residents.

- “We are all just one big family.”
- “They (residents) enjoy doing it (upholstery training), to get the chance to do it.”

10.5 Environment

The inspector’s viewed the home accompanied by the registered manager and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents’ bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard.

Discussions with the registered manager and staff confirmed on-going plans for further improvements to décor and furnishings. The registered manager confirmed that the flooring in the dining area is to be replaced and a bedroom was observed being re-painted at the time of the inspection. There was evidence of work in progress to improve the shower flooring and

adequate supplies of (personal protective equipment) PPE were available at identified locations around the home. Some communal areas were decorated with different arts and craft projects completed by residents.

10.6 Registered Provider Visits

A review of records identified that in the last 12 months, a number of registered provider reports had not been completed contemporaneously. A requirement has been made.

10.7 Managing Continence

Staff spoken to confirmed that there are no issues in regard to meeting residents needs in this area, of access to adequate pads, incontinence products, bedlinen or person protective equipment. A care record reviewed identified needs were included in care plans. Staff were knowledgeable about the health, care and support needs of residents and informed values were conveyed during discussions.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Eamonn Connolly, as part of the inspection process.

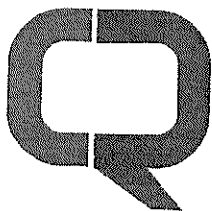
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Parkanaur College

7 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Eamonn Connolly, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.


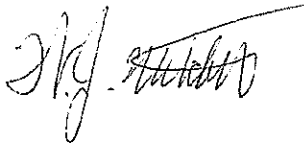
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

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 Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	29 (2) (a) (b) (c) (3) (Section 10.6 of the report refers)	<p>Visits by registered provider</p> <p>Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by -</p> <p>the responsible individual or one of the partners, as the case may be; another of the directors or other persons responsible for the management of the organisation or partnership; or an employee of the organisation or the partnership who is not directly concerned with the conduct of the home.</p> <p>Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p> <ul style="list-style-type: none"> • The homes report template should be reviewed and updated in accordance with RQIA guidance • All unannounced visits should be contemporaneous and the name of the person completing them should be stated on every occasion. 	One	<p>Template for visits has been reviewed and updated in accordance with RQIA guidance.</p> <p>The persons involved in the inspections have been informed that all visits must be contemporaneous.</p>	From the date of the inspection and on-going

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	25.2 (Section 9.0 of the report refers)	<p>The registered manager shall ensure that any complaint made under the complaints procedure is recorded in detail, fully investigated and a comprehensive record maintained in regard to the investigation process.</p> <ul style="list-style-type: none"> Review complaint records for 2014 and improve the detail of the investigation process, the outcome and the satisfaction or otherwise of the complainant. 	Two	<p>The complaint records for 2014 have been reviewed, the detail improved, outcomes stated and satisfaction of complainant.</p>	By return of QIP
2	20 (Section 10.3 of the report refers)	<p>The responsible person should review the suggestions made by staff:</p> <ul style="list-style-type: none"> Review need to improve technology to assist updating care records and performing management tasks Implement formal management meetings and action planning processes Prevent the need to cancel/post-phone staff meetings Develop and keep under review an action plan pertaining to progressing environmental improvements with resident involvement. 	One	<p>The suggestions made by staff will be reviewed and actioned as part of the home's management process with a view to improving the areas identified.</p>	1 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lara O'Malley	14.1.15.
Further information requested from provider			