



The Regulation and  
Quality Improvement  
Authority

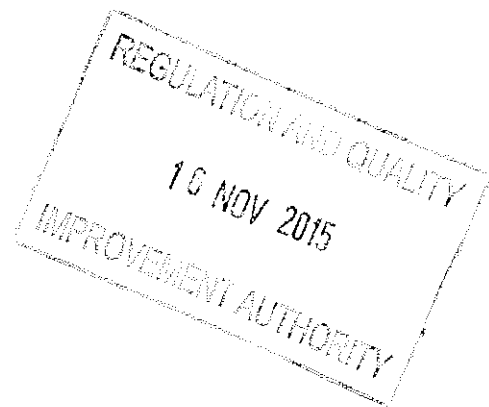
Bramblewood Care Centre  
RQIA ID: 1668  
201 Gransha Road  
Bangor  
BT19 7RB

Inspector: Heather Sleator  
Inspection ID: IN022941

Tel: 028 9145 4357  
Email: [bramblewood@hc-one.co.uk](mailto:bramblewood@hc-one.co.uk)

**Unannounced Care Inspection  
of  
Bramblewood Care Centre**

**24 September 2015**



The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 24 September 2015 from 09:45 to 16:30.

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

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008. RQIA will continue to monitor any recommendations made under the 2008 Standards until compliance is achieved. Please also refer to sections 5.2 and 6.2 of this report.

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 22 January 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>	1	6*

\*2 recommendations are stated for the second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline Bowen, registered manager, 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> HC-One Limited Paula Keys	<b>Registered Manager:</b> Jacqueline Bowen
<b>Person in Charge of the Home at the Time of Inspection:</b> Jacqueline Bowen	<b>Date Manager Registered:</b> 1 April 2005
<b>Categories of Care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of Registered Places:</b> 38
<b>Number of Patients Accommodated on Day of Inspection:</b> 30	<b>Weekly Tariff at Time of Inspection:</b> £593 per week

## 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 examined:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned Quality Improvement Plans (QIP) from inspections undertaken in the previous inspection year
- the previous care inspection report

During the inspection, we observed care delivery/care practices and undertook a review of the general environment of the home. We met with nine patients, four care staff, two registered nurses, ancillary staff and one visiting relative. There was one healthcare professional available during the inspection. The healthcare professional stated staff addressed any recommendations made regarding patient care.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- the staff duty rota
- three patients' care records
- staff training records
- staff induction records
- competency and capability assessments of the registered nurse in charge of the home in the absence of the manager
- policies for communication, death and dying and palliative and end of life care.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 17 August 2015. The completed QIP was returned and approved by the pharmacy inspector.

### 5.2 Review of Requirements and Recommendations from the Last Care inspection.

Last Care Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 13 (1)  <b>Stated:</b> First time	The registered manager must ensure the following; <ul style="list-style-type: none"> <li>• an investigation is undertaken with all due haste into the circumstances surrounding the management of the identified patient's pressure area damage</li> <li>• learning outcomes must be disseminated to <u>all</u> staff to minimise the risk of reoccurrence</li> <li>• the current Braden Pressure Scale document must be reviewed for completeness.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager undertook 1:1 supervision with the registered nurses followed by a nursing staff meeting on 4 February 2015. The necessity to undertake wound care management, in accordance with NICE guidelines, was reinforced at the meeting and during supervision. An investigation in relation to the management of the incident was completed by the registered manager. The outcome of the investigation highlighted the need to revise the Braden assessment tool. This was actioned by the registered manager.	

IN0229

<b>Requirement 2</b>  <b>Ref:</b> Regulation 20 (1) (c) (i)  <b>Stated:</b> First time	The registered manager must ensure that; <ul style="list-style-type: none"> <li>• <u>all</u> staff are updated in the identification, reporting and management of pressure area damage in keeping with their level of responsibility.</li> </ul>	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> As stated in requirement 1 wound care management was addressed with nursing staff. The prevention of pressure damage and reporting mechanisms was discussed with care staff. Staff were required to complete the organisations training module 'Promoting Healthy Skin'.		
<b>Last Care Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time	It is recommended that the registered manager ensures that all assessment documentation is fully completed, signed by the assessing registered nurse and dated.	<b>Met</b>
<b>Action taken as confirmed during the inspection:</b> The review of three care records evidenced assessment documentation was fully completed, signed and dated by a registered nurse.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time	It is recommended that the registered manager ensure that a detailed and comprehensive assessment of bowel continence is undertaken. This assessment should include: <ul style="list-style-type: none"> <li>• The patient's normal bowel pattern in respect of frequency of movements and referencing the Bristol Stool Chart)</li> <li>• The need if any for laxative therapy</li> <li>• The actions to be taken should the normal pattern not be achieved.</li> <li>• The effectiveness of prescribed laxative therapy should be reviewed as required.</li> </ul>	<b>Partially Met</b>
<b>Action taken as confirmed during the inspection:</b> A care plan written regarding the elimination needs of a patient did not reflect the actions taken should normal bowel pattern not be achieved or the effectiveness of the prescribed laxative. There was no evidence in the monthly evaluation of the care plan that the patient's bowel pattern had been monitored by nursing staff.		

<b>Recommendation 3</b> <b>Ref:</b> Standard 19.1 <b>Stated:</b> First time	It is recommended that a bowel management care plan be established for any patient requiring nursing intervention such as regular or occasional laxative therapy.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care plans for patients requiring regular or occasional laxative therapy had been written. However, as stated in recommendation 2, the evaluation of the care plans did not evidence the monitoring of the effectiveness of the prescribed laxative.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	It is recommended that the registered manager source copies of the following professional guidance for staff reference: <ul style="list-style-type: none"> <li>• RCN continence care guidelines</li> <li>• British Geriatrics Society Continence Care in Residential and Nursing Homes</li> <li>• NICE guidelines on the management of urinary incontinence</li> <li>• NICE guidelines on the management of faecal incontinence</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The required guidance documentation was present in a folder for staff's reference.	
<b>Recommendation 5</b> <b>Ref:</b> Standard 19.4 <b>Stated:</b> First time	It is recommended that the registered manager review the skill set of the registered nursing team to ensure that all of the registered nursing staff are updated with refresher training in the management of urinary catheterisation as required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of staff training records confirmed that eight registered nurses completed update training in relation to urinary catheterisation in March 2015. Care staff completed training in catheter care in January 2015.	

## 5.3 Standard 19 - Communicating Effectively

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

A policy was available on communicating effectively which reflected current best practice, including regional guidelines on Breaking Bad News. The policy stated that "training in communication skill and the breaking of bad news must be provided to relevant members of staff." Training had not been provided on breaking bad news however, aspects of communicating effectively were included in the organisations 'e learning' module entitled 'Dignity – The One Who Matters Most'. Discussion with the registered nurses and care staff confirmed that staff were aware of the sensitivities around breaking bad news and the importance of accurate and effective communication.

Discussion with registered nursing and care staff confirmed that they were knowledgeable regarding this policy and procedure. The registered manager confirmed that training was planned for all staff regarding end of life care. This training should include the procedure for breaking bad news, as relevant to staff roles and responsibilities.

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

The registered manager and two nursing staff consulted demonstrated their knowledge of communicating sensitively with patients and/or representatives when breaking bad news. Staff 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.

Three care records reviewed reflected patient individual needs and wishes regarding the end of life care had been completed within the assessment schedule. However, there was no evidence that options and treatment plans had been discussed or that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs. There was also no reference to the patient's specific communication needs and there was no evidence that the breaking of bad news was discussed with patients and/or their representatives.

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

Discussion was undertaken with staff regarding how they communicate with patients and their representatives.

All staff presented as knowledgeable and had a strong awareness of the need for sensitivity when communicating with patients and their representatives.

A number of communication events were observed throughout the inspection visit which validated that staff embedded this knowledge into daily practice. These observations included staff assisting patients with meals, and speaking to patients with a cognitive or sensory impairment. There was a calm, peaceful atmosphere in the home throughout the inspection visit.

Staff recognised the need to develop a strong, supportive relationship with patients and their representatives from admission to the home. It was appreciated by staff that this relationship would allow the delivery of bad news more sensitively and with greater empathy when required.

The inspector consulted with one visiting relative. The relative confirmed that staff treated patients with respect and dignity and were always welcoming to visitors.

A number of letters complimenting the care afforded to patients were viewed. Families stated their appreciation and support of staff and the care afforded in Bramblewood Care Centre.

Comments included:

"For the compassion shown to mum and ourselves during her stay....also the laughs we had with staff was uplifting."

"It is a comfort to our family that our Mother was cared for to a very high standard."

### **Areas for Improvement**

A management system should be implemented to verify that staff are knowledgeable of the policy documentation in respect of communicating effectively and regional guidelines.

Training for staff in respect of communicating effectively should be arranged.

Nursing care records should indicate that end of life wishes have been discussed, as far as possible, with the patient and/or their representative.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>3</b>
--------------------------------	----------	-----------------------------------	----------

Standard 19 - Communicating Effectively has been partially met.

## **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. However, these documents did not make reference to best practice guidance such as the GAIN Palliative Care Guidelines, November 2013.

A reference manual, which included the GAIN Palliative Care Guidelines, November 2013, Looking Ahead, Best Interest Decision making guidance and DHSSPS Strategy for Bereavement care, June 2009, was available. There was no formal protocol for timely access to any specialist equipment or drugs in place, however discussion with staff confirmed their knowledge of the procedure to follow should these be required.

Registered nursing staff consulted were aware of and able to demonstrate knowledge of the Gain Palliative Care Guidelines, November 2013.

Discussion with the registered manager confirmed that training on end of life care was not provided at an organisational level. The training was to be sourced at a local level by registered managers.



The review of staff training records evidenced the following training had been completed by staff:

- Syringe driver update, March 2015, four registered nurses attended
- Bereavement awareness, September 2015, two registered nurses attended
- Regional palliative care training, three day course in 2014, one registered nurse attended

Symptom management and pain management has been arranged for October/November 2015. And will be provided by the palliative care specialist nurse from the local healthcare trust.

A review of the competency and capability assessments for registered nurses evidenced that end of life care was included and the assessments had been validated by the registered manager. The review of staff induction training records did not confirm that end of life care was included.

There was a palliative care link nurse identified and it was confirmed the nurse had completed specialist training regarding palliative and end of life care.

Discussion with nursing staff and a review of care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services.

Discussion with the manager, registered nurses and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

Specialist equipment, for example syringe driver was in not use in the home at the time of inspection.

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

A review of three patient care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. However, there were no specific care plans completed for patients who were receiving palliative or end of life care and recording with records did not evidence discussion between the patient, their representatives and staff in respect of death and dying arrangements. To ensure a holistic approach to care, including the management of hydration and nutrition, pain management and symptom management, palliative/end of life care plans, should have been developed and care needs monitored and evaluated. A requirement has been made.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying, patients bedrooms are single rooms' and patients representatives were enabled to stay for extended periods of time without disturbing other patients in the home.

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

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

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 if there was a vacant room at the time and staff consulted described how refreshments and snacks would be provided to relatives during this time.

From discussion with the manager and staff, there was evidence that arrangements in the home were sufficient to support relatives during this time. Staff described how relatives of patients who had passed have planted trees and provided outside seating to commemorate their relative.

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death and that they would ensure that the staff were always represented at a patient's funeral. Staff also stated that there had been, on one occasion, a memorial service in the home for a patient.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included more experienced staff supporting newer staff and time spent reflecting on the patients time spent living in the home.

Information regarding support services was available and accessible for staff, patients and their relatives. This information included an information leaflet from the Health and Social Care Bereavement Network and another leaflet entitled *Coping with Dying*.

### Areas for Improvement

The following policies and guidance documents should be developed and made readily available to staff:

- A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) *Breaking Bad News*.
- A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) *Palliative Care Guidelines* which should include the out of hours procedure for accessing specialist equipment and medication, referral procedure for specialist palliative care nurses and the management of shared rooms.
- A policy on death and dying in line with current best practice, such as DHSSPSNI (2010) *Living Matters: Dying Matters* which should include the procedure for dealing with patients' belongings after a death.

Care plans in respect of palliative and end of life care must be developed by nursing staff. The recommendation of the specialist palliative care team must be included in the care plan, where applicable.

Training in respect of palliative and end of life care should be made available for staff.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>2</b>
--------------------------------	----------	-----------------------------------	----------

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32) has been partially met.

## 5.5 Additional Areas Examined

### 5.5.1 Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	10	8
Patients	1	1
Patients representatives	5	0

### Staff Views

All comments on the eight returned staff questionnaires were positive. Staff confirmed patients were afforded privacy dignity and respect at all times.

Comments included:

"It is a good care home to work in and the care provided is of a high standard."

"All staff are very compassionate towards patients."

"Staff are very caring and supportive towards patients and relatives. We ensure the best standard of care."

"I believe that all staff work to their best ability to provide respectful and dignified care."

### Patients Views

Comments received from patients included:

"I am very content here."

"Staff are very good to me."

"I am very well cared for."

"Staff are kind and friendly."

"Staff are very friendly and attentive. There is always a smile and cups of coffee for visitors."

"My friend who travels a distance to visit is always invited for the evening meal."

"I feel very confident that the quality of care in the home is excellent."

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jacqueline Bowen, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 6.1 Statutory Requirements

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

## 6.2 Recommendations

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

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

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

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**
**Ref:** Regulation 16 (1)

**Stated:** First time

**To be Completed by:**  
31 October 2015

The registered person must ensure care plans in respect of palliative/end of life wishes and care must be developed, monitored and evaluated in accordance with the assessed needs of patients. The recommendations of the specialist palliative care team should be reflected in patients' care plans, where applicable.

**Ref: Section 5.4**

**Response by Registered Person(s) Detailing the Actions Taken:**  
All residents have an end of life care plan in place which reflects their needs and wishes and which includes any recommendations from the palliative care team

### Recommendations

**Recommendation 1**
**Ref:** Standard 19.1

**Stated:** Second time

**To be Completed by:**  
31 October 2015

It is recommended that the registered manager ensure that a detailed and comprehensive assessment of bowel continence is undertaken. This assessment should include:

- The patient's normal bowel pattern in respect of frequency of movements and referencing the Bristol Stool Chart)
- The need if any for laxative therapy
- The actions to be taken should the normal pattern not be achieved.
- The effectiveness of prescribed laxative therapy should be reviewed as required.

**Ref: Section 5.2**

**Response by Registered Person(s) Detailing the Actions Taken:**  
Each patient has a continence assessment in place which includes bowel function. As required a plan of care is based on this assessment which is evaluated monthly or more often if required

**Recommendation 2**
**Ref:** Standard 19.1

**Stated:** Second time

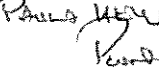

**To be Completed by:**  
31 October 2015

It is recommended that a bowel management care plan be established for any patient requiring nursing intervention such as regular or occasional laxative therapy.

**Ref: Section 5.2**

**Response by Registered Person(s) Detailing the Actions Taken:**  
Each patient, as required has a care plan in place which is reflective of laxative therapy

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 October 2015</p>	<p>End of life arrangements for patients should be discussed and documented as appropriate and include patients' wishes in relation to their religious, spiritual and cultural need.</p> <p>Arrangements for breaking bad news with patients and/or their representatives should also be discussed and documented as appropriate.</p> <p><b>Ref Section 5.3 and 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A 'looking forward' meeting is planned for each resident and their families as appropriate. This meeting takes into account the choices and wishes of the patient in regard to their spiritual needs</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 32.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 October 2015</p>	<p>The following policies and guidance documents should be developed and made readily available to staff:</p> <ul style="list-style-type: none"> <li>• A policy on communicating effectively in line with current best practice, such as DHSSPSNI (2003) <i>Breaking Bad News</i>.</li> <li>• A policy on palliative and end of life care in line with current regional guidance, such as GAIN (2013) <i>Palliative Care Guidelines</i> which should include the out of hours procedure for accessing specialist equipment and medication, referral procedure for specialist palliative care nurses and the management of shared rooms.</li> <li>• A policy on death and dying in line with current best practice, such as DHSSPSNI (2010) <i>Living Matters: Dying Matters</i> which should include the procedure for dealing with patients' belongings after a death.</li> </ul> <p><b>Ref: Section 5.3 and 5.4</b></p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Our current Policies include, End of Life Care Policy and Care of the Dying and Bereaved Procedure and DNACPR procedure . We also have the GAIN guidelines for Palliative and End of Life care in Nursing Homes and Residential Care Homes . We also use the South Eastern Trust guidelines on bereavement care and the bereavement network 'Information and guidance after the death of a relative or friend in a nursing or residential Home'</p>

<b>Recommendation 5</b> <b>Ref:</b> Standard 32.1 <b>Stated:</b> First time <b>To be Completed by:</b> 30 November 2015	Management should implement a system to evidence staff have read newly developed policy documentation in relation to Communicating Effectively, Palliative and End of Life Care and Death and Dying as referenced in recommendation 4.  <b>Ref: Section 5.3</b>  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> Each policy and procedure and guidance document has a policy sign off sheet that staff sign when read a policy of the week has been implemented		
<b>Recommendation 6</b> <b>Ref:</b> Standard 32 <b>Stated:</b> First time <b>To be Completed by:</b> 31 December 2015	Staff should complete training in; <ul style="list-style-type: none"> <li>• communicating effectively</li> <li>• palliative and end of life care</li> </ul> <b>Ref: Section 5.3 and 5.4</b>  <b>Response by Registered Person(s) Detailing the Actions Taken:</b> palliative care training has been arranged for the following dates the 17.11.15 - nurses and the 3.12.15 for care staff		
<b>Registered Manager Completing QIP</b>	Jacqueline Bowen	<b>Date Completed</b>	06.11.15
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	21/11/15
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	23/11/15

*\*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\**