



## **RESIDENTIAL CARE HOME UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** IN018414

**Establishment ID No:** 1009

**Name of Establishment:** Newcroft Lodge

**Date of Inspection:** 23 October 2014

**Inspector's Name:** Paul Nixon

**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

<b>Name of home:</b>	Newcroft Lodge
<b>Type of home:</b>	Residential Care Home
<b>Address:</b>	126 Church Road Holywood Co Down BT18 9BY
<b>Telephone number:</b>	(028) 9042 4614
<b>E mail address:</b>	sam.mcmahon@setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	South Eastern HSC Trust / Mr Hugh Henry McCaughey
<b>Registered Manager:</b>	Mr Samuel David McMahon
<b>Person in charge of the home at the time of inspection:</b>	Mr Samuel McMahon
<b>Categories of care:</b>	RC-DE
<b>Number of registered places:</b>	32
<b>Number of residents accommodated on day of inspection:</b>	27
<b>Date and time of current medicines management inspection:</b>	23 October 2014 10:00 – 13:45
<b>Name of inspector:</b>	Paul Nixon
<b>Date and type of previous medicines management inspection:</b>	2 November 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 Mr Samuel McMahon (Registered Manager) and the senior care assistant managing medicines during the inspection

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**

<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 being made within the inspection report.

### **3.0 PROFILE OF SERVICE**

Newcroft Lodge is a purpose built single storey dwelling situated in a quiet tree lined site off Church Road in Holywood, County Down. The home is the property of the South Eastern Health and Social Care Trust and caters for 32 residents in the dementia category of care.

The home comprises of 26 single bedrooms, three twin bedrooms, a number of communal sitting areas and a dining room. There are also three lounges and several small open seating areas interspersed around the facility. There are adequate bathroom, showering and toilet facilities located throughout the home. Catering and laundry facilities are well equipped to meet the needs of residents.

The building encloses a central courtyard which has raised garden beds, a variety of seating, and tables, a water fountain and numerous shrubs and plants. The residents have safe and free access to the courtyard when the weather is suitable.

There is adequate parking space for visitors and for staff at the front of the building. The home is within easy access of shops and local facilities.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Newcroft Lodge was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 23 October 2014 between 10:00 and 13:45 hours. 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 Mr Samuel McMahon (Registered Manager). 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 Newcroft Lodge are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though several areas for improvement were highlighted.

The one requirement and three recommendations made at the previous medicines management inspection, on 2 November 2011, were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. The requirement and two of the three recommendations are assessed as compliant. One recommendation is 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.

Several areas of good practice were noted and highlighted during the inspection. These include the recording of the dates and times of opening on medicine containers in order to facilitate audit, the additional records in place for warfarin and the routine signing of handwritten entries on the personal medication records (PMRs) by two staff members. The registered manager and staff are commended for their efforts.

There is a programme of medicines management training in the home. Staff competencies in managing medicines are assessed annually.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have been administered in accordance with the prescribers' instructions.

The registered provider should ensure that the recording system in place for all residents who are prescribed 'when required' medicines for distressed reactions includes detailed care plans and the documentation of the reason for and outcome of administration.

Medicines records examined were maintained in a largely satisfactory manner and facilitated the audit process. On the PMRs, entries for previously prescribed antibiotic courses should be routinely cancelled.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations.

There are robust arrangements for the management of Schedules 2 and 3 controlled drugs.

The inspection attracted three recommendations. The recommendations are detailed in the Quality Improvement Plan.

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

## 5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 2 November 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must closely monitor the administrations of Calogen preparations, in order to ensure compliance with the prescribers' instructions.  <b>Stated once</b>	The administrations of Calogen are audited by the registered manager, in order to ensure compliance with the prescribers' instructions.	<b>Compliant</b>



NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	<p>The following further attention should be given to the maintenance of the personal medication records:</p> <ul style="list-style-type: none"> <li>• Entries for previously prescribed medicines should be routinely cancelled; and,</li> <li>• The routes of administration of eye-preparation medicines should be routinely specified.</li> </ul> <p><b>Stated once</b></p>	<p>Some entries for completed antibiotic courses had not been cancelled. The routes of administration of eye-preparation medicines were largely specified.</p>	<p><b>Substantially compliant</b></p>
2	31	<p>In the absence of the prescriber's signature, two staff members should routinely sign/initial the handwritten medicine entry on the medication administration record.</p> <p><b>Stated once</b></p>	<p>This practice was observed.</p>	<p><b>Compliant</b></p>
3	31	<p>The prescriber should be requested to review chloramphenicol eye drops, prescribed for one of the residents.</p> <p><b>Stated once</b></p>	<p>This prescription was reviewed and the resident was seen by district nursing services.</p>	<p><b>Compliant</b></p>

## SECTION 6.0

### STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely

<b>Criterion Assessed:</b> 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  Largely satisfactory arrangements were observed to be in place for the management of medicines.  A range of audits was performed on randomly selected medicines. These audits showed a satisfactory correlation between the prescribers' instructions, patterns of administration and stock balances of the medicines selected. One audit on Seretide Evohaler produced an unsatisfactory outcome. The registered manager agreed to ensure that the administrations of this medicine are closely monitored in order to ensure compliance with the prescriber's instructions.  Written confirmation of the current medication regime was in place for a resident recently admitted to the home from hospital. The senior care assistant confirmed this routine practice.  The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber. Prescriptions are received by the home and checked against the order before being forwarded to the community pharmacy for dispensing.  Warfarin dosage directions are received in writing. Daily stock balance checks are maintained.  The records in place for the use of 'when required' anxiolytic medicines in the management of distressed reactions were examined for four residents. The care plan for two residents did not detail the circumstances under which the medicine should be administered. For each resident, the parameters for administration were recorded on the PMR and records of administration had been maintained on the medicine administration record sheets (MARs). However, the reasons for administration and outcomes had not been recorded. The registered	Substantially compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

provider should ensure that the recording system in place for all residents who are prescribed 'when required' medicines for distressed reactions includes detailed care plans and the documentation of the reason for and outcome of administration. A recommendation is stated.	
<b>Criterion Assessed:</b> 30.2 The policy and procedures cover each of the activities concerned with the management of medicines.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Policies and procedures for the management of medicines are in place. These were not examined in detail.	Compliant
<b>Criterion Assessed:</b> 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Records of staff training were reviewed during the inspection. The home has an induction medicines management training programme. There was evidence that staff receive update medicines management training on an annual basis.  A list of the names, sample signatures and initials of staff that are authorised to administer medicines is maintained.	Compliant
<b>Criterion Assessed:</b> 30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
There was recorded evidence that staff competency and capability assessments are performed at the end of the induction process and annually thereafter.	Compliant

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager and senior care assistant advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.</p>	<p>Not applicable</p>
<p><b>Criterion Assessed:</b> 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>A system is in place to manage any medicine errors or incidents should they occur in the home. These are reported in accordance with the home's policies and procedures.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.</p>	<p>Compliant</p>

## STANDARD 30 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager performs an audit of a randomly selected sample of eight boxed medicines at approximately monthly intervals. The records of this audit activity were observed and largely satisfactory outcomes were observed to have been achieved. In order to facilitate audit activity, the dates and times of opening are recorded on medicine containers. The community pharmacist also conducts a medication audit at three monthly intervals and provides written feedback to the management of the home.</p>	<p>Compliant</p>
<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>

**STANDARD 31- MEDICINE RECORDS**  
**Medicine records comply with legislative requirements and current best practice.**

<b>Criterion Assessed:</b> 31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The medicine records were legible and had been constructed and completed to ensure a clear audit trail.	Compliant
<b>Criterion Assessed:</b> 31.2 The following records are maintained: <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>A sample of each of the above records was examined and found to be of a largely satisfactory standard.</p> <p>There was a satisfactory correlation between the entries on the PMRs, MARs and medicine labels. Handwritten entries on the PMRs were verified and signed by two staff members.</p> <p>On the PMRs, some entries for previously prescribed antibiotic courses had not been cancelled. Entries for previously prescribed antibiotic courses should be routinely cancelled. A recommendation is stated.</p> <p>The MARs were generally well maintained.</p> <p>Records of the receipts and disposals of medicines had been appropriately completed.</p>	Substantially compliant

## STANDARD 31- MEDICINE RECORDS

<b>Criterion Assessed:</b> 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Schedule 2 controlled drugs were not prescribed for any residents in the home.	Not applicable

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

**STANDARD 32 - MEDICINES STORAGE**  
**Medicines are safely and securely stored.**

<p><b>Criterion Assessed:</b>          32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Appropriate arrangements are in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised.</p> <p>Controlled drugs subject to safe custody regulations are stored appropriately in a controlled drug cupboard.</p> <p>A locked refrigerator is available for medicines which require cold storage. A recent audit had identified that the digital thermometer is not functioning accurately and a new thermometer has been ordered.</p> <p>The temperatures of the medicines storage areas are not monitored. The temperatures of the medicines storage areas should be monitored and recorded daily in order to ensure they are maintained below 25°C. A recommendation is stated.</p>	<p align="center">Substantially compliant</p>
<p><b>Criterion Assessed:</b>          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.</p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>The keys to the medicine cupboards and medicine trolleys were observed to be in the possession of the designated senior care assistant.</p>	<p align="center">Compliant</p>



## STANDARD 32- MEDICINES STORAGE

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Schedule 2 controlled drugs are not currently prescribed for any resident.</p> <p>Stock balances of Schedule 3 controlled drugs are reconciled on each occasion when responsibility for safe custody is transferred.</p>	<p>Compliant</p>
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> 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 **Mr Samuel McMahon (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:

**Paul Nixon**  
**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**

**NEWCROFT LODGE**  
**23 OCTOBER 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 **Mr Samuel McMahon, Registered Manager**, during the inspection visit.

The timescales for completion commence from the date of inspection.

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 RQIA would apply standards current at the time of that application.

**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	<p>The registered provider should ensure that the recording system in place for all residents who are prescribed 'when required' medicines for distressed reactions includes detailed care plans and the documentation of the reason for and outcome of administration.</p> <p><b>Ref: Criterion 30.1</b></p>	One	<p>The registered manager can confirm, that since the findings of the inspection he has met with all senior staff and re-emphasised the need to record on the medication recording sheet the reason for the use of the prescribed 'when required' medication; and the need for detailed careplans to reflect this intervention for distressed reactions. Adherence to this protocol will be monitored through monthly medication audits.</p>	22 November 2014
2	31	<p>On the personal medication record sheets, entries for previously prescribed antibiotic courses should be routinely cancelled.</p> <p><b>Ref: Criterion 31.2</b></p>	One	<p>The registered manager can confirm that since the findings of the inspection he has met with all senior staff and again highlighted the need to routinely cancel previously prescribed antibiotic courses; and can ensure the inspector this will be followed up during his own monthly medication audits.</p>	22 November 2014
3	32	<p>The temperatures of the medicines storage areas should be monitored and recorded daily in order to ensure they are maintained below 25°C.</p> <p><b>Ref: Criterion 32.1</b></p>	One	<p>The registered manager can confirm that since the findings of the inspection he has met with all senior staff and again highlighted the need to monitor and record on a daily basis the temperatures of the medicine storage areas. Records will</p>	22 November 2014

				audited ensure compliance	
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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 and return to [pharmacists@rqia.org.uk](mailto:pharmacists@rqia.org.uk):

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Sam Mc Mahon
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	17/11/2014
B.	Further information requested from provider		X	Paul W. Nixon	17/11/2014