NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18303**
Establishment ID No:	**1389**
Name of Establishment:	**Queenscourt**
Date of Inspection:	**8 May 2014**
Inspector's Name:	**Judith Taylor**

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:	Queenscourt
Type of home:	Nursing Home
Address:	36 Doagh Road Ballyclare BT39 9BG
Telephone number:	(028) 9334 1472
E mail address:	info@manorhealthcare.org
Registered Organisation/ Registered Provider:	Manor Health Care Ltd Mr Eoghain King
Registered Manager:	Mrs Geraldine Borelan
Person in charge of the home at the time of Inspection:	Mrs Geraldine Borelan
Categories of care:	NH-LD ,NH-LD(E)
Number of registered places:	43
Number of patients accommodated on day of inspection:	43
Date and time of current medicines management inspection:	8 May 2014 10:30 – 13:50
Name of inspector:	Judith Taylor
Date and type of previous medicines management inspection:	16 August 2011 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 Geraldine Borelan, 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

Queenscourt is a nursing home which is situated close to Ballyclare town centre, including all local amenities and public transport links.

The home is a two storey building with a central communal area linking an original building with a more recently built facility to the rear. Two patio areas are provided at each side of the home. Bedroom accommodation is located on both floors comprising of single and shared rooms.

In October 2007, the home was purchased by Manor Healthcare Limited; Mr Eoghain King is the Registered Provider.

The home is registered to accommodate a maximum of 43 persons requiring nursing care within the category LD (learning disability) over and under the age of 65 years.

The certificate of registration issued by the RQIA was appropriately displayed in the main reception area of the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Queenscourt was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 8 May 2014 between 10:30 and 13:50. 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, Mrs Geraldine Borelan and with the registered nurses/staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Queenscourt are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted.

The two recommendations made at the previous medicines management inspection on 16 August 2011 were examined during the inspection. Each of these had been assessed as 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.

Areas of good practice were noted throughout the inspection. The registered manager and staff are commended for their efforts.

Written policies and procedures for medicines management and standard operating procedures for controlled drugs are in place.

There is a programme of medicines management training in the home. Staff competencies are assessed annually and training is evaluated through supervision and appraisal.

The management of medicines prescribed on a 'when required' basis for distressed reactions should be reviewed to ensure that the relevant records are being maintained.

Suitable arrangements are in place for the ordering, receipt and stock control of medicines.

Practices for the management of medicines are audited on regular basis. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection indicated that the majority of medicines had been administered in strict accordance with the prescribers' instructions. However, some discrepancies were observed and discussed at the inspection. Close monitoring of medicines prescribed as multiple doses is necessary. The registered manager must investigate the observations made in the administration and dosage directions of risperidone liquid; a written report of the findings and action taken must be forwarded to RQIA.

The majority of medicine records which were selected for examination had been maintained in the required manner. Improvement is necessary in the maintenance of records for the administration of thickening agents.

Medicines are stored safely and key control was appropriate. The management of the cold storage of medicines should be reviewed. The window opening in the treatment room should be reviewed.

The inspection attracted a total of two requirements and five recommendations. The requirements and recommendations 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 16 August 2011:

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	The registered manager should closely monitor those medicines which showed audit discrepancies during this inspection. **Stated once**	Audit trails are performed on solid dosage medicines at monthly intervals. The completed Quality Improvement Plan stated that the medicines identified at the previous inspection had been closely monitored.	**Compliant**
2	37	A photocopy of acute prescriptions should be retained for reference. **Stated once**	The registered manager confirmed that this practice had been implemented. Copies of acute prescriptions are collated in a folder.	**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:	
The registered manager maintains a largely satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. Areas of good practice were acknowledged. This included: • verification by two staff of new medicine details on personal medication records • a system to alert staff of the day of administration of medicines prescribed on a weekly basis • the recording of the date of opening on medicines to facilitate the audit process. The outcomes of the majority of audit trails which were performed on a variety of randomly selected medicines showed good correlation between prescribed directions, administration records and stock balances of medicines. However, five audit trails produced unsatisfactory outcomes (misoprostol tablets, risperidone liquid, lactulose liquid, methotrexate tablets and sertraline tablets) and were discussed at the inspection. The registered manager must closely monitor the administration of medicines prescribed as multiple doses. Any further discrepancies must be investigated and reported to RQIA. A requirement has been made. For one medicine, there was non-correlation with the prescribed dosage/administered dosage and medicine label and the audit trail indicated a surplus of risperidone liquid. The registered manager must investigate the observations made in risperidone liquid and forward details of the findings and action taken in a written report to RQIA. A requirement has been made. Staff advised that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

The process for obtaining prescriptions was reviewed. Prescriptions are received into the home and are checked before being forwarded to the community pharmacy for dispensing. Copies of acute prescriptions are kept in the home.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Written policies and procedures for the management of medicines are in place. These have been updated to include Standard Operating Procedures for controlled drugs.	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 maintains a record of the training and development activities completed by the registered nurses in relation to the management of medicines. The registered nurses had received updated medicines management training in August 2013 and further training is planned later this month. Training in the management of epilepsy is provided annually and the most recent training had been in April 2014. Care staff have been trained and deemed competent in the administration of external preparations and thickening agents. Staff competencies in medicines management are assessed annually and records are maintained. A list of the names, signatures and initials of staff authorised to administer medicines is in place.	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:	
There are arrangements in place to evaluate the impact of medicines management training on the nurse and care staff. This occurs through annual appraisal, annual competency assessment and clinical supervision every six months.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in this home. These are reported in accordance with the home's policy and procedures.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
All discontinued or expired medicines are placed into special waste bins by two registered nurses. The waste bins are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines. The record of disposal indicated that Schedule 4 (part 1) controlled drugs had been removed from stock and disposed. However, in accordance with the legislation and the home's Standard Operating Procedures for controlled drugs, these controlled drugs had not been denatured and rendered irretrievable prior to disposal. The registered manager should ensure that all controlled drugs in Schedule 4 (part 1) are denatured and therefore rendered irretrievable, by two registered nurses, before being placed into waste bins. A recommendation has been made.	Substantially 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:	
A system to audit the management of medicines is in place. Audit trails are performed on a monthly basis, by the registered manager and registered nurses and any discrepancies are investigated and discussed. The audit process focuses mainly on solid dosage medicines such as tablets and capsules. It was recommended that a variety of medicine formulations should be included in the audit process e.g. inhaled medicines, nutritional supplements, thickening agents and liquid medicines.	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 majority of medicine records were legible, well kept, and had been constructed and completed to ensure a clear audit trail. It was noted that there was some non-correlation between personal medication record entries and medicines labels. It was advised that registered nurses should ensure that these correlate at the time of receipt and at each administration.	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 found to be mostly satisfactory. The medicine folder included obsolete personal medication records and the current personal medication record. It was advised that obsolete personal medication records should be removed from the folder and securely archived.	Compliant

STANDARD 38 - MEDICINE RECORDS

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:	
At the time of this inspection Schedule 2 controlled drugs were not prescribed for patients in this home. These medicines had not been prescribed for any patients since the previous medicines management inspection.	Not applicable

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:	
The majority of medicines are stored safely and securely and in accordance with the manufacturer's instructions. Some external preparations which require cold storage were stored at room temperature and this was addressed during the inspection. Storage areas were tidy and well organised. There was sufficient storage space for medicines in medicine cupboards. Appropriate arrangements were in place for the stock control of medicines. Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet. Medicine refrigerator temperatures were recorded on a daily basis, and temperatures were within the accepted range of 2^{o}C to 8^{o}C for medicines which required cold storage. However, the thermometer is not reset each day. This was discussed and the registered manager advised this would be implemented with immediate effect. Medicines issued for temporary leave are supplied, labelled and packed appropriately. Oxygen is managed appropriately and signage is in place.	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 is held separately from other medicine cupboard keys. Appropriate arrangements are in place for the management of spare 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 have not been prescribed for patients in this home. Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility and records of balance checks were inspected and found to be satisfactory.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

Management of medicines for distressed reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for three patients. For two patients, a care plan was in place, the parameters of administration were recorded on the personal medication records and records of administration had been maintained. The reason for administration had been recorded in the daily progress notes. It was advised that the outcome of the administration should also be recorded. For the other patient, a care plan was not in place and it was noted that one medicine was being administered regularly. This was further discussed with the registered manager and it was agreed that this would be followed up with the prescriber.

The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained. A recommendation has been made.

Thickening agents

The records for thickening agents prescribed for one patient was examined at this inspection. A care plan and speech and language therapist report is in place. The care plan and personal medication record should include the required consistency level of thickened fluid. Registered nurses and care staff are responsible for the administration of thickened fluids; however, records of administration were incomplete. The registered manager should review the management of thickening agents to ensure the relevant records are maintained. A recommendation has been made.

Treatment room

During the inspection it was noted that the new treatment room was on the ground floor and although the windows were obscured, restrictors were not affixed to the windows. The window opening in the treatment room should be controlled to a secure point of opening of no more than 100 mm. It is important that any restrictor used is robustly secured using tamper-proof fittings so they cannot be removed or disengaged without the use of a specialist tool or key. This was discussed with the registered manager who advised that this would be addressed later on the day of the inspection. The registered manager should confirm that the appropriate restrictors have been affixed to the window in the treatment room to maximise the security of the medicines. A recommendation has been made.

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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 Geraldine Borelan**, **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:

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

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Judith Taylor **Date**
Pharmacist Inspector

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

QUEENSCOURT
8 MAY 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 **Mrs Geraldine Borelan, 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 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 closely monitor the administration of medicines prescribed as multiple doses; any further discrepancies must be investigated and reported to RQIA. **Ref: Criterion 37.1**	One	This requirement has been commenced and ongoing. No further discrepancies to date.	9 June 2014
2	13(4)	The registered manager must investigate the observations made in risperidone liquid and forward details of the findings and action taken in a written report to RQIA. **Ref: Criterion 37.1**	One	Investigation carried out and a written report forwarded on 16-05-14.	9 June 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	The registered manager should ensure that all controlled drugs in Schedule 4 (part 1) are denatured and therefore rendered irretrievable, by two members of trained staff, before being placed into waste bins. **Ref: Criterion 37.6**	One	The stated recommendation is in practice. A Memo stating the recommendation is on display for staff attention Checks carried out by the Registered Manager.	9 June 2014
2	37	The registered manager should review the audit process to ensure a variety of medicine formulations are included, as detailed in the report. **Ref: Criterion 37.7**	One	Memo added to Random Stock check book. To include the audit of Liquids Food Supplements etc.	9 June 2014
3	38	The registered manager should review the management of medicines for distressed reactions to ensure the relevant records are being maintained. **Ref: Section 7.0**	One	Current Care Plan audits to include the recommendation. Also observing daily reports to include any reactions: following the administration of Medication.	9 June 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
4	38	The registered manger should monitor the records pertaining to thickening agents to ensure the relevant records are maintained. **Ref: Section 7.0**	One	Thickening Agents and Food Supplements have been included in Drug Prescription sheet and signed for by Nurse Administering them as discussed.	9 June 2014
5	32	The registered manager should confirm that the appropriate restrictors have been affixed to the window in the treatment room to maximise the security of the medicines. **Ref: Section 7.0**	One	Restrictors are in place. this was carried out on 18.05.14.	9 June 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: Eoghain King

NAME: EOGHAIN KING
Registered Provider

DATE 5th June 2014

SIGNED: G. Borelan

NAME: Geraldine Borelan
Registered Manager

DATE 5th June 2014

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Judith Taylor	**11 June 2014**
B.	Further information requested from provider				