



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of establishment:** Ashbrook Care Home  
**RQIA number:** 1477  
**Date of inspection:** 06 November 2014  
**Inspector's name:** Heather Moore  
**Inspection number:** IN016121

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544

## 1.0 General Information

|  |   |
|--|---|
| <b>Name of Home:</b>   | Ashbrook Care Home  |
| <b>Address:</b>  | 50 Moor Road<br>Coalisland<br>Dungannon<br>BT71 4QB   |
| <b>Telephone Number:</b>   | 028 8774 1010   |
| <b>E mail Address:</b>   |   |
| <b>Registered Organisation/<br/>Registered Provider:</b>                   | Ashbrook Home Ltd<br>Mr Marcus Mulgrew  |
| <b>Registered Manager:</b>   | Ms Teresa Gilman (Registration Pending)   |
| <b>Person in Charge of the Home at the<br/>Time of Inspection:</b>         | Ms Teresa Gilman  |
| <b>Categories of Care:</b>   | NH-DE NH-I NH-PH NH-MP(E) RC-I  |
| <b>Number of Registered Places:</b>  | 68  |
| <b>Number of Patients/Residents<br/>Accommodated on Day of Inspection:</b> | 55 NH-DE 32<br>NH-I 17<br>RC-1 4<br>NH-PH 1<br>NH-MP(E) 1   |
| <b>Scale of Charges (per week):</b>  | £581.00 Nursing plus £20.00 per week third party<br>top up for the newly registered dementia unit.<br>£461.00 Residential |
| <b>Date and Type of Previous Inspection:</b>                               | 22 May 2014 Secondary Inspection  |
| <b>Date and Time of Inspection:</b>  | 06 November 2014: 8.20am – 2pm  |
| <b>Name of Inspector:</b>  | Heather Moore   |

## 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 nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- 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 manager
- Discussion with staff
- Discussion with patients/residents individually and to others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback.

## 5.0 Inspection Focus

During the course of the inspection, the inspector spoke with:

|                        |    |
|------------------------|----|
| Patients/Residents     | 10 |
| Staff                  | 6  |
| Relatives              | 1  |
| Visiting Professionals | 0  |

Questionnaires were provided by the inspector, during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

| Issued to:                  | Number Issued | Number Returned |
|-----------------------------|---------------|-----------------|
| Patients /Residents         | 6             | 6               |
| Relatives / representatives | 0             | 0               |
| Staff                       | 10            | 10              |

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### Standard 19 - Continence Management

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | 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                           |
| <b>3 - Moving towards compliance</b>    | 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                           |
| <b>4 - Substantially Compliant</b>      | 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 |
| <b>5 - Compliant</b>                    | 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.    |

## 7.0 Profile of Service

The home consists of a total of 68 single bedrooms, 19 of which are ensuite toilets and four of which have ensuite toilet and shower. Registration of a 19 bedded dementia unit was approved on 13 November 2013.

There are four lounges, two therapy areas, three dining rooms a kitchen, laundry toilet/washing facilities, a visitor's room, staff accommodation and offices.

The home is registered to provide care under the following categories:

### Nursing care

|       |  |
|-------|--|
| I     | old age not falling into any other category                              |
| PH    | physical disability other than sensory impairment under 65               |
| PH(E) | physical disability other than sensory impairment over 65 years          |
| DE    | dementia care.   |
| MP(E) | mental disorder excluding learning disability or dementia over 65 years. |

### Residential care

RC-I - old age not falling into any other category.

The home is owned and operated by Ashbrook Home Ltd.

Ms Teresa Gilman is the current Manager who commenced her employment on 01 September 2014. Pending registration with the RQIA.

## 8.0 Executive Summary

The unannounced inspection of Ashbrook Care Home was undertaken by Heather Moore on 06 November 2014 from 8.20am to 2pm.

The inspection was facilitated by Ms Teresa Gilman, Manager of the home who facilitated the inspection and was available for verbal feedback at the conclusion of the inspection. Ms Gilman has not as yet been registered with the Regulation and Quality Improvement Authority and for the purposes of this report will be referred to as the manager.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 22 May 2014.

During the course of the inspection, the inspector met with patients, residents visiting relatives and staff.

The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment as part of the inspection process.

Questionnaires were issued to patients and residents, staff and relatives during the inspection.

As a result of the previous inspection conducted on the 22 May 2014, four requirements and five recommendations were issued. The inspector evidenced that three requirements and four recommendations had been fully complied with. One requirement and one recommendation

were substantially compliant and were therefore restated. Details can be viewed in the section following this summary.

### **Standard 19: Continence Management**

There was evidence that a continence assessment had been completed for the majority of patients and residents. This assessment formed part of a comprehensive and detailed assessment of the patient and residents needs from the date of admission and was found to be updated on a regular basis and as required. However inspection of three patients and one resident's care record confirmed the absence of one continence assessment. A recommendation is made in this regard.

Comprehensive reviews of both the assessment of need and the care plans were maintained on a regular basis and as required.

Discussion with the manager confirmed that staff were trained and assessed as competent in continence care. Registered nurses were also provided with training in male catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. A recommendation has been made for additional guidelines to be made available to staff and used on a daily basis.

The inspector was informed that currently there was no continence link nurse employed in the home. A recommendation is made that a Continence link nurse is nominated to review continence management in the home.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant.

Additional areas were also examined including:

- care practices
- patients' and residents' views
- staffing and staff views
- complaints
- environment.

Details regarding these areas are contained in section 11 of this report.

As a result of this inspection, one restated requirement, three recommendations, and one restated recommendation were made. Details can be found under Section 10 and in the quality improvement plan. (QIP)

The inspector would like to thank the patients, residents, the visiting relatives, manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

The inspector would also like to thank the patients, residents, relatives and staff who completed questionnaires..

## 9.0 Follow-Up on Previous Issues

| No. | Regulation Ref.      | Requirements   | Action Taken - As Confirmed During This Inspection  | Inspector's Validation Of Compliance |
|-----|----------------------|--|---|--------------------------------------|
| 1   | 16(1) and (2)        | <p>The registered person must ensure and provide confirmation to RQIA that the following has been effectively addressed</p> <ul style="list-style-type: none"> <li>• pressure relieving equipment which is in use for each patient ,is recorded in their care plan on pressure area care and prevention</li> <li>• outcome of each patients' moving and handling risk assessment is recorded in the care plan on mobility</li> <li>• When food and fluid targets are not achieved, the information is recorded in patients care plans on eating and drinking.</li> </ul> | <p>Inspection of three patients' and one resident's care record revealed the following:</p> <ul style="list-style-type: none"> <li>• Pressure relieving equipment in use was recorded in the patient's/resident's care plan on pressure area care and prevention.</li> <li>• The outcome of each patients' moving and handling risk assessment was recorded in the care plan on mobility.</li> <li>• Patients at risk of dehydration had their fluid intake and output recorded in their daily evaluation of care and treatment. Patients care plans on eating and drinking were reviewed and updated appropriately.</li> </ul> | <b>Compliant</b>                     |
| 2   | 20 (1) (c) (i) (iii) | The registered person must   | Inspection of staff training records confirmed that   | <b>Compliant</b>                     |



|   |                |  |   |                                |
|---|----------------|--|---|--------------------------------|
|   |                | confirm that all registered nurses have received record keeping training, and all registered nurses undertaking wound care have received training in undertaking wound care safely and effectively and their competency has been assessed. | <p>registered nurses had received training in record keeping on 15 October 2014.</p> <p>Registered nurses had also received training in wound management on 09 August 2014.</p> <p>Inspection of three registered nurses competency and capability assessments confirmed that registered nurses had been deemed competent and capable in this area of care.</p> |                                |
| 3 | 20 (1) (c) (i) | The registered person shall ensure that staff receive annual appraisal.  | <p>Inspection of staff appraisal records revealed that systems were in place for annual appraisal, however in acknowledging that the manager had commenced her employment on 01 September 2014 a small number of staff had received staff appraisal on the day of inspection.</p> <p><b>Restated</b></p>  | <b>Substantially Compliant</b> |
| 4 | 16 (2)         | The registered person shall ensure that patients' care plans are reviewed monthly or more often if deemed appropriate.   | Inspection of three patients' care records and one resident's care record confirmed that patients /residents care plans were reviewed monthly or more often if deemed appropriate.  | <b>Compliant</b>               |

| No. | Minimum Standard Ref. | Recommendations   | Action Taken - As Confirmed During This Inspection  | Inspector's Validation Of Compliance |
|-----|-----------------------|---|---|--------------------------------------|
| 1   | 25.12                 | <p>The registered person should ensure that the report of monthly Regulation 29 visits completed on their behalf is developed to include the following information:</p> <ul style="list-style-type: none"> <li>• Time of visit</li> <li>• Number and grades of staff on duty at the times of visits and examples of their comments.</li> <li>• The number of patients interviewed is increased and their unique identification numbers are recorded.</li> </ul> | <p>Inspection of a sample of Regulation 29 visits confirmed the following:</p> <ul style="list-style-type: none"> <li>• Time of visit was recorded</li> <li>• Number and grades of staff on duty and examples of their comments were recorded</li> <li>• Patients/residents unique identification numbers were recorded, a satisfactory number of patients were interviewed.</li> </ul> | <b>Compliant</b>                     |
| 2   | 25.2                  | <p>The registered person should ensure that as part of good governance And communication, the outcome of monthly</p>  | <p>Inspection of the minutes of staff meetings confirmed that the Director's Regulation 29 visit was discussed at the staff meeting on 05 November 2014.</p>  | <b>Compliant</b>                     |

|   |      |  |   |                                |
|---|------|--|---|--------------------------------|
|   |      | Regulation 29 reports is a continuous agenda item at staff meetings.   |   |                                |
| 3 | 5.3  | It is recommended that a body mapping chart is maintained in patients/residents care records.  | Inspection of three patients and one resident's care record confirmed the absence of one body mapping chart.<br><br><b>Restated</b> | <b>Substantially Compliant</b> |
| 4 | 5.3  | It is recommended that patients/residents activities of daily living assessment charts are dated and signed appropriately.   | Inspection of three patients and one resident's care record confirmed that the assessments were dated and signed appropriately.     | <b>Compliant</b>               |
| 5 | 10.7 | The registered person should ensure the restraint policy is updated and ratified to take account of Human Rights Legislation, the recording of best interest's decisions and the DHSSPS Deprivation of Liberty Safe guards (DOLS). | Inspection of the restraint policy confirmed that the policy had been reviewed and updated.   | <b>Compliant</b>               |

**9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

Since the previous inspection there were no issues/concerns raised with the RQIA.

**10.0 Inspection Findings**

| <b>STANDARD 19 - CONTINENCE MANAGEMENT</b><br><b>Patients receive individual continence management and support.</b>  |                                |
|--|--------------------------------|
| <b>Criterion Assessed:</b><br>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual’s assessed needs and comfort.   | <b>COMPLIANCE LEVEL</b>        |
| <b>Inspection Findings:</b>  |                                |
| <p>Review of three patients’ and one resident’s care record evidenced that bladder and bowel continence assessments were undertaken however a continence assessment was absent in one care record. A recommendation is made in this regard. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients’ care plans on continence care.</p> <p>There was evidence in three patients care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The promotion of continence, skin care, fluid requirements and patients’ dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of three patients and one resident’s care records and discussion with patients/residents evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients’/residents ‘assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p> | <p>Substantially Compliant</p> |

|   |                                |
|---|--------------------------------|
| <p><b>Criterion Assessed:</b><br/>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>   | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> <li>• continence management / incontinence management</li> <li>• stoma care</li> <li>• catheter care.</li> </ul> <p>A recommendation has been made for the following guidelines to be readily available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> <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> | <p>Substantially Compliant</p> |
| <p><b>Criterion Assessed:</b><br/>19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.</p>  | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>Not applicable</p>   |                                |
| <p><b>Criterion Assessed:</b><br/>19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.</p>  | <p><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b><br/>Discussion with the manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances. The manager informed the inspector that training in male catheterisation was provided on 11 December 2013.</p>  | <p>Substantially Compliant</p> |

|   |  |
|---|--|
| <p>Currently there is no continence link nurse in the home. A recommendation is made that a continence link nurse be nominated to review continence management.</p> |  |
|---|--|

|   |                                       |
|---|---------------------------------------|
| <p><b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b></p> | <p><b>Substantially Compliant</b></p> |
|---|---------------------------------------|

## **11.0 Additional Areas Examined**

### **11.1 Care Practices**

During the inspection staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients and staff.

Patients and residents were well presented with their clothing suitable for the season. Staff were observed to respond to patients' and residents requests promptly. The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### **11.2 Complaints**

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

### **11.3 Patients/residents and relatives comments**

During the inspection the inspector spoke to 10 patients individually and to others in groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. Six patients also completed questionnaires.

A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

- "I am very happy here and I am very happy with the staff."
- "The food is very good here."
- "I have no complaints."
- "Everyone is kind."

The inspector spoke to one relative. This relative was pleased with the standard of care being provided in the home.

An example of the relative's comment was as follows:

- "The standard of care here is very good."

### **11.4 Staffing/staff comments**

The inspector examined three weeks staff duty rosters. Examination revealed that the registered nursing and care staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients in the home.

During the inspection the inspector spoke to six staff, including ancillary and catering staff.

Ten staff completed questionnaires.



Examples of staff comments were as follows:

- “The home is very much centred around the resident’s needs.”
- “Yes I have had training on food and fluid intake chart.”
- “The home is well run all the residents are well looked after.”
- “Yes I have had training in continence care.”
- “I have worked here for five years and I love my work.”
- “I am attending training on Malnutrition and dehydration on the 11 November 2014.”
- “There is good team work here.”
- “The residents are all well looked after.”

## **11.5 Environment**

The inspector undertook an inspection of the premises and viewed the majority of the patients’ and residents bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Teresa Gilman, Manager 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:

**Heather Moore**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**

Appendix 1

| <b>Section A</b>   |                                 |
|--|---------------------------------|
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>  |                                 |
| <p><b>Criterion 5.1</b></p> <ul style="list-style-type: none"> <li>At the time of each patient’s admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient’s immediate care needs. Information received from the care management team informs this assessment.</li> </ul> <p><b>Criterion 5.2</b></p> <ul style="list-style-type: none"> <li>A comprehensive, holistic assessment of the patient’s care needs using validated assessment tools is completed within 11 days of admission.</li> </ul> <p><b>Criterion 8.1</b></p> <ul style="list-style-type: none"> <li>Nutritional screening is carried out with patients on admission, using a validated tool such as the ‘Malnutrition Universal Screening Tool (MUST)’ or equivalent.</li> </ul> <p><b>Criterion 11.1</b></p> <ul style="list-style-type: none"> <li>A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3</b></p> |                                 |
| <b>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</b>  | <b>Section compliance level</b> |
| <p><b>Criterion 5.1</b><br/>Each planned and where possible emergency admission receives a pre-admission visit from the Nurse Manager, Deputy Manager or Dementia Nurse in Charge where an initial assessment of the patient and their care needs is carried out.</p> <p>On admission to the Home each new patient is assessed and an initial plan of care formulated in conjunction with the patient and/or their representative using the Roper Logan &amp; Tierney Model. This plan of care is informed by the pre-</p>   | Compliant                       |

admission visit assessment, information provided by the commissioning trust Care Management Team and other members of the multidisciplinary team as appropriate.

On the day of admission to the Home the following assessments are completed: 1. Bedrails risk assessment, 2. Pressure ulcer risk assessment, 3. MUST, 4. Falls risk assessment, 5. Moving & Handling, 6. Continence assessment, 7. Baseline observations including patient's weight.

If required a wound assessment, pain assessment and Bristol stool assessment is undertaken on the day of admission.

#### Criterion 5.2

Each resident is assigned a Primary Nurse who is responsible for their individual plan of care.

A comprehensive holistic assessment of the patient's care needs using validated assessment tools referred to in 5.1 is completed within 11 days of admission by the Primary Care Nurse in conjunction with the patient and/or their representative.

#### Criterion 8.1

Nutritional screening is carried out on all patients on the day of their admission using the Malnutrition Universal Screening Tool.

All nurses receive training on how to correctly carry out this assessment and interpret results.

#### Criterion 11.1

On admission to the Home a validated Pressure Ulcer Risk Assessment for predicting pressure ulcer risk is carried out which includes assessment of the patient's sensory perception, nutritional intake and levels of skin moisture related to continence.

| <b>Section B</b>   |                                 |
|--|---------------------------------|
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>  |                                 |
| <p><b>Criterion 5.3</b></p> <ul style="list-style-type: none"> <li>A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.</li> </ul> <p><b>Criterion 11.2</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.</li> </ul> <p><b>Criterion 11.3</b></p> <ul style="list-style-type: none"> <li>Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.</li> </ul> <p><b>Criterion 11.8</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.</li> </ul> <p><b>Criterion 8.3</b></p> <ul style="list-style-type: none"> <li>There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16</b></p> |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>  | <b>Section compliance level</b> |
| <p><b>Criterion 5.3</b></p> <p>Each patient is assigned a Primary nurse who is the key individual with respect to discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients and their representatives both at the</p>   | Compliant                       |

time of admission and during the course of the patient's stay.

Communication sheets are held in Care Records to evidence ongoing communication with representatives. The details of each patient's primary nurse is displayed in their bedroom.

Care Plans are formulated with maximum independence and rehabilitation in mind and reflect changing patient functionality.

Care Plans reflect recommendations from various members of the multi-disciplinary team including Dietitians, Speech & Language Therapists, Physiotherapists, Occupational Therapists, Podiatrists and Tissue Viability Nurses.

#### Criterion 11.2

All nurses have received appropriate training in wound care and are aware of when a referral with respect to tissue viability is required.

If staff have any concerns regarding a particular wound referrals are made to the Tissue Viability Nurse, Patient's GP and Podiatrist as required.

Details of referrals are appropriately completed in the relevant Care Records.

Recommendations made are implemented and appropriately recorded.

#### Criterion 11.3

Those patients who are identified as being "at risk" of developing a pressure ulcer have an individualised prevention/treatment plan formulated.

Where required further advice may be requested as per criterion 11.2.

Individual plans may include the use of pressure relieving equipment such as mattresses or cushions, use of repositioning charts, monitoring food and fluid intake and the use of particular moving and handling aids.

#### Criterion 11.8

Patients with lower limb or foot ulceration are referred as appropriate to their GP, Podiatrist or Tissue Viability Nurse.

All referrals are recorded in the appropriate Care Records and all recommendations implemented in full with Care

|   |                                 |
|---|---------------------------------|
| <p>Plans being updated as required.</p> <p>Criterion 8.3<br/>Following MUST assessment if required or at any other required time referrals are made to the Community Dietician. Referrals are recorded.</p> <p>Nutritional treatment plans recommended are retained in the relevant Care Records and implemented in full.</p> |                                 |
| <b>Section C</b>  |                                 |
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b> |                                 |
| <p><b>Criterion 5.4</b></p> <ul style="list-style-type: none"> <li>• Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</b></p>         |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>   | <b>Section compliance level</b> |
| <p>Re-assessment of care is undertaken daily and appropriately recorded by Nursing Staff in the appropriate sections of Care Records.</p> <p>Assessments and care plans are updated monthly or more often as required.</p> <p>Care plan audits are undertaken by the Deputy Manager and Senior Staff Nurse.</p>               | Compliant                       |

| <b>Section D</b>  |                                 |
|---|---------------------------------|
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>   |                                 |
| <p><b>Criterion 5.5</b></p> <ul style="list-style-type: none"> <li>All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations.</li> </ul> <p><b>Criterion 11.4</b></p> <ul style="list-style-type: none"> <li>A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented.</li> </ul> <p><b>Criterion 8.4</b></p> <ul style="list-style-type: none"> <li>There are up to date nutritional guidelines that are in use by staff on a daily basis.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)</b></p>                             |                                 |
| <b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b>   | <b>Section compliance level</b> |
| <p><b>Criterion 5.5</b><br/>Validated assessment tools such as Roper, Logan &amp; Tierney, MUST and Braden Scale are used.</p> <p>Advice and guidelines from relevant professional bodies and national standard setting organisations such as NICE, NMC, RQIA &amp; DHSSPS are adhered to at all times.</p> <p><b>Criterion 11.4</b><br/>Pressure ulcers are graded by Nursing Staff in accordance with the European Pressure Ulcer Advisory Panel as set out in NICE guidelines.</p> <p>Patients with identified skin damage have an appropriate treatment plan implemented which may be formulated in conjunction with members of the multi-disciplinary team including the Tissue Viability Nurse.</p> <p><b>Criterion 8.4</b><br/>Nutritional Guidelines used by staff include:</p> | Compliant                       |



|  |                                 |
|--|---------------------------------|
| <p>1. Nutritional Guidelines and Menu Checklist for Residential &amp; Nursing Homes (2014 Edition).<br/>                 2. Eating Well:supporting older people and older people with dementia (The Caroline Walker Trust).<br/>                 3. Food and Nutrition for people with dementia (The Dementia Services Development Centre).<br/>                 4. NICE guidelines</p>  |                                 |
| <b>Section E</b>   |                                 |
| <b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b>  |                                 |
| <p><b>Criterion 5.6</b></p> <ul style="list-style-type: none"> <li>Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.</li> </ul> <p><b>Criterion 12.11</b></p> <ul style="list-style-type: none"> <li>A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory.</li> </ul> <p><b>Criterion 12.12</b></p> <ul style="list-style-type: none"> <li>Where a patient’s care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed.<br/>                     Where a patient is eating excessively, a similar record is kept.<br/>                     All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 19(1) (a) schedule 3 (3) (k) and 25</b></p> |                                 |
| <b>Provider’s assessment of the nursing home’s compliance level against the criteria assessed within this section</b>  | <b>Section compliance level</b> |
| <p>Criterion 5.6<br/>                 Registered Nurses have received record keeping training and are aware of their accountability and responsibility with respect to record keeping.</p> <p>Nursing records are updated daily with Nurses recording statements which reflect the care and treatment given to each patient.</p>   | Compliant                       |

All entries are dated and signed accordingly.

**Criterion 12.11**

A record is maintained of the food served at each mealtime including special dietary needs. Any changes or variations to the menu are recorded by the cook.

**Criterion 12.12**

Daily food records are maintained for all patients. Fluid balance charts are used for patients assessed as being at risk of dehydration.

Referrals are made to the Dietitian, Speech & Language Therapist and GP as required.

Records are kept of all referrals with recommendations being recorded in Care Records. All recommendations are discussed with the patient or their representative.

**Section F**

**Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.**

**Criterion 5.7**

- **The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.**

**Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16**

**Provider's assessment of the nursing home's compliance level against the criteria assessed within this section**

**Section compliance level**

Daily progress notes are recorded for each patient within their nursing progress notes by both day and night Nursing staff.

Compliant

Care plans are evaluated monthly or more frequently as required.

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| <p>Patients and their representatives are involved in the care planning formulation and evaluation processes.</p>  |  |
| <p><b>Section G</b></p>  |  |
| <p><b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b></p>   |  |
| <p><b>Criterion 5.8</b></p> <ul style="list-style-type: none"> <li>• Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate.</li> </ul> <p><b>Criterion 5.9</b></p> <ul style="list-style-type: none"> <li>• The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</b></p> |  |
| <p><b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b></p>   | <p><b>Section compliance level</b></p> |
| <p>Criterion 5.8<br/>Patient care is evaluated by their Primary Nurse in discussion with the patient.</p> <p>Patients are encouraged and facilitated to attend Care Management Review Meetings.</p> <p>Care Management Review Meetings are also attended typically by the Patient's Primary Nurse and either the Nurse Manager or Deputy Manager.</p> <p>Patients are invited to attend any other multi-disciplinary meeting which may be arranged to discuss aspects of their care.</p> <p>Criterion 5.9<br/>The minutes with respect to all care management review meetings are recorded and kept in the appropriate Care</p>  | <p>Compliant</p>                       |

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| <p>Record.<br/>Care Plans and other relevant assessments are updated to reflect recommendations made at review meetings.<br/>Patients and their representative are kept informed of such updates.</p>  |  |
| <p><b>Section H</b></p>  |  |
| <p><b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b></p>   |  |
| <p><b>Criterion 12.1</b></p> <ul style="list-style-type: none"> <li>• Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.<br/>Full account is taken of relevant guidance documents, or guidance provided by dietitians and other professionals and disciplines.</li> </ul> <p><b>Criterion 12.3</b></p> <ul style="list-style-type: none"> <li>• The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.<br/>A choice is also offered to those on therapeutic or specific diets.</li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) &amp; (4), 13 (1) and 14(1)</b></p> |  |
| <p><b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b></p>   | <p><b>Section compliance level</b></p> |
| <p>Criterion 12.1<br/>All food is prepared freshly in Ashbrook and Menus operate on a 3 - 4 week cycle with a variety of dishes offered. Seasonal adjustments are made to the menus.</p> <p>The documents listed in under Criterion 8.4 are taken into consideration when planning menus.</p> <p>Special diets are accommodated as required.</p> <p>Dietician menu analysis is requested.</p>  | <p>Compliant</p>                       |

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| <p><b>Criterion 12.3</b><br/>A choice of meal is offered at each mealtime. If the patient refuses either option every effort is made to offer a dish of their choice.</p> <p>Choice is also afforded to patients on special diets.<br/>A choice of drinks is also offered at each mealtime.</p>  |  |
| <p><b>Section I</b></p>  |  |
| <p><b>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</b></p>   |  |
| <p><b>Criterion 8.6</b></p> <ul style="list-style-type: none"> <li>• <b>Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to.</b></li> </ul> <p><b>Criterion 12.5</b></p> <ul style="list-style-type: none"> <li>• <b>Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times.</b></li> </ul> <p><b>Criterion 12.10</b></p> <ul style="list-style-type: none"> <li>• <b>Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure:</b> <ul style="list-style-type: none"> <li>○ <b>risks when patients are eating and drinking are managed</b></li> <li>○ <b>required assistance is provided</b></li> <li>○ <b>necessary aids and equipment are available for use.</b></li> </ul> </li> </ul> <p><b>Criterion 11.7</b></p> <ul style="list-style-type: none"> <li>• <b>Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings.</b></li> </ul> <p><b>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</b></p> |  |
| <p><b>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</b></p>   | <p><b>Section compliance level</b></p> |

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| <p>Criterion 8.6<br/>Nurses receive training with respect to managing patients with swallowing difficulties.</p> <p>Nurses work closely with Speech and Language Therapists with any instructions being fully adhered to with all relevant members of the care and catering team being made aware.</p> <p>Criterion 12.5<br/>Breakfast, lunch and evening tea are provided at conventional times and served in the dining room or the patient's bedroom if required.</p> <p>A choice of hot and cold drinks and freshly made scones, biscuits, cheese and tray bakes is available with mid-morning and afternoon tea.</p> <p>A variety of snacks including freshly made sandwiches, fruit, yogurt and cereals are freely available throughout the day and the kitchen remains accessible throughout the night.</p> <p>Fresh drinking water and a choice of juices are readily available at all times and are refreshed regularly in the dayrooms and patient bedrooms.</p> <p>Late suppers are also provided.</p> <p>Criterion 12.10<br/>All patients are assessed with respect to their eating and drinking requirements with risks being identified and appropriately addressed.</p> <p>Assistance is given to residents if required by both dining room assistants and care staff.</p> <p>Any patient who would benefit from an appropriate aid or specialist piece of equipment is supplied with this as required so as to promote independence.</p> <p>Criterion 11.7<br/>Nurses receive wound care training with records maintained with respect to competency and capability assessments</p> | Compliant |
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| <b>PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5</b> | <b>COMPLIANCE LEVEL</b><br><br>Compliant |
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**Appendix 2**

Explanation of coding categories as referenced in the Quality of Interaction Schedule (QUIS)

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| <p><b>Positive social (PS) – care over and beyond the basic physical care task demonstrating patient centred empathy, support, explanation, socialisation etc.</b></p>   | <p><b>Basic care: (BC) – basic physical care e.g. bathing or use of toilet etc. with task carried out adequately but without the elements of social psychological support as above. It is the conversation necessary to get the task done.</b></p> |
| <ul style="list-style-type: none"> <li>• Staff actively engage with people e.g. what sort of night did you have, how do you feel this morning etc. (even if the person is unable to respond verbally)</li> <li>• Checking with people to see how they are and if they need anything</li> <li>• Encouragement and comfort during care tasks (moving and handling, walking, bathing etc.) that is more than necessary to carry out a task</li> <li>• Offering choice and actively seeking engagement and participation with patients</li> <li>• Explanations and offering information are <input type="checkbox"/> tailored to the individual, the language used easy to understand, and non-verbal used where appropriate</li> <li>• Smiling, laughing together, personal touch and empathy</li> <li>• Offering more food/ asking if finished, going the extra mile</li> <li>• Taking an interest in the older patient as a person, rather than just another admission</li> <li>• Staff treat people with respect addressing older patients and visitors respectfully, providing timely assistance and giving an explanation if unable to do something right away</li> <li>• Staff respect older people’s privacy and dignity by speaking quietly with older people about private matters and by not talking about an individual’s care in front of others</li> </ul> | <p>Examples include:<br/>Brief verbal explanations and encouragement, but only that which is necessary to carry out the task</p> <p>No general conversation</p>  |



| <p><b>Neutral (N) – brief indifferent interactions not meeting the definitions of other categories.</b></p>   | <p><b>Negative (NS) – communication which is disregarding of the residents’ dignity and respect.</b></p>   |
|---|--|
| <p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Putting plate down without verbal or non-verbal contact</li> <li>• Undirected greeting or comments to the room in general</li> <li>• Makes someone feel ill at ease and uncomfortable</li> <li>• Lacks caring or empathy but not necessarily overtly rude</li> <li>• Completion of care tasks such as checking readings, filling in charts without any verbal or non-verbal contact</li> <li>• Telling someone what is going to happen without offering choice or the opportunity to ask questions</li> <li>• Not showing interest in what the patient or visitor is saying</li> </ul> | <p><b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• Ignoring, undermining, use of childlike language, talking over an older person during conversations</li> <li>• Being told to wait for attention without explanation or comfort</li> <li>• Told to do something without discussion, explanation or help offered</li> <li>• Being told can’t have something without good reason/ explanation</li> <li>• Treating an older person in a childlike or disapproving way</li> <li>• Not allowing an older person to use their abilities or make choices (even if said with ‘kindness’)</li> <li>• Seeking choice but then ignoring or over ruling it</li> <li>• Being angry with or scolding older patients</li> <li>• Being rude and unfriendly</li> <li>• Bedside hand over not including the patient</li> </ul> |

References

QUIS originally developed by Dean, Proudfoot and Lindesay (1993). The quality of interactions schedule (QUIS): development, reliability and use in the evaluation of two domus units. *International Journal of Geriatric Psychiatry* Vol \*pp 819-826.

QUIS tool guidance adapted from Everybody Matters: Sustaining Dignity in Care. London City University.



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



**Quality Improvement Plan**  
**Unannounced Secondary Inspection**  
**Ashbrook Care Home**

**06 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 **Ms Teresa Gilman, Manager and Ms Gillian Latimer, Senior Nurse** 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 Nursing Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirement  | Number of Times Stated | Details Of Action Taken By Registered Person(S)                                    | Timescale    |
|-----|----------------------|--|------------------------|--|--------------|
| 1   | 20 (1) (c) (i)       | The registered person shall ensure that staff receive annual appraisal.<br><br>Follow up on previous issues. | Two                    | Appraisal plan is in operation at the home & we are currently up to November 2014. | Three Months |

### Recommendations

These recommendations are based on the Nursing 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   | 19.1                       | It is recommended that continence assessments are maintained in patients/residents care records for patients and residents who require continence management and support.<br><br><b>Ref 19.1</b> | One                    | All Residents have completed continence assessments in their care records.     | One Week                         |
| 2   | 19.2                       | It is recommended that the NICE guidelines on the management of urinary and faecal incontinence are maintained in the home.<br><br><b>Ref 19.2</b>   | One                    | Guidelines on the Management of urinary & faecal Incontinence is in the home.  | One week                         |
| 3   | 19.4                       | It is recommended that a continence link nurse is nominated in the home.<br><br><b>Ref 19.4</b>  | One                    | Carmel Conners Staff Nurse is our Link Nurse & is sourcing Education           | One Month                        |
| 4   | 5.3                        | It is recommended that a body mapping chart is maintained in the patients/residents care records.<br><br><b>Ref: Follow up on previous issues</b>  | Two                    | Body Mapping chart updated & completed in one resident chart that was missing. | From the date of this inspection |

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
 Hilltop  
 Tyrone & Fermanagh Hospital  
 Omagh  
 BT79 0NS

SIGNED: Marcus Mulgrew  
 NAME: MARCUS MULGREW  
 Registered Provider  
 DATE: 16/12/14

SIGNED: Teresa Gilman  
 NAME: TERESA GILMAN  
 Registered Manager  
 DATE: 4/12/14

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-----|-----------|------|
| Response assessed by inspector as acceptable           |     |           |      |
| Further information requested from provider            |     |           |      |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b>      |
|---|------------|------------------|------------------|
| Response assessed by inspector as acceptable                  | Yes        | Heather Moore    | 18 December 2014 |
| Further information requested from provider                   |            |                  |                  |