RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018443**
Establishment ID No:	**10058**
Name of Establishment:	**Brae Valley**
Date of Inspection:	**13 November 2014**
Inspector's Name:	**Judith Taylor**

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

1.0 GENERAL INFORMATION

Name of home:	Brae Valley
Type of home:	Residential Care Home
Address:	2 Breda Terrace Newtonbreda Belfast BT8 7BY
Telephone number:	(028) 9504 2940
E mail address:	helenm.boal@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast Health and Social Care Trust Mr Martin Dillon (Registration pending)
Registered Manager:	Mrs Helen Margaret Boal
Person in charge of the home at the time of Inspection:	Mrs Helen Margaret Boal
Categories of care:	RC-DE
Number of registered places:	30
Number of residents accommodated on day of inspection:	22
Date and time of current medicines management inspection:	13 November 2014 11:00 – 15:15
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	25 October 2011 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to residents was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA 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 management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

Discussion with Mrs Helen Boal, Registered Manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: Medicines Storage
Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Brae Valley is a statutory residential care home which is owned and managed by the Belfast Health and Social Care Trust. The home is registered to provide care for a maximum of 30 persons with dementia. Mrs Helen Boal has been the registered manager since 2005.

The 1970s premises consist of a single storey, rectangular building around a central courtyard/garden, which has been planted and equipped for residents enjoyment in suitable weather. There is also a large garden at the rear of the home, which has paths, outdoor seating and a garden shed/summer house.

The accommodation consists of single bedrooms. Each bedroom has a built-in vanity wash-hand unit and wardrobe. There are no en-suite bedrooms.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Brae Valley was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 13 November 2014 between 11:00 and 15:15. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to residents was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Helen Boal and with the staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Brae Valley are substantially compliant with legislative requirements and best practice guidelines. The outcomes of this inspection found no significant areas of concern, although some areas for improvement were noted.

The three requirements and three recommendations which were made at the previous medicines management inspection on 25 October 2011 were examined during the inspection. The outcomes of compliance can be observed in Section 5.0 of the report. Two requirements and three recommendations have been complied with; one requirement has been assessed as substantially compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors and any intelligence that may be received from trusts and other sources.

Several areas of good practice were observed and acknowledged throughout the inspection as detailed in the report.

Written policies and procedures for medicines management are in place. These should be updated to reflect the current practices with regard to controlled drugs.

There is a programme of training in the management of medicines for staff. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

Practices for the management of medicines are audited periodically. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that medicines had been administered in accordance with the prescribers' instructions. Staff are commended for their efforts.

Most of the medicine records which were selected for examination were well maintained. The management of bisphosphonate medicines must be reviewed to ensure that they are administered separately from other medicines and that the time of administration is accurately recorded on every occasion.

The management of distressed reactions and covert administration of medicines should be reviewed to ensure that the relevant records are maintained.

Medicines are stored safely and securely. Close monitoring of the medicines refrigerator temperatures is necessary.

The inspection attracted a total of one requirement and four recommendations. These are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and staff for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 25 October 2011:

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Records of all auditing activity regarding medicines management must be maintained on every occasion. **Stated once**	There was evidence of the audit activity which occurs in the home.	**Compliant**
2	13(4)	The standard of maintenance of personal medication records must be reviewed and revised to ensure that: • each resident's drug allergy status is recorded • each resident's photograph is attached to their supplementary personal medication record used by care staff. **Stated once**	The personal medication records were well maintained and included the resident's drug allergy status and photograph.	**Compliant**

NO.	REGULATION REFERENCE	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	Improvement is required in the standard of maintenance of medication administration records, to ensure the following: • medicines are administered as prescribed and each administration is accurately recorded • the reason for any non-administration is recorded. **Stated once**	The sample of medication administration records selected for examination indicated the majority of these had been maintained in the required manner. However, there was evidence that staff had used the incorrect code on a small number of occasions.	**Substantially compliant**

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Where personal medication record entries are not verified by the prescriber, two members of designated staff should be involved in transcribing new medicine details on each occasion. **Stated once**	This practice was evidenced at the inspection.	**Compliant**
2	30	Staff should record the start date of each medicine cycle in the comments column on the medicines administration record. **Stated twice**	The date of commencement of the new medicine cycle is highlighted in the comments column on the administration of medicines records.	**Compliant**
3	30	The audit process for medicines should be further reviewed to ensure that: • the date of opening is recorded for all eye preparations. • records of the administration of external preparations are included in the audit process. **Stated once**	There were no eye preparations prescribed for any residents on the day of the inspection. The registered manager advised that these have not been prescribed for some time. However, there was evidence in the older audit records that eye preparations had been included. There was also evidence that external preparations are included in the audit process.	**Compliant**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Most areas of the management of medicines are maintained in accordance with legislative requirements, professional standards and DHSSPS guidance. The outcomes of the audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. Staff are commended for their efforts. Suitable arrangements are in place for obtaining medicine information for new residents. The ordering and receipt of medicines process is satisfactory. The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that a care plan is maintained; the reason for and outcome of the administration should be recorded on every occasion for the relevant residents. A recommendation is made. One resident is administered their medicines in disguised form. The registered manager advised that this had been approved in the past; however, the documentation was not readily available. A care plan is not in place. This should be addressed. A recommendation is made.	Substantially compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines had been reviewed and revised in September 2013. There was evidence that staff had signed and read these. A separate policy for the management of controlled drugs was observed. This should be updated to reflect the current practices for controlled drugs in Brae Valley; a recommendation is made.	Substantially compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that staff are trained and competent in the management of medicines. She provided evidence of the training records at the inspection. A list of the names, signatures and initials of staff authorised to administer medicines is also maintained. Staff competencies in medicines management are assessed annually.	Compliant
Criterion Assessed: 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that practices for the management of medicines are evaluated through annual staff appraisal which includes the completion of personal development plans and personal contribution plans. Staff supervision is also undertaken every month.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Staff are not responsible for the administration of medicines which require training in specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home. There had been no reportable medicine related incidents since the previous medicines management inspection.	Compliant
Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are returned to the community pharmacy for disposal.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
Audit trails are performed by the registered manager. There are systems in place to identify and follow up on any identified discrepancies, and there was evidence of this at the inspection. The frequency of audits had decreased in recent months; however, the registered manager advised that monthly audits would be resumed. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicine records are legible, well kept, and are constructed and completed to ensure a clear audit trail. Areas of good practice were acknowledged. This included the following: • the writing and updating of personal medication records involves two members of staff • reminder alerts are in place for the administration of bisphosphonate medicines, antibiotics and BuTrans patches • a separate receipt record is maintained for each resident; this readily facilitates the ordering and audit process • running stock balances are maintained for nutritional supplements • good filing systems are in place for completed records	Compliant
Criterion Assessed: 31.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the above records is maintained in the home. The samples which were selected for examination were found to be mostly satisfactory. Staff are commended for the good standard of record keeping.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

The management of bisphosphonate medicines must be reviewed to ensure these medicines are administered separately from food or other medicines and the actual of time of administration is accurately recorded. A requirement is made. The administration records indicated that staff had used the incorrect medicine code on a small number of occasions and was discussed with the registered manager. It was agreed that this would be discussed with staff and monitored through the audit process.	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
At the time of this inspection Schedule 2 controlled drugs were not prescribed for any residents or held in stock. These medicines have not been prescribed since the previous medicines management inspection.	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL CARE HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines are stored safely and securely and in accordance with the manufacturer's instructions. There was sufficient storage space for medicines in the medicine trolley and medicine cupboards. Robust arrangements are in place for the stock control of medicines. Two medicines (Procal Shot liquid and Timodine cream) are stored in the medicine refrigerator. Although the maximum and minimum temperatures of the medicine refrigerator are monitored and recorded on a daily basis, the minimum temperatures were frequently recorded below $2^{o}C$. There was no evidence that this deviation had been recognised. The temperatures of the medicine refrigerator must be maintained within the accepted range of $2^{o}C$ to $8^{o}C$ for medicines which required cool storage. The registered manager should closely monitor the management of refrigerator temperatures and ensure that all staff are familiar with the accepted temperature range. A recommendation is made.	Substantially compliant
Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
At the time of the inspection, the medicine keys were held by the senior care assistant in charge. The controlled drug keys are not kept on a separate key ring. This was discussed and the registered manager advised that this would be addressed immediately after the inspection. The registered manager has responsibility for spare medicine keys.	Substantially compliant

STANDARD 32 - MEDICINES STORAGE

Criterion Assessed: 32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility; this occurs up to three times per day. Records of this activity are maintained. There were no discrepancies noted. The good practice of performing daily stock reconciliation checks on Schedule 4 controlled drugs which do not require storage in the controlled drug cabinet was acknowledged.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service.
These details were discussed with **Mrs Helen Boal**, **Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

BRAE VALLEY

13 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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Helen Boal**, **Registered Manager**, during 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 the requirement 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 RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENT **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must review the management of bisphosphonate medicines to ensure they are administered separately from food or other medicines and records of administration are accurately maintained. **Ref: Criterion 31.2**	One	All medications which require to be administered separately from food have been highlighted to senior staffand on residents kardex. Senior staff to record the exact time this medication has been administered, in comments section of kardex and ensure it is administered as per GP instructions. These medications will be included in monthly audit of medications	12 December 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	30	The registered manager should review the management of distressed reactions to ensure a care plan and a reason for the administration and effect of administration is recorded on every occasion, for the relevant residents. **Ref: Criterion 30.1**	One	All relevant residents who have been prescribed medication for the management of behaviours have a care plan. It is recorded on care plans reason for administration and the effect of administration is recoded for the relevant resident.	12 December 2014
2	30	The registered manager should review the management of the covert administration of medicines to ensure a care plan is put in place and the relevant records are maintained. **Ref: Criterion 30.1**	One	The resident currently receiving covert administration of medicines has a care plan in place. The administration of same is recorded in the residents individual kardex as required.	12 December 2014
3	30	The registered manager should review the management of controlled drugs to ensure the policies and procedures for controlled drugs reflect current practice. **Ref: Criterion 30.2**	One	Management of controlled drugs has been updated to reflect the current practice via the policies and Procedures for same	12 February 2015

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	32	The registered manager should closely monitor the management of the cold storage of medicines. **Ref: Criterion 32.1**	One	After inspection the fridge was defrosted. All senior staff informed of the temperature to be maintained at all times 2oc - 8oC and action to take should temperature read outside of this range. Fridge Temperature records will be included in monthly audits of medications	12 December 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Helen Boal
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr Michael McBride Acting Chief Executive

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	22/12/14
B.	Further information requested from provider				