



The **Regulation** and  
**Quality Improvement**  
Authority

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**Unannounced Care Inspection  
of  
Loughview Fold**

**8 December 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of inspection

An unannounced care inspection took place on 8 December 2015 from 10.30 to 19.00. We found the home to be delivering safe, effective and compassionate care. We identified one area of improvement within the standard inspected. This related to the updating of a care plan and risk assessment for an identified resident. We identified one area of improvement within the theme inspected. This related to an improvement of the care plan template to fully reflect individual continence needs. We identified one area of improvement within the additional areas inspected. This related to the recording of a complainant's level of satisfaction following any complaints investigation.

A requirement from the previous inspection which related to staffing levels was found to be partially met. It was therefore stated for a second time. One recommendation from the previous inspection which related to the duration of activities was also stated for a second time. A further recommendation relating to a resident signing pre review reports was not inspected and has been carried forward for review at a future inspection. The areas for improvement are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 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>	1	5

The details of the QIP within this report were discussed with the senior carer in charge Ms Ingrid Valdez and later with Helen Craig (acting manager) by telephone 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> Fold Housing Association/ Mrs Fiona Mc Anespie	<b>Registered Manager:</b> Helen Craig (Acting Manager)
<b>Person in charge of the home at the time of inspection:</b> Ingrid Valdez	<b>Date manager registered:</b> Registration Pending
<b>Categories of care:</b> RC-I , RC-DE	<b>Number of registered places:</b> 28
<b>Number of residents accommodated on day of inspection:</b> 24	<b>Weekly tariff at time of inspection:</b> £485 per week

## 3. Inspection focus

The inspection sought to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA and the returned Quality Improvement Plan.

During the inspection we met with 13 residents individually, and others in groups, three care staff, and the person in charge. There were no visiting professionals available during the inspection. We received two completed satisfaction questionnaires from residents and five from staff.

The following records were examined during the inspection: four care records, accident and incident records, staff training records, complaints, fire safety risk assessment, staff duty rota, relevant policies and procedures, and monthly monitoring reports.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced estates inspection dated 10 October 2014. The completed QIP was returned and approved by the estates inspector.

## 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of compliance
<b>Requirement 1</b>  <b>Ref: 20 (1) (a)</b>	<b>Staffing</b>  <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-</p> <p>Ensure that at all times suitably qualified competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of residents.</p> <ul style="list-style-type: none"> <li>• Review arrangements to address the gap in supervision for the identified resident and confirm outcome</li> <li>• Review the adequacy of staffing levels day and night including referring to RQIA staffing guidelines, with consideration of the environment, categories of care, needs of residents and confirm outcome</li> <li>• Review and improve systems in place to ensure that agency staff are fully informed of the routine of the shift, their role and responsibilities.</li> </ul>	Partially met
	<b>Action taken as confirmed during the inspection:</b>  <p>The person in charge confirmed the identified resident was no longer a resident at the home.</p> <p>The person in charge confirmed staffing levels had been reviewed. We inspected the staff duty rota. This showed that on the day of the inspection a night duty staff member was off on annual leave. A twilight shift was introduced from 18:00 until 23:00 to cover. This meant there would be two staff members on duty from 23.00 until 08.00. The minimum staffing levels identified in the home's fire safety risk assessment stated a minimum of three staff should always be on duty. We issued an urgent actions letter as part of the inspection requiring that staffing levels are maintained in accordance with the home's fire safety risk assessment.</p> <p>The person in charge made arrangements during the inspection for a third staff member to be on</p>	

	<p>duty that night.</p> <p>The home had introduced an induction procedure for all agency staff who work at the home. All new agency staff must complete the induction prior to commencing a shift in the home.</p> <p>This requirement was partially met. The requirement is stated for a second time in the QIP appended to this report.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref: 30 (1) (2)</b></p>	<p><b>Notification of death, illness and other events</b></p> <p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of the death of any resident, including the circumstances of his death; the outbreak in the home of any infectious disease which in the opinion of any medical practitioner attending persons in the home is sufficiently serious to be so notified; any serious injury to a resident in the home; any event in the home which adversely affects the care, health, welfare or safety of any resident; any theft or burglary in the home; any accident in the home; any allegation of misconduct by the registered person or any person who works at the home.</p> <p>Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within three working days of the oral report.</p> <ul style="list-style-type: none"> <li>• Provide training in notification of death, illness and other events to relevant staff.</li> <li>• Review and improve recording and audit systems in place to ensure ease of effective management and compliance with this regulation.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Records available in the home confirmed that staff had completed training in this area. The person in charge confirmed staff were aware of the procedure when managing notifications of death, illness and other events.</p>	<p><b>Met</b></p>

<p><b>Requirement 3</b></p> <p><b>Ref: 29 (4) (a) (b) (c)</b></p>	<p><b>Registered provider visits</b></p> <p>The person carrying out the visit shall – interview, with their consent and in private, such or the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home; inspect the premises of the home, its record of events and records of any compliments; and prepare a written report on the conduct of the home.</p> <ul style="list-style-type: none"> <li>• Improve methods of ensuring compliance of regulation 30 and review need for monitoring visits taking place outside of normal working hours given issue raised regarding staffing levels.</li> <li>• Improve follow-up and monitoring of issues identified in action plans.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> We inspected a sample of provider visit reports. These were completed to a satisfactory standard.</p>	<p><b>Met</b></p>
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<b>Requirement 4</b>  <b>Ref: 24 (3) (4) (B)</b>	<b>Complaints</b>  <p>The registered person shall ensure that any complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within 20 days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the investigation process, outcome and action (if any) that is to be taken.</p> <p>The registered person shall apply to the Regulation and Improvement Authority at its request a statement containing a summary of the compliments made during the preceding twelve months and the action that was taken in response.</p> <ul style="list-style-type: none"> <li>• Review the “concerns” system in place to ensure compliance with the homes complaints procedure.</li> <li>• Review and re-submit the complaint return to RQIA for the year 2013.</li> </ul>	<b>Met</b>
<b>Previous Inspection Recommendations</b>	<b>Action taken as confirmed during the inspection:</b>  <p>We inspected complaints records maintained in the home. These were handled satisfactorily.</p>	
<b>Recommendation 1</b>  <b>Ref: Standard 11.3</b>	<p>The registered manager (acting) should ensure that residents’ sign the pre-view report if they participate include finance support and information as detailed in the report.</p> <ul style="list-style-type: none"> <li>• Provide an update of action taken and confirm that pre-review reports are completed for all review meetings for the identified resident.</li> </ul>	<b>Carried forward</b>
	<b>Action taken as confirmed during the inspection:</b> <p>This recommendation was not reviewed on this occasion but shall be carried forward for review at a future care inspection.</p>	

<b>Recommendation 2</b>  <b>Ref: 10.1</b> 10.2	<p>Review relevant policies and procedures to ensure that;</p> <ul style="list-style-type: none"><li>• It states that RQIA must be notified on each occasion restraint is used</li><li>• Its states the process outlined in the report regarding uncharacteristic behaviour</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The home’s policies and procedures had been updated accordingly to state that RQIA must be notified on each occasion restraint is used. The process for reporting uncharacteristic behaviour was also outlined.</p>	
<b>Recommendation 3</b>  <b>Ref: 10.3</b>	<p>When a resident needs a consistent approach or response from staff, this is detailed in the residents care plan. Where appropriate and with the residents consent, the resident’s representatives are informed of the approach or response to be used.</p> <ul style="list-style-type: none"><li>• Review and improve all care plans to ensure that all known behaviours are recorded with how staff should respond</li><li>• Confirm that the identified issue raised by a representative has been resolved and is recorded in the residents care plan.</li></ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The person in charge confirmed that care plans have been reviewed to include responses to all known behaviours.</p>	



<b>Recommendation 4</b>  <b>Ref: 13.9</b>	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> <li>• The duration (i.e. start, finish times) should be recorded</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  Inspection of activity records identified that the start and finishing times of activities were not recorded.</p> <p>This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	<b>Not met</b>
<b>Recommendation 5</b>  <b>Ref: 1.2</b>	<p>Residents' views are taken into account in all matters affecting them, and the home has forums or systems where residents and their representatives can express their views and be consulted about the running of the home.</p> <ul style="list-style-type: none"> <li>• The frequency of the resident meetings should be reviewed and improved.</li> <li>• Discuss outings with residents</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  Inspection of the minutes of residents' meetings confirmed that meeting were being held on a regular basis. There was evidence that outings had been discussed with residents.</p>	<b>Met</b>
<b>Recommendation 6</b>  <b>Ref: 23.4</b>	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <ul style="list-style-type: none"> <li>• All staff should complete training in the identified health/ medical condition</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  The person in charge informed us that the identified resident was no longer a resident at the home therefore further training in the identified condition was not required.</p>	<b>Not applicable</b>

<b>Recommendation 7</b>  <b>Ref: 29.1</b>	There is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary or whenever the fire risk has changed. <ul style="list-style-type: none"> <li>• Complete the actions taken regarding recommendations made and provide a copy to the estates inspector.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  An up to date fire safety risk assessment was in place. The recommendations arising from this assessment had been actioned accordingly.	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

In our discussions with the person in charge and staff they confirmed that residents can spend their final days in the home unless there are documented health care needs to prevent this.

The person in charge confirmed the home works closely with outside agencies including the resident's General Practitioner, the district nursing service and any other professionals involved in the resident's care. The person in charge and staff confirmed that any changes in the resident's condition would be monitored closely, reflected in the evaluation care records and documented in their care plan.

In our discussions with staff they confirmed that they would liaise closely with family members and keep them informed of any changes in their relative's condition. Staff confirmed to us that families are welcome to stay at the home and spend as much time as they wish with their relative. The person in charge confirmed a room is available if family members wish to stay overnight. Staff were aware of the need to maintain adequate nutrition and hydration of residents and ensure they are repositioned regularly to prevent skin breakdown. The person in charge confirmed relevant risk assessments are completed for all residents.

We inspected four care records which demonstrated that care plans and a range of risk assessments were in place. We noted that one resident had recently experienced a number of falls in quick succession. This was discussed with the person in charge who confirmed that the identified resident had been referred to the falls clinic. We noted that the resident's care plan and risk assessment had not been amended to reflect this change in the resident's condition. We made a recommendation that the resident's care plan and risk assessment should be reviewed and updated accordingly to reflect the recent changes in their level of mobility.

The person in charge confirmed that spiritual support is available for residents on a regular basis.

### **Is care effective? (Quality of management)**

We inspected four care records; these contained the individual wishes of residents at the time of their death. Residents' next of kin details and spiritual preferences were also included. The home had a policy in place regarding care of the dying.

In relation to handling the deceased residents' belongings, the person in charge confirmed that these are handled with care and respect. An inventory of personal items is compiled when residents' are admitted to the home. The person in charge confirmed that residents' families are given the time they need to deal with the removal of personal effects. Support is available from staff if needed.

### **Is care compassionate? (Quality of care)**

The person in charge and staff confirmed to us that the needs of the dying resident are met with a strong focus on dignity and respect. The person in charge and staff confirmed that families were supported and given time and privacy to spend with their loved one.

Staff were aware of the need to communicate sensitively to the resident and their family. In our discussions the person in charge confirmed that following the death of a resident other residents would be informed in a sensitive manner and had the opportunity to pay their respects if they so wished. Staff confirmed there was a supportive ethos within the home from management in regards to dealing with dying and death.

### **Areas for improvement**

We identified one area of improvement for this standard. This related to the care plan and risk assessment being updated for one identified resident to reflect recent changes in their level of mobility. Overall this standard was assessed to be met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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### **Theme: Residents receive individual continence management and support**

#### **Is care safe? (Quality of life)**

In our discussions with staff they demonstrated knowledge of supporting residents with their individual continence needs. Staff were aware of the need to contact the district nursing service and make onward referrals if they noticed any change in a resident's condition. Staff shared with us their understanding of what could contribute to a change in residents' continence needs. Staff were aware of infection control procedures in the home and confirmed there was a good supply of continence products available.

We inspected four care records; we found only one care record gave consideration to the resident's individual continence needs. We noted that the template for the electronic care plans being used in the home did not feature the area of individual continence management and support. We made a recommendation that the care plan template should be improved to fully reflect individual continence needs.

### Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. This contained relevant information including reasons for incontinence, person centred care, product assessment and reporting to medical professionals.

We inspected staff training records in the home which confirmed that staff had completed training in infection prevention and control and catheter care. We observed supplies of continence products, gloves, aprons, and hand washing dispensers situated around the home. We found the home to be clean and free from malodours.

### Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with dignity, care and respect when being cared for by staff. Continence care was undertaken in a discreet and private manner.

### Areas for improvement

We identified one area of improvement which related to the improvement to the care plan template to fully reflect individual continence needs. Overall the theme was assessed to be met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 5.4 Additional areas examined

### 5.4.1 Residents views

We spoke with 13 residents individually and others in groups. We also received two completed residents' satisfaction questionnaires. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received included:

- "This is an amazing place; I can't believe I am somewhere which is so good."
- "I am happy here; the staff are all very kind."
- "No complaints from me, I have everything I need."
- "The food is lovely."
- "This is a good home, everyone is very kind."
- "My room is very comfortable, I am so glad to be here."

### 5.4.2 Relatives / representatives views

There were no visiting relatives or representatives available in the home during the inspection.

### 5.4.3 Staff views

We spoke with three care staff, the senior carer in charge and distributed ten questionnaires to be completed and returned to RQIA. We received five completed questionnaires following the inspection. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties. The returned questionnaires provided positive feedback from staff in relation to the standard and theme inspected.

### 5.4.4 General Environment

We found the home was clean and tidy with no malodours detected. The décor and furnishings were of a good standard. Residents' bedrooms were homely and personalised.

### 5.4.5 Accident and incidents

We reviewed recent accident and incident reports. We found these to be appropriately managed and reported.

### 5.4.6 Fire Safety

We reviewed the home's fire safety risk assessment dated April 2015. Actions identified had been addressed accordingly by the acting manager. We reviewed fire drill and fire safety training records. These demonstrated that staff received training on an up to date basis. There were no obvious fire risks observed.

### 5.4.7 Complaints records

We inspected records of complaints maintained in the home. We made a recommendation that the complainant's level of satisfaction with the outcome of any investigation should be sought and recorded.

### 5.4.8 Staffing levels

As a result of the urgent actions report being issued regarding staffing levels in the home we contacted the acting manager and requested that she forward the next four weeks duty rota to RQIA. We requested this information as an assurance that the home would maintain adequate staffing levels in keeping with the environment, categories of care and needs of residents. We also reiterated that staffing levels should be maintained in line with the levels stated within the homes fire safety risk assessment.

### Areas for improvement

We identified one area of improvement from the additional areas examined. This related to the complainant's level of satisfaction with the outcome of any investigation being sought and recorded.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ingrid Valdaz senior carer in charge and Helen Craig, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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 [care.team@rqia.org.uk](mailto:care.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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<b>Requirement 1</b>  <b>Ref:</b> Regulation : 20.(1) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 9 December 2015	<b>Staffing</b>  The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents-  Ensure that at all times suitably qualified competent and experienced persons are working at the home in such numbers as appropriate for the health and welfare of residents.  <ul style="list-style-type: none"> <li>Review the adequacy of staffing levels day and night including referring to RQIA staffing guidelines, with consideration of the environment, categories of care, needs of residents and confirm outcome</li> </ul>
	<b>Response by Registered Person(s) detailing the actions taken:</b> This requirement was actioned on the day of the Inspection and has been maintained throughout.

### Recommendations

<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 8 February 2016	The acting manager should ensure the care plan and risk assessment of the identified resident are reviewed and updated accordingly to reflect the recent changes in the resident's level of mobility.
	<b>Response by Registered Person(s) detailing the actions taken:</b> The Resident identified had risk assessments completed following inspection by the Registered Manager, and so was a true reflection of the Resident's mobility.
<b>Recommendation 2</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time  <b>To be completed by:</b> 8 February 2016	The acting manager should ensure that the care plan template is improved to fully reflect individual continence needs.
	<b>Response by Registered Person(s) detailing the actions taken:</b> All care plans in place highlight where a Resident requires assistance with their individual continence needs. Whereas, the Residents that do not require any assistance with their continence needs is identified in the care plan as independent in this area of care, if agreed by the Resident this is stated in their care plan.

<b>Recommendation 3</b>  <b>Ref:</b> Standard 17.10  <b>Stated:</b> First time  <b>To be completed by:</b> 8 February 2016	The acting manager should ensure the complainant's level of satisfaction with the outcome of any complaints investigation is sought and recorded.			
	<b>Response by Registered Person(s) detailing the actions taken:</b> The Association has an automated complaints system by which all complaints received are held and all updates are recorded centrally. Any complaints for Loughview would be highlighted on the Resident / Relative information noticeboard. As there were no complaints received in 2015, there was nothing identified on the noticeboard. Satisfaction surveys are currently being issued for a review of 2015 and the results will be published before next inspection year 2016 / 2017.			
<b>Recommendation 4</b>  <b>Ref:</b> Standard 11.3  <b>Stated:</b> Carried forward  <b>To be completed by:</b> 8 February 2016	The registered manager (acting) should ensure that residents' sign the pre-view report if they participate include finance support and information as detailed in the report.			
	<ul style="list-style-type: none"><li>• Provide an update of action taken and confirm that pre-review reports are completed for all review meetings for the identified resident.</li></ul> <b>Response by Registered Person(s) detailing the actions taken:</b> Actioned			
<b>Recommendation 5</b>  <b>Ref:</b> Standard 13.9  <b>Stated:</b> Second time  <b>To be completed by:</b> 8 January 2016	A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.			
	<ul style="list-style-type: none"><li>• The duration (i.e. start, finish times) should be recorded</li></ul> <b>Response by Registered Person(s) detailing the actions taken:</b> Registered Manager has drafted a new form to be implemented with immediate effect to highlight recommendation.			
<b>Registered Manager completing QIP</b>		Helen Craig	<b>Date completed</b>	15/01/16
<b>Registered Person approving QIP</b>		Deirdre Carr	<b>Date approved</b>	15/01/16
<b>RQIA Inspector assessing response</b>		Bronagh Duggan	<b>Date approved</b>	05/02/16

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