



Announced Primary Finance Inspection

Name of Establishment:	Strathearn Court
RQIA Number:	1297
Date of Inspection:	20 October 2014
Inspector's Name:	Briege Ferris
Inspection ID:	20576

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 Home:	Strathearn Court
Address:	229 Belmont Road Belfast BT4 2AH
Telephone Number:	0289065 6665
E mail Address:	strathearn.court@fshc.co.uk
Registered Organisation/ Registered Provider:	James McCall Four Seasons Healthcare
Registered Manager:	Ruth Murphy
Person in Charge of the Home at the Time of Inspection:	Ruth Murphy
Number of Registered Places:	55
Number of Service Users Accommodated on Day of Inspection:	51
Date and Time of Inspection:	20 October 2014 10.00 - 14.00
Name of Finance Inspector:	Briege Ferris

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.

3.0 Purpose of the Inspection

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

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

The 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

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager and other members of staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3: A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4: Arrangements for providing transport services are transparent and agreed in writing with the service user/their representative

The registered provider and the inspector have rated the home's compliance level against each criterion.

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

Guidance - Compliance Statements		
Guidance - Compliance statements	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.

6.0 Profile of Service

Strathearn Court is located on the Belmont Road in East Belfast. The home is situated well back from the busy road and is afforded privacy with hedges and trees at the front and side of the home. There is adequate parking provided within the grounds of the home. Local bus services and main routes to and from Belfast are directly outside the home. It is centrally located within the local community and is close to local shops and community services.

The nursing home is purpose built with accommodation provided for 55 patients over two floors. Bath / shower rooms and toilets are accessible to all communal and bedroom areas. The Registered Manager, Mrs Ruth Murphy, has responsibility for managing all aspects of care and services provided for patients. The home is registered to accommodate 55 patients who require nursing care, long and short term, and physical disability over and under pension age.

7.0 Summary of Inspection

The inspector met with the registered manager, the home administrator and the regional business support administrator at the home on 20 October 2014. The inspector was provided with access to all of the relevant records for the purposes of inspection.

The inspector would like to thank the representatives of the home for their co-operation throughout the inspection.

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

The home provides an individual agreement to each service user admitted to the home, which is updated to reflect new fees and financial arrangements over time. The agreements reviewed as part of the inspection reflected the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 and DHSSPS Nursing Homes Minimum Standard 4.2. There was evidence that service users/their representatives had, over time, been informed in writing of any increase in the fees payable by, or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.

The home has achieved a compliance level of 'compliant' for this theme.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and primarily up to date records exist to support income and expenditure for service users. The inspector noted some delays in recording hairdressing and chiropody charges on behalf of service users.

The home had written authorisation in place from service users/their representatives for the home to spend service users' money on identified goods or services.

The home has achieved a compliance level of 'substantially compliant'.

Statement 3: A safe place is provided within the home for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

The home has a safe place to enable service users to deposit cash or valuables for safekeeping. The home maintains a clear and regularly reconciled record of cash deposited and used on behalf of service users. A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced poor record keeping: a number of records had not been signed or dated and other records were blank.

The home has achieved a compliance level of 'moving towards compliance' for this theme.

Statement 4: Arrangements for providing transport to service users are transparent and are agreed in writing with the service user/their representative

At the time of inspection, the home did not provide a transport service to service user.

The home has achieved a compliance level of 'not applicable' for this theme.

Statement 1

The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care:

Criteria Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user • The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment • Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement • The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property • The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	
Provider's Self-Assessment:	
The provider is compliant with each section of statement 1. Strathearn Court Care Home does not undertake any financial transactions on the service user's behalf.	Compliant
Inspection Findings:	
The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on the home's policy and procedure for safeguarding service users' personal property and the range of additional services available for access within the home such as hairdressing	Compliant

and chiropody, for which an additional charge (also stated) will be payable.

The inspector discussed the individual financial circumstances of service users in the home with staff; and selected four service users' files and associated records for further examination.

On examining the sample of four service users' files, the inspector noted that all four signed agreements detailed the current fee (including any nursing contribution), the persons who would pay each element of the fee and the method(s) of payment.

A review of the records held identified correspondence from the home notifying service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable. The inspector noted that previous agreements were also held on file.

The inspector also noted that the home had a range of policies and procedures for staff to follow in order to safeguard service users' money and valuables. Discussion with the registered manager identified that protection of vulnerable adults training was up to date for staff; the registered manager advised that awareness of financial abuse was a component of this training.

The inspector noted good practice in respect of these findings.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Compliant

Statement 2

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s)
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly
- If a person associated with the home acts as nominated appointee for a service user, the arrangements

COMPLIANCE LEVEL

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement 	
<p>Provider's Self-Assessment:</p>	
<p>Strathearn Court Care Home is compliant with statement 2. We are not acting as any service user's nominated appointee. If a resident becomes incapable of managing their finances and property, this would be reported in writing to the relevant Trust.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the records evidenced that copies of the HSC trust payment remittances were available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant.</p> <p>The inspector noted that the home also maintain a record of invoices raised in respect of the contribution payable by the service user or their representative. An examination of a sample of these charges for a defined period established that the correct amounts had been charged to service user or their representative.</p> <p>Discussion with staff and a review of the records evidenced that staff complete regular reconciliation of the amount received from the trust against the home's own records of fees receivable.</p>	<p>Substantially compliant</p>

Discussions with staff and a review of the records established that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does, however, receive monies from service users' representatives to be spent by the home on the service users' behalf.

A review of a sample of four service users' records identified that the home had personal allowance contracts in place with the service users/their representatives providing the necessary written authorisation to purchase goods and services on behalf of service users.

The inspector also noted that when cash or cheques are lodged with the home, a receipt is provided to the person making the lodgement, which is signed by a representative of the home; the person making the lodgement is also asked to sign. Good practice was observed.

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users, such as that in respect of hairdressing, chiropody and other non-frequent sundry items. The inspector noted that the home maintain clear records on "personal allowance account statements" detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdressers or chiropodist receipt for expenditure. The inspector traced a sample of transactions and was able to find all the all of the relevant documents.

The inspector noted however, that at times there was a delay in recording the amount of expenditure on hairdressing and chiropody services. The inspector discussed this with staff; this identified that where delays were identified, this was because the treatments were being recorded when the hairdresser/chiropodist was paid, not at the time of the treatment. The inspector noted a number of occasions where the hairdresser/chiropodist had allowed the balances owing to go unpaid thus the service users had accumulated charges to the hairdresser or chiropodist. The inspector noted that the home should ensure the hairdresser/chiropodist is paid after each visit, ensuring timely recording of expenditure on behalf of each service users.

Requirement one is listed in the Quality Improvement Plan (QIP) in respect of this finding.

Discussion with staff and a review of the records identified that the home has a pooled bank account used exclusively for the safekeeping of service users' personal monies. The inspector noted that the account was appropriately named in favour of the service users in the home.

Discussion with staff and a review of the records identified that balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular basis and the inspector was able to obtain evidence of this process on the day of inspection. Good practice was observed.

The inspector also reviewed the records in respect of the service users' comfort fund which is normally funded from contributions from the community, service users' family/friends and from internal fundraising by the home. The inspector noted that the home has a transparent policy and procedure in place for the administration of the comfort fund. A review of the records for expenditure from the comfort fund established that the controls as outlined within the policy and procedure were being adhered to.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:

Criterion Assessed:

- The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place
- Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions
- Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property
- Service users are aware of the safe storage of these items and have access to their individual financial records
- Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan
- A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures
- A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed

COMPLIANCE LEVEL

Provider's Self-Assessment:	
Strathearn Court Care Home is compliant with statement 3. A safe is located in the administrator's office for safekeeping of money and valuables. All records and reconciliations are kept as above. Nursing staff and care staff record furniture and personal possessions in the resident's care file.	Compliant
Inspection Findings:	
<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector noted that a safe record was in place, a reconciliation of which was recorded on a monthly basis. Good practice was observed. The inspector undertook a count of the cash balance and items deposited for safekeeping for service users and noted that these agreed to the records held by the home.</p> <p>The inspector requested the inventory/property records for four randomly selected service users. The inspector noted that a template for recording items was on file for all four service users. The inspector noted that two of the four templates had been used, while two were blank. The two completed service user records were neither signed nor dated.</p> <p>The inconsistency and absence of basic record keeping controls, including signing and dating of the records, indicated to the inspector that the process of recording service users' inventory was not being managed well by the home.</p> <p>Requirement two is listed in the QIP in respect of this finding.</p>	Moving towards compliance

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 4

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

Criterion Assessed:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the home's policies and procedures
- Written agreement between the service user and the home is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance)
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme • The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place • Ownership details of any vehicles used by the home to provide transport services are clarified 	
<p>Provider's Self-Assessment:</p>	
<p>Strathearn Court Care Home does not operate a transport scheme.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide a transport service to service users.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not applicable</p>

8.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ruth Murphy 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:

**Briege Ferris
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

STRATHEARN COURT

20 OCTOBER 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 Ruth Murphy either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	19 (2) Schedule 4 (9)	The registered person is required to ensure that staff record information on service users' personal allowance account statements in a timely manner. This requirement relates to recording charges for hairdressing and chiropody treatments on behalf of service users.	Once	Service users' personal allowance accounts are now managed in a timely manner as and when the activity of hairdressing and chiropody treatments are carried out	From the date of inspection
2	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently.</p> <p>Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	Once	<p>The registered person is ensuring that all inventories of personal possessions brought into the home by newly admitted service users are accurate and up to date. Existing service users now have a retrospective record in place.</p> <p>All inventory records are being updated on a regular basis. Staff are aware that all entries, whether additions or disposals are to be signed by two members of staff and are to be recorded consistently.</p> <p>Items of significant value or requiring electrical safety testing are now being highlighted on the record.</p>	17 November 2014

Inspection ID: 20576

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	Ruth Murphy
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	✓		<i>B.S.</i>	18/12/14
B.	Further information requested from provider				

