NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN021121**
Establishment ID No:	**1204**
Name of Establishment:	**Cornfield Care Centre (Green Lane and Castle Lane Suites)**
Date of Inspection:	**23 February 2015**
Inspector's Name:	**Helen Mulligan**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
'Hilltop', Tyrone and Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 GENERAL INFORMATION

Name of home:	Cornfield Care Centre
Type of home:	Nursing home
Address:	Green Lane and Castle Lane Suites 51A Seacoast Road Limavady BT49 9DW
Telephone number:	(028) 7776 5082
E mail address:	info@cornfieldcarecentre.co.uk
Registered Organisation/ Registered Provider:	Mr Marcus Jervis Nutt
Registered Manager:	Mr Seòn MacStiofain (acting manager)
Person in charge of the home at the time of Inspection:	Mr Seòn MacStiofain
Categories of care:	NH-I, NH-DE, NH-PH, NH-PH (E), NH-TI
Number of registered places:	52
Number of patients accommodated on day of inspection:	51
Date and time of current medicines management inspection:	23 February 2015 10:10 to 15:40
Name of inspector:	Helen Mulligan
Date and type of previous medicines management inspection:	This is the first medicines management inspection of this nursing home following its registration on 22 August 2014

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 nursing 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 patients 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 the 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 Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

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

METHODS/PROCESS

Discussion with Mr Seòn MacStiofain and staff on duty. Ms Mabel Cole, registered manager of Cornfield Care Centre (registration number 1204) was also present during the inspection feedback
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 Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: 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

Cornfield Care Centre provides care for up to 52 patients in two suites: Green Lane Suite and Castle Lane Suite. The home was recently registered with RQIA and opened in September 2014.

The home is purpose-built and is situated beside its sister home, Cornfield Care Centre (registration number 1204).

The home is located a short distance from the centre of Limavady on the road towards Magilligan. Adequate car parking facilities are provided at the front of the home.

The home is currently registered to provide care under the following categories:

Nursing Care

I	Old age not falling into any other category
DE	Dementia care
PH	Physical disability other than sensory impairment
PH(E)	Physical disability other than sensory impairment (over 65 years).

The home is also approved to provide care on a day basis to two persons.

Mr Marcus Jervis Nutt is the Registered Provider of the home.

Mr Seòn MacStiofain is currently the acting manager of the home. He has been in post for two months.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Cornfield Care Centre (Green Lane and Castle Lane Suites) was undertaken by Helen Mulligan, RQIA Pharmacist Inspector, on 23 February 2015 between 10:10 and 15:40. 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 patients 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 medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage.

This is the first medicines management inspection of the home following its registration with RQIA on 22 August 2014.

During the course of the inspection, the inspector met with the acting manager of the home, Mr Seòn MacStiofain and with the registered nurses/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 Cornfield Care Centre (Green Lane and Castle Lane Suites) are substantially compliant with legislative requirements and best practice guidelines.

Some areas of good practice were noted and highlighted during the inspection. There was evidence that staff have been trained and deemed competent to manage medicines, medicine records were generally well-maintained and facilitated the audit process, medicines are stored safely and securely and the results of the majority of medicine audits undertaken during the inspection were satisfactory. Additional monitoring arrangements are in place for insulin and nutritional supplements.

Some improvements in the management of medicines are necessary. The responsible person must investigate the management of pain-relieving medication for Patient A and the administration of a weekly medicine for Patient B and forward reports of the findings to RQIA.

Written policies and procedures for the management of medicines should be reviewed and updated. Improvements are necessary in the maintenance of records in the controlled drugs record books. Improvements are also necessary in the management of records for thickening agents and individual care plans should be in place for the use of medicines in the management of distressed reactions.

The ordering process for medicines should be reviewed and revised. The home's auditing procedures for medicines should be reviewed.

The maximum/minimum thermometer in the medicines refrigerator should be re-set on a daily basis.

The inspection attracted a total of four requirements and five recommendations. The requirements and recommendations are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

This is the first medicines management inspection of this home.

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES **Medicines are handled safely and securely.**	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Arrangements for the management of medicines are generally satisfactory, although some improvements are necessary, as detailed below. The ordering process for medicines was reviewed. Orders for medicines are made in writing to the prescriber using individual patient order books; this is good practice. However, prescriptions are not always received into the home and checked against the home's order before being forwarded to the pharmacist for dispensing. This should be addressed. A recommendation is made. The admissions procedure was reviewed for one patient in the home. Records showed that written confirmation of the patient's current medication regime had been obtained from the prescriber. This is good practice. Monitoring arrangements were noted to be in place for injectable medicines. This good practice was acknowledged during the inspection. A sample of medicines was audited during the inspection. The majority of these audits produced satisfactory results, indicating that medicines are being administered as prescribed. However the following issues were noted during the audit: • One patient (Patient A) is prescribed a sustained release tablet form of oxycodone 5mg for 12 hourly administration and a liquid, immediate release form of oxycodone (5mg/5ml) for the management of any	Substantially compliant

breakthrough pain. Records showed that between 27 December 2014 and 6 January 2015, there were no oxycodone sustained release tablets in the home and staff had administered 5ml of the immediate release liquid form of the medicines twice daily in place of the 5mg sustained release tablets. The management of these medicines must be investigated and a report of the findings forwarded to RQIA. A requirement is made. • Two doses of a weekly bisphosphonate medicine prescribed for Patient B were not administered in February 2015. These omissions must be investigated and a report of the findings forwarded to RQIA. A requirement is made. This home keeps a large selection of non-prescribed medicines (home remedies). Appropriate protocols signed by the prescriber were in place for the management of these medicines. However, discrepancies were noted in some of the stock balances. The acting manager agreed that these medicines would be included in the home's auditing procedures on a regular basis and appropriate action will be taken to manage any further discrepancies.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Standard operating procedures for controlled drugs were in place. Written policies and procedures for the management of medicines were in place. However, it was noted that these policies and procedures have not been reviewed and updated since 2003. This should be addressed. A recommendation is made	Substantially compliant

Criterion Assessed: 37.3 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 acting manager provided records which showed staff have been trained and deemed competent to manage medicines in the home.	Compliant
Criterion Assessed: 37.4 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 acting manager advised that the impact of medicines management training will be evaluated through annual staff appraisal and competency assessment and through six-monthly staff supervision.	Compliant

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
No errors or incidents involving medicines have been reported to RQIA since the home opened in September 2014. The acting manager was aware of the procedures for reporting any errors or incidents to the appropriate authorities.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines for disposal are collected by a licensed waste disposal company. A copy of the uplift docket provided by the waste disposal company is maintained in the home. Records showed that controlled drugs are denatured prior to their disposal by two designated members of staff. During the inspection, staff were reminded that supplies of lorazepam must be denatured prior to their disposal. Some staff on duty on the day of the inspection were not aware of the home's policies and procedures for the disposal of medicines. The acting manager advised that these staff would be updated at the earliest opportunity.	Compliant

Criterion Assessed: 37.7 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:	
Records showed that medicines are audited on a monthly basis. However, where discrepancies have been identified in audits, there was no evidence that the appropriate action had been taken to investigate and address the discrepancies. Staff should also ensure that a representative sample of medicines, (e.g. liquids) are included in the auditing process on a regular basis. The auditing process should be reviewed and revised to address these issues. A recommendation is made. Daily stock balance records for nutritional supplements are maintained. This good practice was acknowledged during the inspection.	Moving towards compliance

STANDARD 38 - MEDICINE RECORDS **Medicine records comply with legislative requirements and current best practice.**	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicine records were generally well-maintained and facilitated the audit process.	Compliant
Criterion Assessed: 38.2 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:	
Samples of the above medicine records were reviewed during the inspection. Personal medication records (PMRs) were generally satisfactory. Some medicines prescribed on an "as required" basis had not been adequately recorded on the PMRs. This was addressed during the inspection. Staff are reminded that this must be addressed for all medicines prescribed on an "as required" basis. Records of medicines administered were generally well-maintained and facilitated the audit process. A small number of incomplete records were noted. Staff on duty were reminded that a record of all medicines administered and all medicines not administered, along with a reason for the non-administration, must be maintained. Records of the administration of external medicines by care staff are maintained. Separate records	Substantially compliant

of the administration of insulin, signed by two designated members of staff are maintained. This good practice was acknowledged. Records of medicines ordered, received, transferred out of the home and disposed of were adequately maintained. The sample signature list for nursing and care staff who have been trained and deemed competent to administer medicines was not available during the inspection. The acting manager advised this would be addressed following the inspection and no further action is required at this time.	

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Records in the controlled drugs record books in both suites were inspected. The receipt, administration and disposal of Schedule 2 controlled drugs and BuTrans patches are recorded in the controlled drug register. It was noted that staff are not always recording the wastage of split ampoules of controlled drugs. There were a number of deletions in the records and the disposal and denaturing records were not always adequate or maintained in a consistent fashion. The management of records must be reviewed and revised to address these issues. A requirement is made.	Substantially compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the two suites in this home has a spacious and well-appointed treatment room. The treatment rooms were tidy and well-organised. Staff on duty were reminded that, for infection control purposes, medicines for external use which have been opened should be stored on an individual-patient basis. Each suite has a medicines refrigerator with integral maximum/minimum thermometer. Records showed that the thermometer in the Castle Lane Suite is not re-set on a daily basis. This should be addressed. A recommendation is made. There was a room thermometer in each of the treatment rooms and the temperature on the day of the inspection was below 25°C in both suites. The acting manager was reminded that the temperature of the treatment rooms should be monitored and recorded on a daily basis. Oxygen was stored safely and securely and appropriate signage was in place. The standard glucose solution for checking blood glucose meters was out of date in the Green Lane Suite; this was removed for disposal during the inspection. Staff were reminded that standard glucose solutions have a shelf-life of 90 days once opened. One supply of eye drops and one supply of diazepam in a monitored dosage cassette had exceeded their in-use shelf-lives of 28 days and 8 weeks respectively and were removed for disposal during the inspection.	Substantially compliant

One medicine in the medicine trolley was unlabelled. This was removed for disposal during the inspection. Staff were reminded that all medicines, including home remedies, should be appropriately labelled. Overstocks of some medicines were noted during the inspection. The ordering process for medicines should be reviewed and revised. A recommendation has been made under Criterion 37.1	
Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
Key control was noted to be appropriate.	Compliant

Criterion Assessed: 39.3 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:	
Records showed that quantities of Schedule 2 controlled drugs, Schedule 3 controlled drugs subject to safe custody requirements and stocks of diazepam are reconciled on each occasion when responsibility for safe custody is transferred.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Thickening agents

Prescription details regarding the management of one patient's thickening agent were not recorded on the patient's personal medication record and there were no records of the administration of the thickening agent by either nursing or care staff for this patient. The management of thickening agents must be reviewed and revised. A requirement is made.

Management of distressed reactions

Some patients in this home are prescribed anxiolytic/antipsychotic medicines on an "as required" basis for the management of distressed reactions. The management of these medicines for two patients in the home (one from each suite) was reviewed during the inspection. Comprehensive care plans detailing the management of distressed reactions, including the use of prescribed medication, were not in place. This should be addressed. A recommendation is 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 patients 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 patients 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 Seòn MacStiofain (acting 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:

Helen Mulligan
The Regulation and Quality Improvement Authority
'Hilltop'
Tyrone and Fermanagh Hospital
Omagh
BT79 0NS

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CORNFIELD CARE CENTRE

23 FEBRUARY 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Seòn MacStiofain, Acting 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 Nursing 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 investigate the management of oxycodone prescribed for Patient A and forward a report of the findings to RQIA. **Ref: Criterion 37.1**	One	This incident has been reported as a Reg 29 incident.A Vunerables adults safe guarding investigation has commenced and will be forwarded on completion .	30 days
2	13(4)	The responsible person must investigate the management of the bisphosphonate medicine prescribed for Patient B and forward a report of the findings to RQIA. **Ref: Criterion 37.1**	One	This incident has been investigated and there appears to have been a break down in communication over responsibility of administration of this medication between day and night staff.This has been resolved and communication at hand over and diary events are checked.	30 days
3	13(4)	The responsible person must ensure that records in the controlled drugs record book are adequately maintained. **Ref: Criterion 38.3**	One	All PRN medications administered are recorded as given or ommitted . Any medication not administered over a 3 month period are reviewed and discontinued .	30 days

NO.	REGULATION REFERENCE	REQUIREMENT	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	13(4)	The responsible person must ensure that prescription records and administration records for thickening agents are adequately maintained. **Ref: Section 7.0**	One	All thickening agents are recorded on the Kardex and signed for by the nurse and care staff using same .	30 days

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), 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	37	The responsible person should ensure that prescriptions are received and checked by staff in the home before being forwarded to the pharmacy for dispensing. **Ref: Criterion 37.1 and 39.2**	One	All prescriptions are received and checked off in the order book , any discrepencies are reported to the GP to be amended . Befor being sent to the pharmacy for dispencing .	30 days
2	26	The responsible person should ensure that written policies and procedures for the management of medicines are subject to a systematic three-yearly review, and the responsible person should ratify any revision to, or the introduction of new, policies and procedures **Ref: Criterion 37.2**	One	All policies and procedures have been reviewed and updated as required.	60 days

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
3	37	The responsible person should review and revise the medicine auditing procedures to ensure a representative sample of medicines is audited, (e.g. liquids), and that appropriate action is taken to manage any discrepancies. **Ref: Criterion 37.7**	One	All nurses in each unit have commenced rotational auditing of all medication . Nursing Sisters in each unit are monitoring these audits .	30 days
4	39	The responsible person should ensure that the maximum/minimum refrigerator thermometer is re-set on a daily basis. **Ref: Criterion 39.1**	One	This has been actioned and is being reviewed by the nursing Sister in each unit.	30 days
5	37	The responsible person should ensure comprehensive care plans are in place for the management of anxiolytic and antipsychotic medicines prescribed on an “as required” basis for the management of distressed reactions. **Ref: Section 7.0**	One	This is being actioned . All sedative type medications in use have a corresponding care plan detailing the theraputic usage of antipsycotic/Anxiolytic medication. These are reviewed monthly.	30 days

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person and return to pharmacists @rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Seon Mac Stiofain
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jervis Nutt

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Mulligan	11 May 2015
B.	Further information requested from provider	Yes.		Additional information was requested and received on 11 May 2015 and assessed by inspector as being acceptable	11 May 2015