

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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**NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT**

Inspection No:	IN018472
Establishment ID No:	1291
Name of Establishment:	Saintfield Lodge
Date of Inspection:	28 November 2014
Inspector's Name:	Helen Daly

1.0 GENERAL INFORMATION

Name of home:	Saintfield Lodge
Type of home:	Nursing
Address:	4 Old Saintfield Road Belfast BT8 8EY
Telephone number:	(028) 9081 4010
E mail address:	saintfield.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Mrs Melanie Reyes
Person in charge of the home at the time of Inspection:	Mrs Melanie Reyes
Categories of care:	NH-MP
Number of registered places:	51
Number of patients accommodated on day of inspection:	50
Date and time of current medicines management inspection:	28 November 2014 10:30 – 14:30
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	18 February 2014 Unannounced

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 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 Mrs Melanie Reyes, Registered Manager, and staff on duty

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, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

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

Saintfield Lodge is a two storey purpose built home situated in its own grounds close to the Saintfield Road. Bedroom accommodation is provided in single rooms situated on both floors of the home. There is a passenger lift between floors and each floor has a dining room and a variety of lounges. Bathroom, toilet and shower facilities are located throughout the home. The home is surrounded by landscaped gardens and car parking facilities are available.

Each floor also has a designated smoking room, nurses' station and treatment room. The kitchen, laundry, and hairdressing salon are located on the ground floor.

The home is registered to provide care for 51 patients within the category of NH - MP, mental disorder, excluding learning disability and dementia.

The registered manager has been in post since May 2012.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Saintfield Lodge was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 28 November 2014 between 10:30 and 14:30. 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

During the course of the inspection, the inspector met with the registered manager, Mrs Melanie Reyes, and with the registered nurses 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 Saintfield Lodge are substantially compliant with legislative requirements and best practice guidelines.

The five requirements which were made at the previous medicines management inspection on 18 February 2014 were examined during the inspection. Four of the requirements were assessed as compliant. The remaining requirement is no longer applicable. The inspector's validation of compliance is detailed in Section 5.0.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The registered manager and staff are commended for their continuing efforts.

The Four Seasons Health Care policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

Several audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. The registered manager must ensure that any discrepancies identified by the home's audits are investigated and corrective action implemented.

Medicines records had been maintained in a mostly satisfactory manner. The registered manager must ensure that medication administration records are accurately maintained on all occasions. Records for the prescribing and administration of bisphosphonate medication must confirm that these medicines are being administered as prescribed.

Storage was observed to be tidy and organised.

The management of medicines which are prescribed to be administered 'when required' for the management of distressed reactions should be reviewed and revised.

The inspection attracted two requirements and one recommendation which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 18 February 2014:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must closely monitor the management and administration of those medicines highlighted at this inspection including: insulin, Calogen, Seretide evohaler, lactulose, liquid-form indigestion preparations and nutritional supplements.</p> <p>Stated twice</p>	<p>These medicines are included in the home's audit procedures.</p> <p>Satisfactory audit outcomes were observed for the audits which were completed on these medicines at this inspection.</p>	Compliant
2	13(4)	<p>The date of opening must be recorded on all limited shelf-life medicines including insulin, Calogen and liquid form medicines, in order to facilitate audit and disposal at expiry.</p> <p>Stated twice</p>	<p>Dates and times of opening had been recorded on all limited shelf-life medicines including insulin, Calogen and liquid form medicines.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
3	13(4)	The registered manager should ensure that epilepsy management plans are in place for all designated patients. Stated once	Patients are not prescribed medicines which require an epilepsy management plan at present.	No longer applicable
4	13(4)	The registered manager must ensure that oxygen cylinders are stored safely and securely. Stated once	Oxygen cylinders were observed to be chained securely.	Compliant
5	13 (4)	The registered manager must ensure that records for the administration of thickening agents by care staff are maintained. Stated once	Supplementary recording sheets are now in place for care staff to record the administration of thickening agents.	Compliant

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: <p>Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The registered manager and staff are commended for their continuing efforts.</p> <p>Several audits were performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Audit discrepancies for one supply of Laxido sachets and co-codamol 8/500 tablets were observed. These medicines had been prescribed at variable dosage but staff had not recorded the actual dose administered (See Criterion 38.2). For one patient zopiclone 7.5mg tablets which were prescribed for occasional use were being administered every night. The registered manager advised that this would be referred to the prescriber for guidance.</p> <p>The registered nurses advised that written confirmation of current medication regimes is obtained from a health care professional for new admissions to the home; this was evidenced for one patient during the inspection.</p> <p>The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are usually received into the home and checked against the home's order before being forwarded to the pharmacy for dispensing. On those occasions when prescriptions are not received into the home a photocopy is provided by the community pharmacy.</p> <p>Warfarin is not currently prescribed for any patients. The management of insulin and medicines prescribed for Parkinson's disease was reviewed and found to be satisfactory.</p>	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The Four Seasons Health Care policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place.</p>	<p>Compliant</p>
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:	
<p>The registered manager confirmed that registered nurses complete three modules on the management of medicines via e-learning each year. There have been no new registered nurses since the previous inspection.</p> <p>Competency assessments on the management of medicines are completed with the registered nurses at induction and at least annually thereafter.</p> <p>The registered manager confirmed that care staff have received training and been deemed competent to manage external preparations and thickening agents. Records of the training which has been provided since the previous inspection are in place.</p> <p>A list of the names, signatures and initials of registered nurses authorised to administer medicines was observed. A similar list is in place for care staff who attended the training sessions on thickening agents and external preparations.</p>	<p>Compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

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 registered manager confirmed that there is annual staff appraisal and that supervisions take place at least four times each year.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. There have been no medication incidents reported since April 2014.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Staff advised that discontinued or expired medicines are returned to a waste management company and that controlled drugs are denatured in the home prior to their disposal.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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: Daily stock balances are maintained for the majority of medicines which are not contained within the blister pack system. This is good practice. Running stock balances are maintained for medicines which are prescribed to be administered 'as prescribed' for the management of distressed reactions. However, for one medicine (lorazepam 1mg tablets) staff had not completed an investigation when the running balance was incorrect. The registered manager must ensure that any discrepancies identified by the home's audits are investigated. A requirement has been made. Audit trails are performed on a random selection of medicines at approximately weekly and monthly intervals. Dates and times of opening had been recorded on all medicines which were selected for audit at this inspection.	Substantially compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

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 had been constructed and completed in a mostly satisfactory manner.	Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records had been maintained in a satisfactory manner. Entries on the personal medication records are verified and signed by two registered nurses at the time of writing/re-writing and at each update.</p> <p>The medication administration records (MARs) had been maintained in a mostly satisfactory manner. Two registered nurses verify and sign all hand-written updates on the MARs sheets; this practice is commended. However, the following improvements are necessary:</p> <ul style="list-style-type: none"> • The actual dose administered must be recorded for medicines which are prescribed at a variable dose e g 10ml, 15ml • Registered nurses must accurately record the administration of all medicines e g there were no records for the administration of the morning dose of procyclidine 5mg tablets for one patient since 3 November 2014 which was the first day of the current medication cycle and the administration of some 'when required' medicines for the management of distressed reactions had not been recorded on the MARs <p>The registered manager must ensure that medication administration records are accurately maintained on all</p>	Substantially compliant

STANDARD 38 – MEDICINE RECORDS

<p>occasions. A requirement has been made.</p> <p>The registered nurse advised that bisphosphonate medication is administered at least 30 minutes before the first medication and meal each day. The records of prescribing and administration do not reflect this practice. It was agreed that this would be addressed.</p> <p>The records for medicines received into the home and disposed of which were examined had been maintained in a satisfactory manner.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Schedule 2 controlled drugs are not currently prescribed for any patients.</p> <p>Registered nurses record the receipt, administration and disposal of all Schedule 3 controlled drugs in controlled drug record books. Observation of these books indicated that they had been maintained in a satisfactory manner.</p>	<p>Not applicable</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Storage was observed to be tidy and organised.</p> <p>The room temperature of both treatment rooms is monitored and recorded each day; satisfactory recordings were observed indicating that the temperature is maintained below 25°C.</p> <p>Satisfactory arrangements for monitoring the temperatures of the medicine refrigerators were observed.</p> <p>Oxygen cylinders were available in the home on the day of the inspection. They were stored in the treatment rooms and signage was in place. They were securely chained to a wall.</p> <p>Controlled drugs were being stored in a controlled drugs cabinet in the treatment room on both floors.</p> <p>Nutritional supplements and thickening agents are stored in the treatment rooms and are managed under the direct supervision of the registered nurses.</p> <p>Three blood glucose meters are in use. Control checks are performed at weekly intervals and records are maintained. The control solution was due to be opened.</p>	Compliant

STANDARD 39 - MEDICINES STORAGE

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:	
The keys to the controlled drugs cupboards, all other medicine cupboards and the medicine trolleys were observed to be in the possession of the nurse-in-charge of each suite. The controlled drugs keys are held separately from all other keys.	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:	
Schedule 2 controlled drugs are not currently prescribed for any patients. Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily at each handover of responsibility.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Thickening agents

Several patients are prescribed thickening agents. The records for two patients were examined.

Care plans and speech and language therapist (SALT) assessments were in place.

Prescription details for thickening agents had been recorded on the personal medication record and MARs. The required consistency level had been recorded on these records.

Thickening agents are administered by both registered nurses and care staff. The registered manager advised that training on the management of thickening agents had been provided for all care staff.

Records for administration by registered nurses are recorded on the MARs. Care staff now record the administration of thickening agents on supplementary recording sheets.

Management of distressed reactions

The records for two patients who are prescribed anxiolytic medicines for the management of distressed reactions were reviewed.

Care plans were in place and the parameters for administration were recorded on the personal medication records.

Records of administration had been maintained on the MARs. However, there had been some omissions as evidenced by the running balances which are maintained for these medicines (See Criteria 37.7 and 38.2).

The reason for the administration and the subsequent outcome had not been recorded in the patients' daily notes on all occasions. The registered manager should ensure that the reason for the administration and the subsequent outcome are recorded. A recommendation has been made.

8.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers/managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of 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 **Mrs Melanie Reyes, Registered 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 Daly
Pharmacist Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SAINTFIELD LODGE

28 NOVEMBER 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 **Mrs Melanie Reyes, Registered Manager**, during the inspection. The timescales for completion commence from the date of inspection.

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 registered manager must ensure that any discrepancies identified by the home's audits are investigated. Ref: Criteria 37.1 and 37.7	One	This has been addressed. A system has been put in place to investigate discrepancies and monitor follow up action plans.	29 December 2014
2	13(4)	The registered manager must ensure that medication administration records are accurately maintained on all occasions. Ref: Criteria 37.1 and 38.2, Section 7.0	One	This has been addressed. Group supervision has been carried out through meetings to reinforce with trained staff the NMC standards of medication administration focusing on accurate recording.	29 December 2014

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	<p>The registered manager should ensure that the reason for each administration and the subsequent outcome are recorded for medicines which are prescribed to be administered 'when required' for the management of distressed reactions.</p> <p>Ref: Section 7.0</p>	One	This has been addressed. The recording sheet of administration of PRN medications has been updated to include reason for administration and the subsequent outcome.	29 December 2014

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	Melanie Reyes
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

CAROL COUSINS - DIRECTOR of OPERATIONS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	9 January 2015
B.	Further information requested from provider		No	Helen Daly	9 January 2015