

Unannounced Care Inspection

Name of Establishment:	Carrickfergus Manor
RQIA Number:	12111
Date of Inspection:	9 February 2015
Inspector's Name:	Lyn Buckley
Inspection ID:	21174

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:	Carrickfergus Manor
Address:	76 Dunluskin Gardens Prince Andrew Way Carrickfergus BT38 7JA
Telephone number:	02893369780
Email address:	manager.carrickfergus@runwoodhomes.co.uk
Registered organisation/ Registered provider/Responsible individual:	Runwood Homes Ltd Mr Nadarajah (Logan) Logeswaran- responsible individual
Registered manager:	Mrs Joanne Neville
Person in charge of the home at the time of inspection:	Mrs Joanne Neville
Categories of care:	NH – I, PH, PH(E) RC – DE (maximum of 36 persons) and I (one named person)
Number of registered places:	75
Number of patients/residents accommodated on day of inspection:	Nursing 38 Residential 34
Scale of charges (per week):	£586 - £706
Date and type of previous inspection:	Unannounced Follow up Care Inspection 9 December 2014
Date and time of inspection:	Unannounced Care Inspection
Name of inspector:	Lyn Buckley

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 are required.

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

The Regulation and Quality Improvement Authority 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 provision of nursing homes, and to determine the Provider's compliance with 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's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

4.0 Methods/Process

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

- discussion with the regional care director
- discussion with the registered manager
- discussion with staff
- discussion with patients individually and with others in groups
- consultation with relatives
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care records
- review of a sample of records required to be maintained in the nursing home
- observation during a tour of the premises
- inspection of the new extension with Colin Muldoon; estates inspector
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	9 patients individually and the majority of others in smaller groups
Staff	8
Relatives	3
Visiting Professionals	0

6.0 Inspection Focus

This inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the readiness of the home to register an additional 15 beds and to admit patients to these beds.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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 comment being made within the inspection report.

7.0 Profile of Service

Carrickfergus Manor is a purpose built three storey detached private nursing home set in landscaped gardens. The home is operated and managed by Runwood Homes Ltd. The responsible individual is Mr Logan Logeswaran and the registered manager is Mrs Joanne Neville.

The home is situated on the outskirts of Carrickfergus town centre, just off the North Road. Access to local bus routes and shops are within walking distance of the home.

The home offers bright and spacious accommodation for a total of 75 persons requiring both nursing and residential care.

The bedrooms are all single rooms with en suite shower and toilet facilities. Each bedroom has been furnished with a profiling bed and a range of furniture providing storage for patients'/residents' personal possessions. Overhead and subtle optional lighting has been provided.

There are assisted bathroom/showers on each floor of the home, ensuring that bathing facilities are available for patients/residents if they wish. Communal toilets are located throughout the home.

There are sitting rooms and dining rooms located throughout, all are tastefully decorated and have comfortable furnishings to suit a range of needs. The sitting rooms look out on to an enclosed secure garden situated at the rear of the building or a panoramic view of the surrounding country side. All patients/residents have access to the garden from the ground floor. In addition to the communal sitting areas on each floor, a café style area is available on the ground floor. This is for the use of all patients and residents.

A passenger lift ensures that facilities are accessible to all patients/residents and visitors to the home.

Car parking has been provided to the front of the home.

A lower ground level provides accommodation for the home's catering and laundry services. Staff changing areas and a staff room are also provided on this level.

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

Nursing Care (NH) to a maximum of 38 persons

- I old age not falling within any other category
- PH physical disability other than sensory impairment under 65 years of age
- PH (E) physical disability other than sensory impairment over 65 years of age.

Residential Care (RC) to a maximum of 36 persons accommodated on the ground floor

- DE dementia.
- I one named person accommodated within the nursing unit.

8.0 Executive Summary

This unannounced care and pre-registration care inspection of Carrickfergus Manor was undertaken by Lyn Buckley on 9 February 2015 between 09:45 and 18:00 hours. The inspection was facilitated by Mrs Joanne Neville, registered manager, who was available for verbal feedback at the conclusion of the inspection. The regional care director for Runwood Homes in Northern Ireland also attended the home in support of the registered manager and stayed for the verbal feedback.

The focus of this inspection was to assess progress with the issues raised during and since the previous inspection and to establish the readiness of the home to register an additional 15 beds and to admit patients to these beds.

The care inspector was joined by estates inspector, Colin Muldoon, at 10:40 hours to undertake the inspection of the new extension consisting of an additional 15 beds, lounge space and sanitary facilities. Details of the care inspection findings can be viewed in section 10.7. The estates inspector's findings are reported upon separately.

As a result of the previous inspection in December 2014 four requirements and one recommendation were made. In addition, eight requirements and four recommendations made in March 2014 were carried forward for review. All requirements and recommendations made were reviewed. All requirements and recommendations reviewed were evidenced to be compliant. Details of the inspector's findings can be viewed in the section following this summary.

The inspector met and spoke with patients, residents, relatives and staff. Also care practices were observed and a selection of records were examined.

The inspector also reviewed and examined the following areas:

- care practices
- staffing and staff views
- patient and relatives' views (service users will be referred to as patients within this report)
- management of complaints
- care records
- environment
- registration of an additional 15 beds.

Details can be found in section 10 of this report.

Inspection findings:

Moving and handling practice observed was appropriate. Staff observed to assist patients with eating and drinking in accordance with best practice guidance.

Patients were comfortable and relaxed in their surroundings and good relationships between staff and patients were evident.

The serving of the lunch time meal was observed. Registered nurses and senior care staff were in evidence to ensure the meal was managed correctly. Tables were observed to be

appropriately set and staff were actively encouraging independence but providing assistance were required. Patient choice was evident. The meal looked and smelt appetising. Patients spoken with stated that they enjoyed their meal.

Observation of care delivery, discussions with staff and patients, review of nursing and care staff duty rotas evidenced that staffing levels met the assessed needs of the patients/residents.

Three patient care records were examined. It was concluded from this review that care records were maintained to a good standard. One recommendation is made regarding the use and completion of a specific care chart. Refer to section 10.5 for details.

New extension inspection findings:

The proposed changes to the home's registration were:

- to increase residential beds from 36 to 43 for person with a diagnosis of dementia (RC – DE)
- to increase the number of nursing beds from 39 to 47 for persons requiring general nursing care (NH- I, PH and PH(E))

Therefore the overall number of registered beds would increase from 75 to 90.

Structural changes to the ground floor included the addition of seven bedrooms with an en-suite toilet/shower room, a communal toilet and a communal lounge area.

Structural changes to the first floor included the addition of eight bedrooms with an en-suite toilet/shower room, a communal toilet and a communal lounge area.

Observation of all new facilities evidenced that the construction work had been completed to a good standard and each bedroom, en-suite and lounge had been fully fitted with appropriate furniture and tastefully decorated. The colour schemes and furnishing had been chosen to blend with the existing home and were suitable for patients with various needs.

Fire safety issues were identified; refer to section 10.6, and the estates inspector's report for the details. It was agreed that registered manager would inform the estates inspector as identified issues were addressed.

The care inspector concluded that from a care perspective the home was not yet ready to be registered for the additional beds until the building works on two toilets, one on each floor, had been completed.

Only one recommendation is made regarding the management of waste. Refer to section 10.7 for details.

Conclusion

As a result of this inspection two recommendations were made.

The inspection evidenced that care delivery was safe effective and compassionate.

The inspector would like to thanks patients, staff, relatives and management for their assistance during this inspection.

9.0 Follow-Up on previous requirements and recommendations made in December 2014 and carried forward from the inspection in March 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20 (1)	The registered person must review catering staffing levels to ensure that the needs of the persons accommodated are met.	Discussion with the registered manager, catering staff and review of records evidenced that this requirement had been addressed.	Compliant.
2	13 (1)	The registered person must promote and make proper provision for the health and welfare of patients and residents and to make proper provision for the nursing and where appropriate, treatment and supervision of patients and residents in relation to meals and mealtimes.	Observation of the serving of the lunchtime meal evidenced that this requirement had been addressed.	Compliant.
3	18 (1) (g)	The registered person must provide sufficient crockery and cutlery.	Discussion with staff and observation of stores evidenced that this requirement had been addressed.	Compliant.
4	20 (1) (c)	The registered person must ensure that persons preparing, serving or cooking meals receive training appropriate to the work they are to perform	Review of catering staff training records, duty rotas, discussion with catering staff and discussion with the registered manager evidenced that this requirement had been addressed.	Compliant.

5	14 (4)	<p>It is required that the registered person shall ensure that all staff receive training on safeguarding of vulnerable adults in accordance with DHSSPS minimum standards for nursing homes</p> <p><u>Carried forward</u></p>	<p>Review of training records evidenced that only 12 out of 89 staff required to complete their update training on safeguarding. The registered manager confirmed that training had been scheduled and staff were required to attend.</p>	Compliant.
6	20 (1)	<p>It is required that the registered person shall ensure that all staff employed by the nursing home receive mandatory training and other training appropriate to the work they are to perform.</p> <p><u>Carried forward</u></p>	<p>Review of training records and discussion with staff evidenced that mandatory training was proactively managed by the registered manager and monitored by senior management.</p>	Compliant.
7	19(2) schedule 4(21)	<p>It is required that training records are maintained in accordance with this requirement and with DHSSPS minimum standards for nursing homes.</p> <p>For example: training analysis assessment, training planner for the calendar year, attendance signatures, content of training delivered and evaluation of effectiveness of training delivered.</p> <p><u>Carried forward</u></p>	<p>Review of records evidenced that this requirement had been addressed.</p>	Compliant.

8	12 (1) (a) and (b)	<p>It is required that staff are provided with training, commensurate with their role and function, in relation to:</p> <ul style="list-style-type: none"> • human rights legislation in relation to restraint and seclusion; • deprivation of liberty interim guidance (DHSSPSNI) March 2010; • recording of best interests decisions; • evidencing assessment, evaluation and monitoring of any form of prescribed restraint. <p><u>Carried forward</u></p>	Review of records, discussion with staff and discussion with the registered manager evidenced that this requirement had been addressed.	Compliant.
9	12 (1)	<p>It is required that care plans are reflective of the assessed needs of the patient and reflect current best practice.</p> <p><u>Carried forward</u></p>	Review of three patient care records evidenced that this requirement had been addressed.	Compliant.
10	16	<p>It is required that following a nursing assessment of need that care plans are developed to provide direction for staff on how to manage and deliver care to meet the patient's identified needs</p> <p>Care plans must reflect the assessed needs of patients and the delivery of care required to meet those needs.</p>	Review of three patient care records evidenced that this requirement had been addressed.	Compliant.

		<p>Care plans must be developed in a timely manner in accordance with the homes' procedures, professional and minimum standards.</p> <p>Care plans should be developed in consultation with the patient and/or their representative as appropriate.</p> <p><u>Carried forward</u></p>		
11	13 (1)	<p>It is required that the home manager must establish a process to ensure oversight of the incidences of wounds in the home, their status, and type.</p> <p><u>Carried forward</u></p>	Review of records, discussion with staff evidenced that this requirement had been addressed.	Compliant.
12	30	<p>It is required that any deficit in planned staffing levels that cannot be 'covered' is notified to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (NI) 2005.</p> <p><u>Carried forward</u></p>	RQIA are notified as required.	Compliant.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	30	<p>The registered person must ensure that staffing levels are kept under review to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients/residents in the home.</p>	<p>Observation of care delivery, discussions with staff and patients, review of duty rotas from 25 January 2015 to 14 February 2015 evidenced that staffing levels met the assessed needs of the patients/residents.</p>	<p>Compliant.</p>
2	20.5	<p>It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested.</p> <p>For example, putting a notice on the relatives' notice board advising of the availability of the report</p> <p><u>Carried forward</u></p>	<p>A notice was clearly displayed in the foyer advising of the availability of the monthly quality monitoring report.</p>	<p>Complaint.</p>
3	25.13	<p>It is recommended that when the home's annual report is completed that a copy is forwarded to RQIA.</p> <p><u>Carried forward</u></p>	<p>Observations confirmed that a copy of this report was available in the home.</p>	<p>Compliant.</p>

4	16.2	<p>It is recommended that the induction record confirms when the staff member receives the safeguarding training, as well as the discussion with their inductor.</p> <p><u>Carried forward</u></p>	Review of records and discussion with staff evidenced that this recommendation had been addressed.	Compliant.
5	26	<p>It is recommended that policies and procedures are reviewed on a regular basis to ensure they are in accordance with evidenced based practice and best practice as defined by professional and national standard setting bodies.</p> <p><u>Carried forward</u></p>	Review of a selection of policies and procedures evidenced that this recommendation had been addressed.	Compliant.

10.0 Inspection Findings

10.1 Care practices

The inspection commenced at 09:45 hours. The home was busy but organised and calm. At this time the majority of patients had eaten their breakfast and were being assisted to the lounge or back to their bedroom as wished. Moving and handling practice observed was appropriate. Staff observed to assist patients with eating and drinking in accordance with best practice guidance.

Staff and patients spoken with confirmed that patients could choose to remain in their bedroom, or sit in one of the home's lounge areas. Patients were comfortable and relaxed in their surroundings and good relationships between staff and patients were evident.

The serving of the lunch time meal was observed. Registered nurses and senior care staff were in evidence to ensure the meal was managed correctly. The meal served was the same as the meal on the menu and consisted of a choice between roast chicken or grilled cod and parsley sauce; with potatoes and two vegetables. Dessert was a choice of rice pudding with strawberry jam, ice cream or fruit and yoghurt.

Tables were observed to be appropriately set and staff were actively encouraging independence but providing assistance were required. Patient choice was evident. Meals were served by catering staff ensuring that nursing and care staff were assisting patients. Meals were not 'pre-plated' but served on an individual basis allowing the portion sizes to be adjusted as requested by the patient. Choice of meal was also provided for patients requiring a modified diet. The meal looked and smelt appetising. Patients spoken with stated that they enjoyed their meal.

Observation and discussion evidenced that the care delivered met the needs of the patients.

10.2 Staffing and staff views

Observation of care delivery, discussions with staff and patients, review of nursing and care staff duty rotas from 25 January 2015 to 14 February 2015 evidenced that staffing levels met the assessed needs of the patients/residents.

Staff spoken with confirmed that they had received an induction when commencing employment and that training was organised on a regular basis. Staff said that they enjoyed working in the home and believed that patients were well cared for.

Catering staff spoken with confirmed that catering staffing levels had been reviewed and increased to ensure the needs of patients were met. Catering staff were now available from 07:30 – 18:30 hours daily. Discussion with the registered manager, catering staff and review of duty rotas evidenced the changes made.

10.3 Patient and relatives' views

Patients and relatives spoken with all commented positively regarding the care they received stating that the staff treated them with respect and that they felt safe in the home.

Relatives spoken with were also complimentary regarding the care their loved ones received and staff attitude. Relatives were aware of how to raise concerns.

10.4 Management of complaints

Review of complaints records evidenced that the registered manager proactively managed complaints in accordance with regulations and regional guidance.

10.5 Care records

Three patient care records were examined. There was evidence of assessment of needs, care planning, and daily evaluation of care delivery, regular review of care plans and risk assessments and consultation with the patient and/or their representative. It was concluded from this review that care records were maintained to a good standard.

Review of care charts evidenced that patients were repositioned as planned and that a contemporaneous record of food and fluid's taken was recorded. Additional care charts were in place to indicate that staff have delivered care every 30 minutes to patients nursed in their bedroom. Charts were not completed accurately with gaps evident. This was discussed during feedback and advice given to review the use of this care chart. It is recommended that if charts requiring staff to evidence care delivery every 30 minutes continue to be required, that they are completed accurately.

10.6 Environment

A random selection of patient bedrooms, communal areas, sluice rooms, storage rooms and sanitary facilities' were examined. The home was found to be clean, well decorated and maintained and comfortably heated throughout.

As part of the pre-registration care inspection fire door were examined by the estates inspector. Concerns were raised regarding the opening of one fire exit door and the closing of automatic fire doors. The registered manager addressed the fire exit door immediately and agreed to inform the estates inspector when other identified issues regarding fire safety had been addressed. Details can be viewed in the pre-registration inspection report by the estates inspector.

10.7 New extension care inspection

The care inspector and estates inspector, Colin Muldoon, undertook the pre-registration inspection of the new extension consisting of an additional 15 beds, lounges and sanitary facilities. The estates inspector's findings are reported upon separately.

The proposed changes to the home's registration were:

- to increase residential beds from 36 to 43 for person with a diagnosis of dementia (RC – DE)
- to increase the number of nursing beds from 39 to 47 for persons requiring general nursing care (NH- I, PH and PH(E))

Therefore the overall number of registered beds would increase from 75 to 90.

Structural changes to the ground floor included the addition of seven bedrooms with an en-suite toilet/shower room, a communal toilet and a communal lounge area.

Structural changes to the first floor included the addition of eight bedrooms with an en-suite toilet/shower room, a communal toilet and a communal lounge area.

Observation of all new facilities evidenced that the construction work had been completed to a good standard and each bedroom, en-suite and lounge had been fully fitted with appropriate furniture and tastefully decorated. The colour schemes and furnishing had been chosen to blend with the existing home and were suitable for patients with various needs.

Observation evidenced that nurse call leads had not been supplied in each room. The registered manager informed the inspectors that these had been ordered. An email received on 9 February 2015 confirmed that the nurse call leads had been delivered and would be put into place.

The statement of purpose and patient guide were submitted prior to the inspection. Management were asked to review the categories of care and to resubmit these documents. RQIA received the revised documents by email on 9 February 2015.

Discussion with the registered manager, regional care director and review of the proposed duty rotas for staff evidenced that staffing levels, nursing, care and ancillary, had been increased to ensure patients' assessed needs were met.

The registered manager confirmed that admissions to the new beds would be managed in stages to ensure staffing levels were adjusted appropriately. The registered manager stated that staffing levels would be monitored by her and the deputy manager.

To accommodate an increase in the number of communal toilets each floor had a sluice room convert to meet this need. The work was incomplete. It was agreed that the registered manager would inform the estates inspector when work had been completed and the toilets operational. A recommendation was made that the registered manager ensure that staff are aware of the home's policy for managing the disposal of waste product on each floor given that there was only one sluice room. Advice should be sought from infection prevention and control services if required.

Fire safety issues were identified; refer to section 10.6, and the estates inspector's report for the details. It was agreed that registered manager would inform the estates inspector as identified issues were addressed.

The care inspector concluded that from a care perspective the home was not yet ready to be registered for the additional beds until the building works on the two toilets had been completed.

Only one recommendation is made regarding the management of waste.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs J Neville, registered manager and Mrs N McAllister, regional care director, 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:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Carrickfergus Manor

9 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.

The specific actions set out in the Quality Improvement Plan were discussed with Ms J Neville, registered manager and the regional care director 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.

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	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.6	<p>The registered manager should review charts requiring staff to evidence care delivery every 30 minutes and make a decision if they are to continue to be required or revised to ensure that they are completed accurately.</p> <p>Ref: Section 10 (10.5)</p>	One	All residents who were on 30 minute observation charts have been reassessed and where they are not required they have been discontinued.	By the end of March 2015.
2	34	<p>The registered manager should ensure that staff are aware of the home's policy for managing the disposal of waste product on each floor given that there was only one sluice room.</p> <p>Advice should be sought from infection prevention and control services if required.</p> <p>Ref: Section 10 (10.7)</p>	One	Infection Control nurse from the Public health has been contacted (02/03/15) and she feels that the procedures we have in place are sufficient.	By the end of March 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne Neville
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Logan Logeswaran

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lyn Buckley	10/03/2015
Further information requested from provider			