



The Regulation and
Quality Improvement
Authority

Announced Inspection- Follow Up

Name of Establishment: Gransha Dental Surgery
Establishment ID No: 11522
Date of Inspection: 23 May 2014
Inspector's Name: Lynn Long
Inspection No: 16446

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 establishment:	Gransha Dental Surgery
Address:	89A Glen Road Belfast BT11 8BD
Telephone number:	028 9061 2312
Registered organisation / registered provider:	Mr P D McGuigan
Registered manager:	Mr P D McGuigan
Person in charge of the establishment at the time of Inspection:	Mr P D McGuigan
Registration category:	IH-DT
Type of service provision:	Private dental treatment
Maximum number of places registered: (dental chairs)	3
Date and type of previous inspection:	Announced Inspection 29 January 2014
Date and time of follow up inspection:	23 May 2014 10.00-12.00
Name of inspector:	Lynn Long

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 dental practices providing private dental care and treatment. A minimum of one inspection per year is required.

This is a report of the announced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aim of this announced inspection – follow up was to review the improvements made following the announced inspection undertaken on 29 January 2014, which focused on the decontamination aspect of HTM 01-05 and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003;
- The Independent Health Care Regulations (Northern Ireland) 2005;
- The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011;
- The Minimum Standards for Dental Care and Treatment 2011; and
- Health Technical Memorandum HTM 01-05: Decontamination in Primary Care Dental Practices.

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

4.0 Methods/Process

- Review of the completed Quality Improvement Plan from inspection of 29 January 2014; returned to RQIA by Mr McGuigan on 25 March 2014.
- Discussion with Mr McGuigan.
- Discussion with Ms Brown, practice manager.
- Examination of relevant records.
- Consultation with relevant staff.
- Tour of the premises.
- Evaluation and feedback.

Any other information received by RQIA about this practice has also been considered by the inspector in preparing for this inspection.

5.0 Inspection Focus

An announced follow-up inspection was undertaken to Gransha Dental Surgery as it had been identified during the inspection of 29 January 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

6.0 Profile of Service

Gransha Dental Surgery is located over the first floor of a commercial building which has been renovated to provide a dental practice. The practice is located on the Glen Road in West Belfast. On street and public car parking is located close by.

As all surgeries and toilet facilities are located on the first floor, the practice is not accessible to patients with a disability who are unable to climb a flight of stairs. However, arrangements are in place to accommodate these patients through domiciliary visits. When this is not possible onward referrals are made.

The practice currently provides three surgeries, a separate decontamination room, reception area, staff and storage facilities. A waiting area and toilets for patient use are also available.

Gransha Dental Surgery operates three dental chairs, providing both private and NHS dental care. Mr McGuigan works alongside two other dentists, a team of dental nurses, and administrative staff.

Mr McGuigan is also the registered provider for P D McGuigan Dental Surgery in Craigavon.

The establishment's statement of purpose outlines the range of services provided.

This practice is registered with RQIA as an independent hospital (IH) providing dental treatment (DT).

7.0 Summary of Inspection

This announced follow-up inspection of Gransha Dental Surgery was undertaken by Lynn Long on 23 May 2014 between the hours of 10.00 and 12.00. Mr McGuigan, registered provider and Ms Browne, practice manager, were available during the inspection and for verbal feedback at the conclusion of the inspection.

An announced follow-up inspection was undertaken to Gransha Dental Surgery as it had been identified during the announced inspection of 29 January 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

The progress made towards compliance since the inspection on 29 January 2014 was reviewed during this inspection.

The review of the arrangements in place for the decontamination of reusable dental instruments demonstrated that significant progress had been made since the previous inspection to achieve compliance with best practice outlined in HTM 01-05. This included further remedial works on the decontamination room, the installation of a washer disinfector, two staff training sessions in infection prevention and control and decontamination and evidence that the decontamination room was fully functioning.

During the course of the inspection the inspector met with the practice manager and two dental nurses, discussed operational issues, examined a selection of records and carried out a general inspection of the establishment.

Sixteen requirements had been made previously. Eleven related specifically to the decontamination process. It was confirmed that significant work has been undertaken to address these requirements. With the exception of the validation of the washer disinfector and the steriliser the requirements have been addressed. Confirmation was subsequently received on 13 June 2014 confirming that the validation of the equipment specified had been completed.

Observation of the decontamination environment and discussion with staff demonstrated that a dirty to clean flow is in place and staff have good knowledge and understanding of this system. Staff confirmed that the infection prevention and control and decontamination training, which they had recently undertaken, had been very beneficial.

As discussed the follow up inspection was undertaken to review the progress in relation to the decontamination of dental instruments. However, the inspector used the follow-up inspection as an opportunity to review the other issues outlined in the previous quality improvement plan.

A review of the five requirements identified that three have been fully addressed. The requirements in relation to AccessNI checks and the legionella risk assessment have not been fully addressed and have been stated for the second time.

Thirteen recommendations had been made previously. A review of the records and discussion with staff identified that 12 of the recommendations have been fully addressed. The recommendation in relation to a formal documented induction programme has not yet been addressed and has been stated for the second time.

Two requirements and one recommendation stated for the second time have been made as a result of the announced inspection – follow up details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector wishes to thank Mr McGuigan, Ms Brown and staff for their helpful discussions, assistance and hospitality throughout the inspection process.

8.0 Follow-up on Previous Issues

This was an announced - follow up inspection. The inspection was undertaken as it had been identified during the inspection of 29 January 2014 that satisfactory progress towards compliance with the decontamination of reusable dental instruments, as outlined in HTM 01-05, had not been made.

This inspection was undertaken to establish the progress made towards compliance since the previous inspection.

Twelve requirements had been made previously in relation to the decontamination of reusable dental instruments. The requirements related to The Independent Health Care Regulations (Northern Ireland) 2005.

Regulation 15 (7) - A hand washing sink must be identified in the decontamination room.

The sink identified for hand washing should have the plug removed and the overflow sealed with a metal plate and antibacterial mastic.

A review of the decontamination room evidenced that a hand washing sink has been identified. The overflow has been sealed and the plug has been removed.

This requirement has been addressed.

Regulation 25(2)(a)(b)(c) - The following issues identified in the decontamination room must be addressed in line with best practice:

- **remedial works must be undertaken to repair the wall damage and flaking paintwork;**
- **work surfaces must remain clutter free at all times to aid effective cleaning;**
- **the door of the decontamination room must be sealed to aid effective cleaning;**
- **the wooden door saddle must be removed or sealed to ensure effective cleaning can be undertaken;**
- **dentists' chairs and mops and buckets must not be stored in the decontamination room;**
- **the venetian blinds covering the window must either be removed or cleaned and remain clean and dust free at all times; and**
- **a foot operated clinical waste bin must be available in the decontamination room.**

A review of the decontamination room identified that significant work has been completed since the last inspection to address the issues identified. The wall damage and flaking paintwork have been repaired. The work surfaces were clutter free. Clutter free work stations had been assisted by the installation of wall mounted personal protective equipment stations, paper towel and soap dispensers. The door of the room had been sealed and the wooden door saddle had been removed. The room was not being used to store dental

chairs or mops and buckets. The venetian blinds had been removed and the windows cleaned and a foot operated clinical waste bin was in use.

This requirement has been addressed.

Regulation 25 (2)(b) - Additional cabinetry must be installed in the decontamination room to enclose the exposed pipework and ensure there is enough space for equipment and product storage and the storage of dental instruments following processing.

It was observed that additional cabinetry has been installed and the exposed pipework enclosed. The additional cabinetry is being used to store equipment and products including the processed dental instruments.

This requirement has been addressed.

Regulation 15 (3) - Ensure that all reusable dental instruments are being processed in the dedicated decontamination room at all times.

Discussion with the dental nurse, who is taking the lead in decontamination, a dental nurse and a review of decontamination practices, confirmed that all reusable dental instruments are being processed in the dedicated decontamination room.

The dental nurse, taking the lead in decontamination, confirmed that the stock of dental instruments is currently being increased to ensure there is enough equipment available at all times.

This requirement has been addressed.

Regulation 15 (7) - Ensure adequate supplies of paper towels and liquid soap are available for use by staff and patients at all times.

Adequate supplies of liquid soap and paper towels were available for use by staff and patients. In line with best practice it was suggested that a paper roll dispenser is installed in the staff/patient bathroom.

This requirement has been addressed.

Regulation 15 (3) - The registered person must ensure that all reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05.

A review of decontamination practices, and discussion with staff confirmed that dental instruments are being appropriately cleaned, sterilised and stored following use in keeping with best practice as outlined in HTM 01-05. Staff confirmed that following recent training sessions that they had a good understanding of the decontamination process.

The inspector recognised that a significant amount of work has been undertaken since the inspection on 29 January 2014 and this was shared with Mr McGuigan, the practice manager and the dental nurse who is taking the lead in decontamination.

This requirement has been addressed.

Regulation 15 (3) - A manual cleaning procedure must be developed taking account of best practice guidance. Address the issues identified with manual cleaning. Once developed ensure staff are adhering to the correct procedures for manual cleaning.

The lead decontamination nurse confirmed during discussion that manual cleaning is only undertaken in the event that the washer disinfectant is out of use. A manual cleaning procedure has been developed which takes account of best practice and the lead decontamination nurse was able to describe the procedure in detail.

This requirement has been addressed.

Regulation 15 (2)(b) - Ensure that the steriliser and ultrasonic cleaner are maintained and validated in accordance with HTM 01-05 and that the relevant periodic testing is undertaken.

The ultrasonic cleaner has been decommissioned and the lead decontamination nurse confirmed that it is no longer used in the decontamination process.

The steriliser had not been validated. This was discussed with Mr McGuigan and the practice manager who confirmed that the engineer was due to validate the steriliser the day prior to the inspection. However, this work had not been completed. Mr McGuigan confirmed that the engineer was to call on the afternoon of the inspection.

Confirmation was received on 13 June 2014 that the steriliser has been validated.

This requirement has been addressed.

Regulation 15 (3) - It is required that a validated washer disinfectant of adequate capacity is installed to remove the need for manual washing dental instruments.

A washer disinfectant has been installed and is being used in the decontamination process. The lead decontamination nurse described the process for loading and unloading instruments from the washer disinfectant and confirmed that all reusable dental instruments including hand pieces are being processed using the washer disinfectant.

The washer disinfectant had not been validated. This was discussed with Mr McGuigan and the practice manager who confirmed that the engineer was due to validate the washer disinfectant the day prior to the inspection. However, this work had not been completed. Mr McGuigan confirmed that the engineer was to call on the afternoon of the inspection.

Confirmation was received on 13 June 2014 that the washer disinfectant has been validated.

This requirement has been addressed.

Regulation 15 (2)(b) - Ensure that the steriliser which is leaking is repaired. Following repair the bucket should be removed from the decontamination room.

Mr McGuigan and the practice manager confirmed that the steriliser had been repaired. There was no bucket in the decontamination room. However, when the door of the steriliser was opened there was evidence of some residual water leakage around the door and the bench.

The lead decontamination nurse confirmed that this was the first time that residual water was evident since the steriliser had been repaired. The nurse confirmed that this would be discussed with the engineer when he visits to undertake the validations.

This requirement has been addressed.

Regulation 15 (2)(b) - The registered person must ensure that machine log books are established for the ultrasonic cleaner and steriliser. Log books should contain the following information:

- details of the machine and location;
- commissioning report;
- daily/weekly test record sheets;
- quarterly test record sheets;
- annual service/validation certification;
- fault history;
- process log;
- records to show staff have been trained in the correct use of the machine; and
- relevant contacts e.g. service engineer.

A review of the records and discussion with the lead decontamination nurse confirmed that log books have been established for both the steriliser and the washer disinfectant. As discussed previously the ultrasonic cleaner has been decommissioned and is not used in the decontamination process.

This requirement has been addressed.

Regulation 18 (2)(a) - The registered person must ensure that all staff employed in or for the purposes of the practice receive mandatory training in infection prevention and control and decontamination. Training records which include the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivers the training should be retained.

A review of the records and discussion with all staff confirmed that training in infection prevention and control and decontamination has been provided.

The records demonstrated that nine staff received training over two dates on 16 & 19 May 2014. Staff confirmed that the training was provided at the practice and related specifically to the decontamination process within Gransha Dental Surgery. Staff confirmed that prior to the training they did not have the relevant knowledge and understanding in relation to best practice outlined in HTM 01-05. However, following the training staff confirmed that they now have the knowledge and understanding and are much better equipped to ensure that the decontamination of reusable dental instruments is in line with best practice.

The knowledge, understanding and confidence of staff in relation to the decontamination process were evident during the inspection. Staff confirmed during discussion that the training they received was the reason for this.

Training records included the date and time of the training, the name and signature of the staff in attendance, the content of the training and the name of the person who delivered the training.

The following issues were not the focus of the follow up inspection. However, the inspector used the follow-up inspection as an opportunity to review the other issues outlined in the previous quality improvement plan.

Previous Requirements

Regulation 15 (6)- The individual issues identified in section 11.3 of the report in relation to the management of emergency equipment and medications should be addressed as a matter of urgency.

Ensure medications for use in a medical emergency are easily accessible at all times.

Implement a robust system for the management of emergency equipment and medications.

Review the medications and equipment retained for use in a medical emergency in line with best practice.

A review of the medications and equipment retained for use in a medical emergency demonstrated that significant work has been undertaken in relation to the management of them.

The practice manager confirmed that the responsibility for medications and emergency equipment has been delegated to one of the dentists.

Medications were found to be retained in line with best practice. Medications were the correct format and strength and were retained within their expiry dates.

The equipment retained for use in a medical emergency had been reviewed and was being retained in a dust free environment.

This requirement has been addressed.

Regulation 19(2)(d) and Schedule 2 - The registered person must ensure that staff currently employed without an AccessNI check are supervised at all times until such times as a satisfactory AccessNI check has been received.

Ensure that all staff have the required AccessNI checks prior to commencing employment.

The practice manager confirmed that no new staff have been employed since the previous inspection.

A review of the AccessNI check for the staff member who had been employed without an AccessNI check identified that it did not relate to their employment in Gransha Dental Surgery. The staff member is no longer working at Gransha Dental Surgery.

AccessNI checks were discussed with the practice manager and Mr McGuigan. Both were informed that AccessNI checks are not transferrable and that potential new staff must have a check completed for their work in the dental surgery.

Mr McGuigan and the practice manager confirmed that they are aware of the need to ensure that an AccessNI check is completed for new staff prior to commencement of employment.

The relevant part of this requirement has been stated for the second time.

Regulation 15(7) & 25(2)(d) - The issues identified for attention in the report for the legionella risk assessment should be addressed and signed off by the registered person.

A review of the records and discussion with the practice manager confirmed that some actions have been taken to address the recommendations made in the legionella risk assessment. This included control measures in relation to water temperatures.

The recommendations made as a result of the legionella risk assessment were discussed with the practice manager in detail. The practice manager agreed to contact the company responsible for the risk assessment and ask them to review the recommendations and give further guidance in relation to addressing them.

The need to record when recommendations made have been addressed was also discussed.

This requirement has not been addressed and is stated for the second time.

Regulation 25 (2)(d) - Cleaning materials must be appropriately stored in keeping with COSHH regulations.

Cleaning materials were observed to be appropriately stored.

This requirement has been addressed.

Previous Recommendations

Minimum Standard 1 – The patient guide should be further developed to include guidance on how to access the summary review of the quality of treatment completed in consultation with patients.

A review of the patient guide identified that it has been further developed to inform patients how to access the summary review of the quality of treatment.

This recommendation has been addressed.

Minimum Standard 15 – The safeguarding children and vulnerable adult’s policies should be further developed to provide guidance on how to alert staff to the signs of abuse, what to do if abuse is suspected, and also include the contact details of the relevant persons for onward referral if required.

A review of the safeguarding children and vulnerable adult’s policies identified that they have been further developed to include the signs of abuse, what to do if abuse is suspected and includes the contact detail for onward referral to the relevant persons.

This recommendation has been addressed.

Minimum Standard 9 - A report of the findings of the patient satisfaction consultation should be made available to patients.

A notice was displayed in the patient waiting area informing patients that a report of the findings of the most recent consultation was available to review on request.

This recommendation has been addressed.

Minimum Standard 13 - Revisit the Infection Prevention Society HTM 01-05 audit tool which has been endorsed by the Department of Health. A subsequent action plan should be generated and areas of non-compliance should be addressed.

A review of the records and discussion with the lead decontamination nurse confirmed that the Infection Prevention Society Audit tool has been commenced and if necessary an action plan is being generated.

This recommendation has been addressed.

Minimum Standard 8.3 - Ensure all dental care professionals that take radiographs are adhering to the employer’s procedures in regards to pregnancy enquiry.

A review of the radiation protection file and discussion with the practice manager confirmed that dental care professionals are adhering to the employer’s procedures regarding pregnancy enquiry.

This recommendation has been addressed.

Minimum Standard 8 - Further develop the employer's procedures in relation to staff entitlement for the relevant duties in relation to the taking and processing of x-rays.

The employer's procedures were updated during the inspection to include staff entitlement for their relevant duties.

This recommendation has been addressed.

Minimum Standard 11.3 - A formal documented induction programme should be developed.

The induction programme should include radiography and radiation safety and safeguarding as topics to be covered.

The practice manager confirmed that no new staff have commenced employment since the previous inspection. The practice manager also confirmed that a formal documented induction programme has not yet been developed.

The practice manager confirmed that she is aware of the need to ensure that a formal documented induction programme is in place and completed for new staff who commence employment. The practice manager confirmed that following this inspection plans are in place to develop this induction programme.

This recommendation has not been addressed and is stated for the second time.

Minimum Standard 8.3 - Confirmation should be retained that radiography equipment is being serviced in line with manufacturer's guidance.

A review of the records identified that the intra-oral x-ray equipment had been serviced on 19 May 2014.

This recommendation has been addressed.

Minimum Standard 15.3 - Develop a whistleblowing policy to guide and direct staff regarding how to report issues of concern.

A whistleblowing policy to guide and direct staff regarding how to report issues of concern has been developed.

This recommendation has been addressed.

Minimum Standard 13 - Review the positioning of the ultrasonic cleaner in line with best practice outlined in HTM 01-05.

A discussed previously the ultrasonic cleaner has been decommissioned and is no longer used in the decontamination process.

This recommendation has been addressed.

Minimum Standard 13 - Review the number of hand pieces available to ensure there is a sufficient number.

Mr McGuigan, the practice manager and the lead decontamination nurse, confirmed that a review of the number of hand pieces identified that more were required. Staff confirmed that more hand pieces have been ordered.

This recommendation has been addressed.

Minimum Standard 13 - Transport containers should be used to transport instruments to and from the decontamination room. The containers should be rigid, lidded, leak proof and in good working order.

A review of the decontamination process identified that appropriate transport containers were being used to transport instruments to and from the decontamination room.

This recommendation has been addressed.

Minimum Standard 13 - Containers being used to store water following the distillation process must have lids.

The lead decontamination nurse confirmed that water in the practice is now RO water. Water is no longer being distilled and stored.

This recommendation has been addressed.

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr McGuigan and the practice manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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

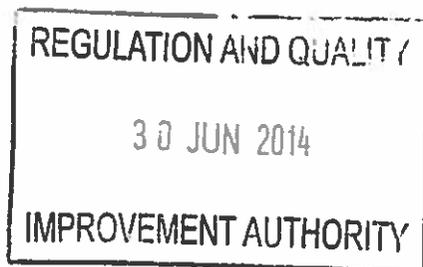
Lynn Long
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan



Announced Inspection – Follow up

Gransha Dental Surgery

23 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 specific actions set out in the Quality Improvement Plan were discussed with Mr McGuigan and the practice manager either during or after 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 the 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 Independent Health Care Regulations (NI) 2005 as amended.

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	19(2)(d) Schedule 2	<p>The registered person must ensure that any new staff employed after the 23 May 2014, have the required AccessNI check prior to commencing employment.</p> <p>The AccessNI check must relate to their employment in Gransha Dental Surgery.</p> <p>Ref: 8.0</p>	Two	<p>We will have any new staff starting with us Access NI checked before we employ them.</p>	Immediate and ongoing
2	15(7) & 25(2)(d)	<p>The issues identified for attention in the report for the legionella risk assessment should be addressed and signed off by the registered person.</p> <p>Ref: 8.0</p>	Two	<p>We have looked at the legionella risk assessment we check the temp of water every week also we are sorting out the other details outlined as well.</p>	Three months

RECOMMENDATIONS					
These recommendations are based on The Minimum Standards for Dental Care and Treatment (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	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	11.3	<p>A formal documented induction programme should be developed.</p> <p>The induction programme should include radiography and radiation safety and safeguarding as topics to be covered.</p> <p>Ref: 8.0</p>	Two	<i>We have developed this for any new staff starting</i>	Prior to new staff commencing employment

The registered provider/manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Lynn Long
 The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

SIGNED: *leal*

NAME: *Damian McSwigan*
 Registered Provider

DATE *25/6/14*

SIGNED: *leal*

NAME: *Damian McSwigan*
 Registered Manager

DATE *25/6/14*

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
A	Quality Improvement Plan response assessed by inspector as acceptable	YES		<i>lyn long</i>	} 2/7/14
B	Further information requested from provider		NO	<i>lyn long</i>	