RESIDENTIAL CARE HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18367**
Establishment ID No:	**1126**
Name of Establishment:	**Craigdene**
Date of Inspection:	**13 May 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:	Craigdene
Type of home:	Residential Care Home
Address:	24a Trench Road Waterside Londonderry BT47 3UB
Telephone number:	(028) 7134 2147
E mail address:	grahamgwilkinson@gmail.com
Registered Organisation/ Registered Provider:	Charline Care Homes Ltd Mr Gordon Graham Wilkinson
Registered Manager:	Mr Michael Brothers (Registration pending)
Person in charge of the home at the time of Inspection:	Mr Michael Brothers
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	13
Number of residents accommodated on day of inspection:	13
Date and time of current medicines management inspection:	13 May 2014 10:05 – 13:55
Name of inspector:	Judith Taylor

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 Michael Brothers (Manager) and staff on duty
Telephone call with Mr Graham Wilkinson (Responsible Person) on 20 May 2014
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.

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):

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

Craigdene is a purpose built, two-storey residential care home in the suburbs of the Waterside area of Londonderry. The home borders farmland to the rear and to one side which contributes to the pleasant environment and attractive outlook. The home shares a site with another residential care home, Fairview House, which is owned and managed by the same company.

In June 2012, the home changed ownership and both homes are now owned by Charline Care Homes Ltd. The responsible person is Mr Graham Wilkinson.

While there is a level of co-operation between the two homes, for example staff training events are often held on a joint basis, each home has its own management and staffing structure and Craigdene is registered and managed as one residential unit.

The home caters for 13 residents with learning disability. Most of the residents have been formerly in long-term hospital care and some in other residential units before coming to Craigdene. The home provides long-term care for the residents and most have lived there since the home opened.

There is one double bedroom and eleven single bedrooms, each with en-suite shower and toilet facilities. A small number of bedrooms are on the ground floor, providing accommodation for those who have mobility difficulties, but most are on the first floor. There are communal male and female toilet facilities supplementing the en-suites, a spacious comfortable living room, a pleasant conservatory and a dining room with the kitchen adjoining.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Craigdene was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 13 May 2014 between 10:05 and 13:55. 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 new manager of the home, Mr Michael Brothers, 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 Craigdene are substantially compliant with legislative requirements and best practice

guidelines. The outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

Written policies and procedures for medicines management are in place.

Medicines management training is provided for staff. The new manager advised that staff competencies would be assessed annually and training would be evaluated through supervision and appraisal.

The management of distressed reactions should be reviewed to ensure the relevant records are maintained.

Generally satisfactory arrangements are in place for the receipt and stock control of medicines. A copy of the medicine order should be kept in the home.

Practices for the management of medicines are audited on a monthly basis. The outcomes of the majority of the audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in accordance with the prescribers' instructions. Staff are commended for their efforts. A small number of discrepancies were observed and highlighted at the inspection. Close monitoring of laxative medicines and external preparations is necessary.

Overall, the medicines records which were selected for examination had been maintained in the required manner. In accordance with best practice, two staff should be involved in the writing and updating of personal medication records.

Medicines are stored safely and securely. The management of the cold storage of medicines and blood glucometers must be reviewed. A system should be in place to ensure that expired medicines are removed from stock. Key control was appropriate.

The inspection attracted a total of two requirements and five recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan (QIP).

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This was the first medicine management inspection since the residential care home was re-registered in June 2012.

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:	
A new manager has been appointed to the home in February 2014. The manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The manager advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home. There had been no recent admissions to the home. The process for the ordering and receipt of medicines was examined. Prescriptions are received into the home and checked against the pharmacy generated printed medication administration records before being forwarded to the pharmacy for dispensing. Copies of the prescriptions are kept in the home. A copy of the medicine order is not kept in the home and this was recommended. The outcomes of the majority of 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. Some discrepancies were observed in laxative medicines and external preparations. The responsible person should closely monitor the records of the prescribing and administration of laxative medicines and external preparations to ensure these are accurately maintained. A recommendation has been made. Staff have access to up to date medicine reference sources.	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 are in place.	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 manager provided evidence to indicate that he maintains a record of the training and development activities completed by the staff in relation to the management of medicines. Training is provided on an annual basis and the most recent training had been in March 2014. The manager advised that he plans to assess staff competencies in the near future and complete this annually thereafter. A list of the names, signatures and initials of staff authorised to administer medicines is maintained.	Substantially 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 manager advised that staff appraisal would be undertaken on an annual basis and a programme of staff supervision would be implemented. He further advised that this activity would be commenced in the very near future.	Substantially 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 responsible for the administration of insulin. Training has been provided by the specialist diabetic nurse from the Western Health and Social Care Trust; update training has been arranged for later this month.	Compliant
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. These are reported in accordance with the home's policies and procedures.	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:	
A system to audit the management of medicines is in place. Audit trails are performed on a monthly basis by the staff and any discrepancies are investigated and discussed. The good practice of maintaining a daily audit on Epilim tablets was acknowledged. A quarterly audit is also undertaken by a representative from the community pharmacy. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. This correlated with the outcomes of the audits performed on a variety of randomly selected medicines during the inspection. Staff are commended for their efforts. It was noted that the medicine audits focus on solid dosage medicines (tablets and capsules) and eye drops. Due to the observations made during this inspection, the responsible person should ensure that the medicine audits include liquid medicines and external preparations. As there are several medicines which are prescribed and administered on a 'when required' basis, there should be a system in place which enables a clear audit trail of each of these medicines e.g. analgesics, benzodiazepines. For medicines which are not supplied in 28 day packs, it was recommended that the quantity of medicines remaining at the beginning of each new medicine cycle should be recorded and used to facilitate the audit process. The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers.	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:	
Overall, medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. Obsolete records were securely archived and readily retrievable for inspection.	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. A sample was selected for examination and these were found to be mostly satisfactory. The good standard of record keeping was acknowledged. In accordance with best practice, the responsible person should ensure that the writing and updating of personal medication records involves two staff and both staff record the date and their initials. A recommendation has been made. Separate administration records are maintained for antibiotics and insulin. This is good practice.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

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

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:	
The majority of medicines are stored safely and securely and in accordance with the manufacturer's instructions. One medicine which must not be stored in the medicine refrigerator was removed from the medicine refrigerator during the inspection. Although the maximum and minimum temperatures of the medicine refrigerator were monitored and recorded on a daily basis, the minimum temperatures were recorded below 2^{o}C. The accepted range for the cold storage of medicines is 2^{o}C to 8^{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 for medicines which require cold storage. A requirement has been made. There was sufficient storage space for medicines in the medicine trolley and medicine cupboards. Appropriate arrangements were in place for the stock control of medicines. However, it was noted that a small number of medicines had passed the expiry date and were removed from stock during the inspection and discussed with the manager. Medicines issued for temporary leave are supplied, labelled and packed appropriately. Dates and times of opening were recorded on eye drops. However, one bottle had recently passed the expiry date.	Substantially compliant

STANDARD 32 - MEDICINES STORAGE

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:	
Appropriate arrangements are in place for the management of medicine keys.	Compliant
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 2 controlled drugs and Schedule 3 controlled drugs which are subject to safe custody requirements were not prescribed or held in stock at the time of the inspection. The good practice of performing daily stock reconciliation checks on one controlled drug which does not require storage in the controlled drug cabinet was acknowledged.	Not applicable

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The records in place for the use of 'when required' anxiolytic medicines in the management of distressed reactions were examined for two residents. For one of the residents, a care plan was in place, the parameters of administration were recorded on the personal medication records and records of administration had been maintained. The reason for administration had been recorded in the daily progress notes and the outcome of the administration had also been recorded. This is good practice. With the exception of the records of administration, the relevant records had not been maintained for the other resident. This was discussed with the manager during the inspection. It was acknowledged that these anxiolytic medicines were not being administered regularly.

The responsible person should review the management of medicines for distressed reactions to ensure the relevant records are being maintained. A recommendation has been made.

Blood glucometers

Blood glucometers are in use in the home. Quality control checks are not performed and the control solutions held in stock had expired some time ago. Quality control checks should be performed at least on a weekly basis to ensure the blood glucometer is in good working order, and the control solutions must be replaced once the expiry date has been reached.

The responsible person must put robust arrangements in place for the management of blood glucometers to ensure these are in good working order, records of the control checks are maintained and the control solutions are replaced in accordance with the manufacturer's instructions. A requirement has been made.

8.0 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 Michael Brothers (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

CRAIGDENE

13 MAY 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 **Mr Michael Brothers**, **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 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.

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 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 responsible person must make the necessary arrangements to ensure that the temperatures of the medicine refrigerator are stored within the accepted range of 2^{o}C to 8^{o}C for medicines which require cold storage. **Ref: Criterion 32.1**	One	Written guidance has been issued to all staff members on this point. The Medication Policy & Procedure document has been amended to make clear what is the acceptable temperature range. A notice has been placed on the relevant refrigerators stressing the point and giving directions as to the action required in the event that temperaures outside the acceptable range are detected.	14 June 2014
2	13(4)	The responsible person must put robust arrangements in place for the management of blood glucometers. **Ref: Section 7.0**	One	Written guidance has been issued to all staff members on this point. Formal written provision has been made for weekly checks of gluocometers to ensure that they are in working order and for the expiry date of control solutions to be checked every 28 days.	14 June 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 responsible person should ensure that a copy of the medicine order is kept in the home. **Ref: Criterion 30.1**	One	Written guidance has been issued to all staff members on this point. The Medication Policy & Procedure document has been amended accordingly. Current medication orders are to be retained at Tab 7 of the Medication File and older copies are to be archived in accordance with our policy on the retention and storage of records.	14 June 2014
2	30	The responsible person should closely monitor the records of the prescribing and administration of laxative medicines and external preparations to ensure that these are accurately maintained. **Ref: Criterion 30.1**	One	Written guidance has been issued to all staff members reinforcing the point that the administration of all such items must be recorded on the MAR sheets. Stock balances of such items are now to be checked and recorded at the start of each 28 days cycle. The Medication Policy & Procedure document has been amended accordingly. A specific section to monitor adherence has been incorporated into the monthly audit form.	14 June 2014
3	30	The responsible person should ensure that the stock balances of medicines which are not supplied in 28 day packs are recorded at the beginning of each new medicine cycle to facilitate the audit process.	One	Written guidance has been issued to all staff members on this point. Stock balances of su items are now to be checked and recorded a the start of each 28 days cycle. The Medicati Policy y & Procedure document has been amended accordingly. A specific section to monitor adherence has been incorporated int	14 June 2014

		Ref: Criterion 30.8		the monthly audit form.	

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	31	The responsible person should ensure that the writing and updating of personal medication records involves two staff and both staff record the date and their initials. **Ref: Criterion 31.2**	One	A review is currently underway to identify on a day to day basis which records would need to be covered by this recommendation. The purpose of the review is to assess how best it can be achieved practically and what changes will be necessary to our existing documentation. It is anticipated that the review will be completed by 15 July and that any action decided on will be implemented by the end of July at the latest.	14 June 2014
5	30	The responsible person should review the management of distressed reactions to ensure that the relevant records are maintained. **Ref: Section 7.0**	One	A review is currently underway in respect of all residents that receive anxiolytic medicines to identify any that require amendments or additions to specific care plans relating to this issue. It is expected that the review will be completed by 15 July. Any amendments or additions required will then be carried out as part of a general review and revision of all care plans which has been underway for some months and is expected to be concluded by mid August. In the meantime our	14 June 2014

				Medication Policy & Procedure has ben amended to reinforce the point that the administration of anxiolytic medication, the reason for it and the outcome of the administration should be recorded. Written guidance has been issued to all staff members on this point.	

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	Michael Brothers
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Graham Wilkinson

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	1/7/14
B.	Further information requested from provider				