



**MARKET DEVELOPMENT and CARE STANDARDS
QDO REFERRAL FORM**

This form must be used to refer issues/concerns regarding **quality of service** (not issues pertaining specifically to individual service users) in relation to any independent sector care provider to the Market Development and Care Standards Team.

Provider Details:	Name: LEAWOOD MANOR HILTON CRESENT NG2 3HY
Date of Referral:	02/08/2020
Type of service: <i>e.g. homecare, OP residential home, YA LD nursing home, supported living</i>	RESIDENTIAL HOME
Referred By:	Name: SHARON STRAWDER Job Title: DISTRICT NURSE TEAM LEADER Tel No: 01158440504 E-Mail Address: Sharon.strawder@nottshc.nhs.uk
Location of service provided: <i>e.g. district/locality, out of county</i>	Rushcliffe
Concern(s): <i>Please give details of the nature of the concerns, related safeguarding investigations or complaints and the outcomes of any investigations</i>	. NO CONCERNS Just wanted to feed back and congratulate this care home for all the hard work and dedication they have put in over this time. All care staff and seniors are kind compassionate and just want the best for the residents. They have worked and supported the district nursing team with change / embraced change and provided best practice and compassionate care in this difficult time. The care home is clean and well run. Also want to say thank you to the manager Zimaran Alam for embracing ideas and working with the district nursing team. They have been amazing to work with and a credit to the social care system
Actions taken: <i>Please give details of any actions already taken by yourself/team to address the concern(s)</i>	

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Email the completed form to Market Development & Care Standards at -
[**pmm@nottscc.gov.uk**](mailto:pmm@nottscc.gov.uk)

If you have not received an acknowledgment of receipt within five working days, contact the relevant Market Development Officer by telephone.

For MD&CS Use Only

Date received:	
Action required:	
Lead QDO:	
Lead MDO:	