



The Regulation and
Quality Improvement
Authority

Crossmaglen Social Education Centre

RQIA ID: 11317

Rathkeeland House

Blaney Road

Crossmaglen

BT35 9JJ

Tel: 02830868185

Inspector: Lorraine Wilson

Inspection ID: IN022975

Email: crossmaglenc.nm@southerntrust.hscni.net

**Announced Care Inspection
of
Crossmaglen Social Education Centre**

20 July 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An announced care inspection took place on 20 July 2015 from 11.20 am to 15.35 hours. The service was contacted on the morning of inspection to ensure that service users and staff would be available in the centre and to advise that an inspection would be taking place at short notice.

Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5

The details of the QIP within this report were discussed with the Registered Manager, Mrs Carmel McGrath and Mrs Veronica Crossey, Day Care Support Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Paula Mary Clarke	Registered Manager: Carmel McGrath
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Veronica Crossey, Day Care Support Worker. Mrs Carmel McGrath, Registered Manager was available in the centre from 14.00 hours approximately on the day of inspection until the conclusion of inspection.	Date Manager Registered: 6 January 2011

Number of Service Users Accommodated on Day of Inspection: 12	Number of Registered Places: 24
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3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection.

At the commencement of the inspection, a poster was displayed in the day centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector and provide their views of the service.

During the inspection, service users indicated they would prefer to meet as a group and two service users agreed to speak with the inspector individually and in private to specifically discuss the standards being inspected.

In addition to the registered manager, two staff were met with individually to discuss the standards inspected.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group
- file records for three service users
- staff duty rotas
- staff training records
- a sample of staff competency and capability assessments
- staff supervisory history

- minutes of staff meetings
- accident and incident records
- records of complaints and compliments.

Inspection questionnaires completed by five service users and two staff on the day of inspection were reviewed and analysed post inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 11 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20(1)(a)</p>	<p><u>Staffing</u></p> <p>The registered person must review the staffing arrangements in the centre and ensure at all times there is enough suitably qualified and experienced staff working in the day centre to meet the needs of the service users and the statement of purpose.</p> <p>The outcome of the review should be reported to RQIA within the timescales stated.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The returned Quality Improvement Plan (QIP) confirmed that staffing arrangements had been reviewed and on days where no facility support worker is on duty, a third staff member assists with domestic and catering duties.</p> <p>Discussion with day care support staff confirmed these arrangements were generally effective. Staff did advise that there is a potential for staffing problems to occur on a Friday. The registered manager agreed to review Friday arrangements to ensure they remain effective.</p> <p>On the day of inspection, the registered manager was in the centre during from approximately 14.00 hours until conclusion of the inspection. Two day care support workers were on duty throughout the</p>	

	inspection period, and a third staff member was available until 14.00 hours approximately to undertake domestic and catering duties.	
Requirement 2 Ref: Regulation 29 (1) (f)	<u>Accidents/Incidents</u> The registered manager must ensure that any accident/incident occurring in the centre must be notified to RQIA within the three day timescale.	Met
	Action taken as confirmed during the inspection: A review of accidents confirmed that RQIA had been notified within the required timescale in compliance with this regulation. A notification concerning medication was reviewed during the inspection but it could not be clearly established if a report of the incident had been sent to RQIA. A copy of the required notification was located in another file and this indicated a notification had been sent to RQIA. There is however, no record of the notification having been received by RQIA. The inspector spoke with staff in charge of the service post inspection, and they were unable to confirm that an e-mail confirming receipt of the notification from RQIA had been received by the service. A separate requirement is made in regard to the medication notification.	
Requirement 3 Ref: Regulation 19 (2) Schedule 5 7	<u>Staff Duty Roster</u> Actual duty time worked in the day care centre by the registered manager and assistant manager must be recorded within the staff duty roster.	Met
	Action taken as confirmed during the inspection: Two types of rosters were presented during this inspection. One pertained to staff allocation on a day to day basis, whilst the other included details of the names of staff and the hours they were working on a daily basis.	

	The dates and hours the registered manager was in the centre were included in the duty roster.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 23.3	<u>Competency/Capability Assessment</u> The registered manager should ensure a competency assessment is in place regarding any member of staff identified as assuming responsibility in the absence of the manager.	Partially Met
	Action taken as confirmed during the inspection: In acknowledging there had been improvements in band 5 staff having completed the assessments, the inspector was not assured that all staff in charge of the centre had completed a competency and capability assessment. On the day of inspection, a band 4 was in charge of the home until the arrival of the registered manager at approximately 14.00 hours. There had been no competency and capability assessment completed for this staff member. The inspector was advised that these assessments were in the process of being completed. An assurance was provided by the registered manager that a competency assessment would be completed within a seven day period. It was agreed that written confirmation would be provided to RQIA that this assessment was completed. As at the time of writing this report this information is outstanding. This recommendation is stated again for a third and final time.	

<p>Recommendation 2</p> <p>Ref: Standard 17.9</p>	<p><u>Audit</u></p> <p>It is recommended that analysis of the outcomes of audits undertaken is recorded and action plans developed to address any improvements.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Assurances were available that audit outcomes and actions to address them were recorded, and are included as part of individual formal supervision with staff.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 17.1</p>	<p><u>Staff Views</u></p> <p>It is recommended that comments made by staff in regard to greater management presence in the centre, availability of adequate storage space and additional access to transport are discussed with the manager at the next staff meeting and action taken as deemed necessary.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Duty rosters reviewed reflect an increased management presence in the centre.</p> <p>In addition staff on duty confirmed that when they are in Windsor day centre each Wednesday, there are further opportunities to meet with management.</p> <p>Minutes of staff meetings recorded management attendance at the meeting on 22 June 2015. From the minutes available, there was evidence to confirm that staff had raised issues with management which had the potential to impact on the service.</p> <p>Staff confirmed that during the summer months there has been increased availability of transport with the majority of bus outings departing from Windsor Day Centre.</p> <p>The registered manager confirmed that plans to relocate to a purpose built centre in Crossmaglen continue to be progressed.</p> <p>This would address the limited space available in the centre, however, no timescale for the</p>	<p>Met</p>

	commencement of the project could be provided to the inspector.	
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

A folder containing a range of guidance documents on continence care was presented during the inspection and was available for staff reference. A protocol for the promotion of continence which included information on the training and educational needs for both staff and service users was available. Evidence based guidelines from NICE on continence related topics, information on intimate care guidelines and prevention and control of infection were also included in the folder for continence care.

There was however no continence policy available and the registered manager confirmed that as with other trust day care facilities, a continence policy which was in draft at the time of inspection was being developed.

Confirmation was provided that the majority of service users who attend the centre require no support in managing their continence needs. A small number of service users have continence management difficulties and require assistance and support from staff to ensure their needs are appropriately managed.

Staff consulted confirmed that service users brought their own continence products to the centre and each had their own individual plan for continence management. This was also confirmed by a service user who met with the inspector to discuss their continence care needs.

There was evidence to confirm that generally continence care and promotion was safe.

Is Care Effective?

Two service users' care records were examined during this inspection with the main focus on the management of continence care. It was noted that service user records did not include unique identification. To protect the confidentiality of service user information and ensure service user privacy this information should be developed and recorded.

Assessments and risk assessments were completed by staff, and culminated in a goal based care plan being devised for each service user. Overall assessments reviewed were effectively recorded and included clinical details on the type of incontinence a service user may have.

Care plans recorded for intimate care needs included information on continence management which was specific and person centred. There was evidence that service users and staff work together to plan care. The carers' signature, the day worker's signature and the manager's signature were recorded also reflecting their input in the development of the care plan.

Overall the care plans examined were well recorded and provided evidence of ongoing regular review.

A template to document notes at least every five attendances was recorded in a tick box format. From the records reviewed, assurances were not provided that all relevant information was being recorded. To that end it was considered that the template currently in use was restrictive and was in need of revision. This was discussed with the registered manager and day care support worker during the inspection feedback.

Audit processes for the management of care records were in place and as identified during a review of the recommendations from the previous care inspection, actions to address improvements are discussed with staff during individual formal supervision.

The nominated agent representing the responsible individual also samples and monitors care records during monthly monitoring visits to the centre.

Staff consulted confirmed that where service users have issues in relation to continence management, a day care nurse and trust continence promotion officer are available to provide awareness, support and guidance.

Discussion with two staff individually confirmed that staff training in continence management within the day care setting had not yet been provided, and the need for training on continence care was also highlighted in one returned staff questionnaire. These are areas identified for further development.

Whilst there were no assurances that staff had received training and knowledge on continence management, the two staff consulted individually knew the continence needs of individual service users and were able to discuss these with the inspector. The staff discussed promoting dignity when assisting and supporting service users during continence care, the use of the continence product, the management of skin care and the promotion of infection prevention and control.

One service user agreed to speak to the inspector in private to discuss their care and support needs in respect of continence management. The service user was very positive regarding the overall service provided.

An inspection of the environment confirmed that suitable toilet facilities were available. There was evidence of effective signage and the toilet facilities were clean, odour free and suitably maintained, personal protection equipment (PPE) was also available.

There was evidence to confirm that generally the service was effective.

Is Care Compassionate?

The observation of staffs' interactions with service users, throughout the inspection period, presented evidence of a high level of compassionate care being delivered. It was evident that staff on duty knew the individual needs of service users.

The service users confirmed they preferred to meet with the inspector in groups to discuss their experience of the centre, and as previously stated one service user met privately with the inspector specifically to discuss their continence care needs.

All service users who were able to verbally discuss their experience when attending the day centre indicated satisfaction overall with the service provision.

Throughout the period of inspection discreet observations of care practices confirmed that service users were treated respectfully, and their right to privacy was supported.

Comments made by service users consulted included:

- “I enjoy coming to the centre”
- “I like the outings on the bus”
- “I can sometimes get upset and would discuss my worries with xxxxxx (name of staff member)”
- “We are treated well here”

Areas for Improvement

A number of issues which have implications for practice in relation to continence management were identified. These should be effectively addressed.

The registered person should ensure that:

- A policy on continence management which reflects evidenced based practice in continence management is devised
- Staff induction records are reviewed and revised to include continence promotion and management of incontinence as a core competency
- All staff working in Crossmaglen Social Education Centre should receive evidence based training in continence promotion and the management of incontinence appropriate to their roles and responsibilities within the centre. Systems to ensure training is embedded into staff practice should also be implemented.

Recommendations were also made in respect of the following and should be addressed by the registered manager:

- A record of unique identification should be developed for each service user to ensure service user privacy
- The template for recording notes at least every five attendances should be reviewed to ensure it provides greater clarity of information and is more effective.

Number of Requirements:	0	Number of Recommendations:	3
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5.4 Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was good evidence that as an organisation, the trust promotes service user involvement and empowerment. A range of effective policies and procedures were in place.

Examples include the Southern Health and Social Services Trust Personal and Public Involvement Policy, which encourages service users and their representatives to have a say in the running of Crossmaglen Social Education Centre.

The culture within the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. A second service user who met privately with the inspector discussed their role in chairing service user meetings. Other service users who took part in the group discussions also confirmed that they were involved in discussions about what took place in the centre. There were no negative comments received from service users during this inspection.

There was evidence of a range of planned activities and outings which increase especially during the summer months. In addition there were opportunities for informal activities and contact between service users and staff.

Service users and their representatives are informed how to make a complaint. Pictorial prompts have been compiled by the trust speech and language department encouraging service users to tell someone if they were not happy at the centre.

A complaint procedure was available and records were maintained of any complaints or expressions of dissatisfaction received together with details of the actions taken.

One complaint was recorded during the period January 2014 - March 2015. Records confirmed that the complaint had been partially resolved. The decision making and rationale recorded in the complaints records indicated that whilst the views of service users had been taken into account by the trust in respect of the issues raised, it had not been possible to address their concerns fully.

Whistleblowing policies were also available and training records examined confirmed that these were included in corporate induction training for staff.

The registered manager covers more than one service and is not in the service on a day to day basis. The challenge this arrangement poses has already been highlighted to the responsible individual during a recent inspection of another trust day care service.

Duty rosters examined confirmed the dates and times the registered manager was in attendance.

The registered manager was in attendance during early afternoon until conclusion of the inspection on the day of inspection. In addition two day care support staff were on duty with a third staff member assisting with domestic and catering duties. It was noted that the day care support worker in charge of the centre during the morning period did not have a competency and capability assessment completed. A recommendation made during a previous inspection is stated again.

Two staff were consulted individually were generally positive about the service. In returned questionnaires staff highlighted the need for training in mental health, dementia and continence management including the centre's policy.

Is Care Effective

Examples of opportunities which encourage service users' involvement include:

- participation in day care events
- participation in service user groups
- participation in annual service provision questionnaire for service users and their representatives

Notices were observed on display encouraging service users and their representatives to provide their views and experience of the service to the trust.

A carer and service user satisfaction survey had been issued in 2015. Records of questionnaire findings were maintained, and the survey outcomes were very positive. There was evidence that results from the survey had been shared with service users. A newsletter recording the centres involvement in the local community was also produced.

Service user group meetings are held the first Tuesday of each month with the most recent meeting held on Tuesday 7 July 2015. An agenda was in place, and recorded minutes reflected that discussions were held regarding group rules, summer activities and outings planned for 8 and 15 July 2015. On the morning of the inspection, a group of service users had planned to go for a walk as part of their health and wellbeing activity. Due to deteriorating weather this was changed to a bus outing.

The service users spoke positively about the service, the facilities and their opportunities for involvement in contributing to the running of the centre.

Comments made by service users included:

- "I like going on bus outings to the Quays shopping centre"
- "we all try to enjoy ourselves here"
- "the staff are great"
- "I feel we are well supported"

A review of service user records confirmed that review meetings had taken place. Records confirmed that service users and or representatives had been invited with some actively taken part and contributing to the review process.

The annual report for 2014-2015 has not yet been compiled. The registered manager agreed to forward a copy of the annual report to RQIA upon completion.

Generally the centre has been effective in ensuring that there is regular and consistent engagement with service users.

Is Care Compassionate?

Staff interaction with service users was discreetly observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect. Generally

written records reviewed also provided good evidence of the provision of services in a professional and compassionate manner.

Service users who were able confirmed that staff in the service provided assistance and involved them in decisions regarding care and support. All comments regarding the staff team were positive and there were no issues or concerns raised by service users during this inspection.

A record of compliments which was maintained included a range of very positive comments about the service overall.

Areas for Improvement

A copy of the annual report for 2014-15 should be submitted to RQIA upon completion as agreed.

In view of the comments recorded by staff, training updates on mental health, dementia should be provided to staff.

Number of Requirements:	0	Number of Recommendations:	1
		*A recommendation pertaining to staff training has been incorporated into a recommendation recorded in 5.3	

5.5 Additional Areas Examined

5.5.1 Monthly Monitoring Reports

A sample of three monthly monitoring reports completed from May – July 2015 were reviewed. The most recent visit was completed on 2 July 2015 and a comprehensive report was available for inspection.

5.5.2 Accidents and Incidents

Two notifications received by RQIA were discussed with the day care support worker in charge. Confirmation was provided that both issues were closed.

Accidents and incidents which occur in the centre were also reviewed during visits by the trust monitoring officer.

A review of requirements and recommendations (Ref 5.2) made during the last care inspection could not evidence that an incident report regarding a medication incident had been sent by the service and received by RQIA. A separate requirement was made regarding the medication notification.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Carmel McGrath, Registered Manager and Mrs Veronica Crossey, Day Care Support Worker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 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 Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 29(1)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 24 August 2015</p>	<p>The registered manager must ensure that any incident including those involving medication is notified to RQIA within the three day timescale as specified in legislation.</p> <ul style="list-style-type: none"> • A retrospective notification must be sent to RQIA with regard to the medication incident discussed during inspection. <p>Ref 5.2 and 5.5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Notification 1a was completed at the time of this incident however was inadvertently not forwarded as required. A copy has been forwarded to RQIA on 27th August 2015.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.3</p> <p>Stated: Third time</p> <p>To be Completed by: 24 August 2015</p>	<p>The registered manager should ensure a competency assessment is in place regarding any member of staff identified as assuming responsibility in the absence of the manager.</p> <p>Ref 5.2</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A competency assessment for the one remaining staff member who assumes responsibility in the absence of the manager has been completed as of 24th August 2015. A signed copy of the assessment is on file in the Centre.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 28 September 2015</p>	<p>The registered person should ensure that an evidenced based practice policy on continence management is devised and submitted to RQIA upon completion.</p> <p>Ref: 5.3</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A draft evidence based practice policy has been developed within the Disability Programme of Care. A copy of this is forwarded with the Quality Improvement Plan.</p>

<p>Recommendation 3</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</p>	<p>The registered person should ensure that staff induction records are reviewed and revised to include continence promotion and management of incontinence as a core staff competency.</p> <p>All staff working in Crossmaglen Social Education Centre should receive evidence based training in continence promotion and the management of incontinence appropriate to their roles and responsibilities within the centre. Systems to ensure continence training is embedded into staff practice should also be implemented.</p> <p>Training updates should also be provided to staff on mental health and dementia.</p> <p>Ref: 5.3 and *5.4</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The staff induction programme is being reviewed to include Continence Promotion and Management of Incontinence. Continence Promotion training was previously completed in 2011. Update/refresher training in Continence Promotion and Management of Incontinence will take place on 21st September 2015 for all care staff provided by the Trust's Continence Management Team. Update/refresher training in Dementia for all staff will take place on 21st September 2015.</p>
<p>Recommendation 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be Completed by: 7 September 2015</p>	<p>The registered person should ensure a record of unique identification is developed for each service user to ensure service user privacy is maintained.</p> <p>In addition the template for recording notes at least every five attendances should be reviewed to ensure it provides greater clarity of information and is more effective.</p> <p>Ref: 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Unique Identification Numbers have been developed and introduced with the staff team for implementation. The template for recording notes has been reviewed with staff and a draft template reflecting recording for at least every 5 attendances has been introduced for use. This will be reviewed with staff 3 months after implementation to ensure it is effective in meeting recording needs. Staff have also been reminded of the need to ensure information recorded is informative with particular reference to the objectives agreed with each Service User.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17, criterion 17.11</p>	<p>The registered person should ensure that a copy of the annual report for 2014-15 is submitted to RQIA upon completion.</p> <p>Ref: 5.4</p>

<p>Stated: First time</p> <p>To be Completed by: upon completion of the report and or when returning the QIP.</p>	<p>Response by Registered Person(s) Detailing the Actions Taken: The Annual Report April 2014 - March 2015 has been completed. A copy is forwarded with the Quality Improvement Plan.</p>		
<p>Registered Manager Completing QIP</p>	<p>Carmel Mc Grath</p>	<p>Date Completed</p>	<p>10th September 2015</p>
<p>Registered Person Approving QIP</p>	<p>Micéal Crilly</p>	<p>Date Approved</p>	<p>13th September 2015</p>
<p>RQIA Inspector Assessing Response</p>	<p>Lorraine Wilson</p>	<p>Date Approved</p>	<p>15 September 2015</p>

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address