NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018448**
Establishment ID No:	**1379**
Name of Establishment:	**Castlehill**
Date of Inspection:	**2 September 2014**
Inspector's Name:	**Rachel Lloyd**

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:	Castlehill
Type of home:	Nursing Home
Address:	14 Bellshill Road Castledawson BT45 8HG
Telephone number:	(028) 7946 8730
E mail address:	SAFECARE89@hotmail.com
Registered Organisation/ Registered Provider:	Safecare Chrysalis Ltd Mr Brian McAteer & Mr Cathal McAteer
Registered Manager:	Ms Bernadette O'Neill
Person in charge of the home at the time of Inspection:	Ms Bernadette O'Neill
Categories of care:	NH-LD, NH-LD(E)
Number of registered places:	34
Number of patients accommodated on day of inspection:	33
Date and time of current medicines management inspection:	2 September 2014 11:40 – 15:55
Name of inspector:	Rachel Lloyd
Date and type of previous medicines management inspection:	19 October 2011 Unannounced inspection

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 Ms Bernadette O'Neill, 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).

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

Castlehill is a purpose built, two-storey nursing home situated on an attractive site on the edge of the village of Castledawson. The home is sited amidst landscaped gardens and ample car parking space is available.

Accommodation comprises single and shared bedrooms located on both floors. The home is entered through a spacious, attractive foyer, which is warm and welcoming. The dining room and kitchen are located on the ground floor. There are various lounges located on both floors of the home and a conservatory area, which is the designated smoking lounge. There are bathing and sanitary facilities throughout the home and an in-house laundry service is provided.

The home has a purpose built day care facility located to the rear of the building with recreational activity available.

Ms Bernadette O'Neill is the registered manager of the home and has been the registered manager since January 2011.

The home is registered to provide care for persons under the following categories of care:

Nursing Care

LD - Learning disability
LD (E) - Learning disability - over 65 years

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Castlehill was undertaken by Rachel Lloyd, RQIA Pharmacist Inspector, on 2 September 2014 between 11:40 and 15:55. 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 of the home, Ms Bernadette O'Neill, and with staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Castlehill are substantially compliant with legislative requirements and best practice guidelines. The

outcome of the medicines management inspection found no areas of concern though some areas for improvement were noted.

The three requirements and two recommendations made at the previous medicines management inspection on 19 October 2011 were examined during the inspection. The inspector's validation of compliance can be viewed in Section 5 of this report. Two of the three requirements were assessed as compliant and one as substantially compliant. One of two recommendations was assessed as compliant and one as substantially compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with other inspectors.

The management of medicines is controlled in a largely satisfactory manner in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged during the inspection.

Policies and procedures for the management of medicines are in place. Standard Operating Procedures for controlled drugs have been developed and implemented; these should be reviewed and revised to reflect procedures for the disposal of controlled drugs in the home.

The registered manager confirmed that there is a programme of training in the home. There is a system of supervision and appraisal and there are regular medicines management competency assessments for registered nurses and care staff undertaking delegated tasks.

There are procedures in place to audit the management of medicines. The outcomes of the audit trails performed at the inspection showed good correlation between prescribed directions and stock balances of medicines indicating that the majority of medicines had been administered in accordance with the prescribers' instructions.

The medicine records available for inspection were generally well maintained. The method of recording the time of administration of bisphosphonate medicines should be reviewed.

Arrangements in place for the disposal of controlled drugs must be reviewed.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' instructions. Storage areas were clean, tidy and organised.

The inspection attracted a total of one requirement and two recommendations. These are detailed in the Quality Improvement Plan.

The inspector would like to thank the registered manager and the 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 19 October 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Where care staff are delegated medicine related tasks the following must be reviewed to ensure that: • Records of training and competency in the administration of external preparations are maintained • A record of the administration of external preparations and thickening agents is maintained on every occasion. **Stated once**	The registered manager confirmed that care staff undertaking delegated tasks are trained during induction and that update training is provided on an annual basis. Records of training were observed and it was noted that training is planned to take place on 13 September 2014. The registered manager stated that the competency of these staff is assessed during supervision and appraisal which is recorded. Records of the administration of external preparations and thickening agents were reviewed following the previous inspection. Records examined were generally satisfactory, however some missing entries were observed. The registered manager agreed to remind all relevant staff that every administration must be recorded and to remind the registered nurses to review these records on a daily basis.	**Substantially compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
2	13(4)	The arrangements for the cold storage of medicines must be reviewed to ensure that: • The daily maximum refrigerator temperature does not exceed +8^{o}C • The refrigerator thermometer is reset every day • Any deviation from the accepted range of +2^{o}C to +8^{o}C is recognised and reported to the registered manager. **Stated once**	This was evidenced during the inspection.	**Compliant**
3	13(4)	The registered manager must forward details of the disposal of the second broken ampoule of morphine sulphate 10mg/ml. Staff must ensure that the disposal of controlled drugs is recorded in the controlled drug record book and record of disposal of medicines book on every occasion. **Stated once**	The Quality Improvement Plan (QIP) received by RQIA on 5 December 2011 included the required information. The registered manager confirmed appropriate practice for recording the disposal of relevant controlled drugs in the controlled drug record book. No controlled drugs requiring a record in the controlled drug record book were prescribed for any patient at the time of the inspection. All controlled drugs disposed of are recorded in the disposal of medicines record book.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The auditing process for medicines should be further reviewed to ensure that: • The administration of Epilim and amoxicillin is closely monitored • Nutritional supplements are included in the monthly audit process • The date of opening is recorded for Movicol sachets and Fybogel sachets. **Stated once**	The level of audit activity was reviewed and increased following the previous inspection, although audit activity has decreased over recent months. No significant discrepancies were observed for Epilim and no amoxicillin was prescribed at the time of the inspection. Nutritional supplements are included within audit procedures. The date of opening is not always recorded on Movicol and Fybogel sachets, staff were reminded to record this on every occasion. It was agreed that a range of medicine formulations should be regularly audited.	**Substantially compliant**
2	39	Suitable arrangements should be put in place to ensure that sachets which are stored on the medicine trolley are labelled appropriately for every administration. **Stated once**	This was evidenced during the inspection.	**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:	
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 efforts. The outcomes of the majority of audit trails, performed on a range of randomly selected medicines, showed that these medicines had been administered in accordance with the prescribers' instructions. These results correlate with the results of medicine audits undertaken on a regular basis within the home. The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for one patient who had recently been admitted for respite care. The process for the ordering and receipt of medicines was examined. Records of orders are maintained and copies of all prescriptions are received into the home and checked against the order. The registered manager was advised to keep copies of the most recent prescriptions for patients in the home for reference. The records for one patient who is prescribed an anxiolytic medicine for the management of distressed reactions were reviewed. A care plan was in place and the parameters for administration were recorded on the personal medication record. A record of administrations had been made. The reason for administration and the subsequent outcome was recorded in the patient's daily notes.	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:	
Policies and procedures for the management of medicines and standard operating procedures for controlled drugs are in place. Standard operating procedures for controlled drugs should be reviewed and revised to include updated procedures for the management and disposal of some controlled drugs. A recommendation is stated.	Substantially compliant
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager confirmed that registered nurses who manage medicines are trained and competent and that designated care staff had been trained to manage external preparations and thickening agents. Records of training are maintained. Medicines management training is provided annually for relevant staff. Training on dysphagia and thickening fluids is provided annually for relevant staff by the speech and language therapist from the Trust. Patient specific epilepsy management training is provided annually for all relevant staff by the epilepsy specialist nurse from the Trust. A list of the names, sample signatures and initials of registered nurses and care staff authorised to administer medicines is in place.	Substantially compliant

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 the competency of registered nurses and designated care staff, with respect to the management of medicines, is evaluated and reviewed on a regular basis through supervision and annual appraisal, and that records are maintained.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. No incidents have been reported since the previous inspection.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are stored in a secure waste container and records are maintained. This waste is periodically uplifted by a licensed waste contractor. The record of disposal is signed by two registered nurses. Schedule 2 and 3 controlled drugs are denatured by two registered nurses prior to disposal. Schedule 4 (Part1) controlled drugs are not currently denatured prior to disposal. These controlled drugs must be denatured in line with legislative requirements. A requirement is stated.	Moving towards compliance

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:	
The registered manager usually completes medicine audits on a regular basis although audit activity has decreased over recent months. Records of this auditing activity were observed and generally satisfactory outcomes had been achieved. It was agreed that a range of medicine formulations should be regularly audited. The audit process is facilitated by the good practice of recording the date of opening on most medicine containers.	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:	
The medicine records reviewed during the inspection were generally found to be legible, accurate, up-to-date and signed and dated by the person making the entry. Records were generally maintained in a manner that facilitates audit activity. Obsolete records had been securely archived.	Substantially compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
Each of the above records is maintained in the home. A sample was selected for examination and these were generally found to be satisfactory. However, the time of administration of some medicines prescribed for administration on a weekly basis (bisphosphonates) was not always accurately recorded, although the actual time of administration is appropriate. The method of recording the time of administration of these medicines should be reviewed. A recommendation is stated. Records for the administration of thickening agents and external preparations by designated care staff are maintained separately. Records examined were generally satisfactory, however some missing entries were	Substantially compliant

observed. The registered manager agreed to remind all relevant staff that every administration must be recorded and to remind the registered nurses to review these records on a daily basis.	
Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
No Schedule 2 controlled drugs were prescribed or held in stock at the time of the inspection.	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medicines were largely found to be stored securely under conditions that conform to statutory and manufacturers' requirements. There was sufficient storage space on the medicine trolley and in medicine cupboards and storage areas were clean, tidy and well organised. Oxygen was stored appropriately and appropriate signage was in place. Arrangements for monitoring the medicines refrigerator temperature were examined and found to be satisfactory; temperatures are recorded on a daily basis and were found to be within the accepted range during the inspection. The temperature of the treatment room was found to be satisfactory at the time of the inspection. Dates of opening were routinely recorded on the majority of medicines; registered nurses were reminded that boxes of medicines prescribed with a sachet formulation e.g. Movicol, should be marked with the date of opening on every occasion to facilitate audit. Blood glucometers were being managed appropriately and records of control checks maintained.	Substantially 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 controlled drug cabinet key and other medicine cupboard keys are held separately by the registered nurse in charge of the shift. The registered manager is responsible for spare medicine cupboard 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:	
No Schedule 2 or Schedule 3 controlled drugs subject to safe custody requirements were prescribed for any patient at the time of the inspection.	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 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 **Ms Bernadette O'Neill, 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:

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

_____ _____

Rachel Lloyd Date
Pharmacist Inspector

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CASTLEHILL
2 SEPTEMBER 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Bernadette O'Neill, Registered Manager,** during the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that the requirement 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 REQUIREMENT

This section outlines the action 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 Schedule 4 (Part1) controlled drugs are denatured prior to disposal. **Ref: Criterion 37.6**	One	The relevant policies and procedures are in place and the process of denaturing prior to disposal completed.	30 September 2014

RECOMMENDATIONS

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. This promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	37	The registered manager should ensure that standard operating procedures for controlled drugs are reviewed and revised to include updated procedures for the management and disposal of controlled drugs. **Ref: Criterion 37.2**	One	The Standard operating procedures that were available at time of inspection have been reviewed. All relevant nursing staff informed accordingly by Nurse Manager. in relation to the management and disposal of controlled drugs.	30 September 2014
2	38	The registered manager should ensure that the method of recording the time of administration of bisphosphonate medicines is reviewed. **Ref: Criterion 38.2**	One	All relevant nursing staff informed of inspection report and importance of documenting administration time according to legislation; Consistently.	30 September 2014

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

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

SIGNED: _____ **SIGNED:** _____

NAME: BRIAN McATEER **NAME:** BERNADETTE O'NEILL
Registered Provider **Registered Manager**

DATE 16/09/2014. **DATE** 16/09/14

QIP Position Based on Comments from Registered Persons		Yes	No	Inspector	Date
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		R Lloyd	**22/9/14**
B.	Further information requested from provider		no		