

**Unannounced Finance Inspection  
of  
Tamlaght**

**2 November 2015**

## 1. Summary of Inspection

An unannounced finance inspection took place on 2 November 2015 from 10:25 to 14:30. A poster detailing that the inspection was taking place that day, was positioned at the entrance to the home.

Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there are some areas identified for improvement, which are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

On the day of inspection, we met with the registered manager and the home administrator; no relatives or visitors chose to meet with us during the inspection. We would like to thank those who participated in the inspection for their co-operation.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	7	4

The details of the QIP within this report were discussed with Mrs Fiona Gray, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Tamlaght Private Nursing Home Ltd/Fiona Gray	<b>Registered Manager:</b> Mrs Fiona Gray
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Fiona Gray	<b>Date Manager Registered:</b> 5 May 2015
<b>Categories of Care:</b> RC-I, NH-I	<b>Number of Registered Places:</b> 45
<b>Number of Patients Accommodated on the Day of Inspection:</b> 44	<b>Weekly Tariff at Time of Inspection:</b> £470.00 - £613.00 Third Party Top Up Charge Payable

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

**Inspection Theme: Patients' 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 accommodation and personal care

**Statement 2**

Arrangements for receiving and spending patients' 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 to patients are transparent and agreed in writing with the patient/their representative

### 4. Methods/Process

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

- Discussion with the registered manager and home administrator
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were reviewed during the inspection:

- The patient guide
- The "Residents property" policy
- The "Guidelines for managing residents funds"
- The "Guidelines for managing residents' pocket money"
- Confirmation of administrator's training in the Protection of Vulnerable Adults
- Four patient agreements
- Most recent HSC trust payment remittances
- Confirmation of correct fees charged to a sample of patients for care/accommodation
- Income/lodgements and expenditure records including comfort fund records
- Hairdressing and Podiatry treatment receipts
- Five patient property records

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the home was an unannounced care inspection on 16 September 2015, the findings from which will be reported on separately. We were not required to follow up on any matters arising from the previous inspection.

### **5.2 Review of Requirements and Recommendations from the last Finance Inspection**

There has been no previous RQIA inspection of the service.

### **5.3 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**

#### **Is Care Safe?**

The home has a patient guide and a written agreement which is provided to each new patient. We selected a sample of four files for review in order to view the written agreements in place with individual patients. On reviewing the files, we noted that the standard agreement had a section on the fees payable to the home; we noted that in each of the four patient agreements reviewed, the space to record the fees payable had been left blank. We therefore noted that the agreements in place did not comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; which states that a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

We discussed these findings with the registered manager and noted that the standard agreement with patients must also be reviewed to ensure that all the components of a patient's individual agreement (as set out within Standard 2.2 of the Care Standards for Nursing Homes (April 2015)) are included and having done so, provide up to date agreements to each patient.

A requirement has been made in respect of these findings.

Evidence was reviewed which confirmed the home's administrator had received training in the Protection of Vulnerable Adults.

#### **Is Care Effective?**

We queried whether there were any formal arrangements in place for the home to support any of the patients in the home with their money; the registered manager advised that there were none.

We noted that the home have a policy and procedure in place addressing how the home seeks to safeguard money and valuables belonging to patients.

We noted that while the home had "guidance" documents in place with respect to "Residents' property" and "managing residents funds" (the home's comfort fund), these documents mainly outlined arrangements for record keeping e.g. "no correction fluid should be used...only use black ink".

We noted that the home should have a robust, comprehensive policy and procedure addressing safeguarding residents' money and valuables.

A recommendation has been made in respect of this finding.

### **Is Care Compassionate?**

We discussed how patients were informed of any changes to the fees payable in respect of their care and accommodation. The registered manager informed us that a letter from the home was issued in this regard. We requested to see copies of the letters for the patients sampled, however we were informed that a letter was issued but a copy was not retained on file. Later in the inspection we were provided with a copy of an unsigned letter to a patient's representative detailing the change in fee rates for the 2015/2016 year.

We discussed these findings with the registered manager and noted that notwithstanding the letter which we had been shown, there was no written evidence available to establish that all patients had been notified about previous changes in the fees payable. We also highlighted that every patient or their representative must be advised in writing of changes to the fees payable and that these changes must be agreed in writing with the patient or their representative, with the patients' individual agreement with the home updated accordingly.

A requirement has been made in respect of this finding.

### **Areas for Improvement**

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were three areas identified for improvement, these related to: providing individual written agreements to all patients which reflect the requirements of Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015); providing written notification of an increase in the fees payable to each patient, with the changes agreed in the individual patient's agreement and introducing a robust, comprehensive policy and procedure on safeguarding patients' money and valuables.

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>1</b>
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## **5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained**

### **Is Care Safe?**

A review of the records identified that copies of the HSC trusts' payment remittances are available confirming the weekly fee for each patient in the home. There is an identified number of patients in the home who contribute their weekly care fees in full or part, directly to the home. For all other patients, the home is paid directly by the relevant HSC trust.

Discussions with the registered manager established that the home is not in direct receipt of the personal allowance monies for any patient. It was noted that the only monies received by the home are those that are deposited by patients' representatives and in one case from a statutory authority on behalf of an identified patient.

As noted above, for the majority of patients, their representatives deposit cash with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, podiatry or other sundries).

A review of the records identified that the home provides a receipt to anyone depositing money. We reviewed a sample of receipts and noted that receipts were routinely only signed by the person receiving the money. We highlighted that receipts must also be signed by the person depositing the money both as a safeguard for the patient and for the member of staff handling the cash.

A requirement has been made in respect of this finding.

We discussed how patient expenditure was recorded on behalf of patients and we were provided with a file containing the income and expenditure records for those patients who have money deposited with the home for safekeeping.

We noted that there were two templates in use to record transactions, one of which was structured more clearly and which provided sufficient space for details to be legibly recorded.

We recommended that going forward; all patients' income and expenditure records should be recorded using this template.

A recommendation has been made in respect of this finding.

We reviewed a sample of these records and selected a number of transactions for review; we were able to trace the transactions to a corresponding record to substantiate each entry, such as a receipt for a cash lodgement or a purchase receipt.

We reviewed the records for hairdressing and podiatry services facilitated within the home. We noted that the hairdresser and the podiatrist both left records of the treatments provided to patients.

We noted that the hairdressing treatment records included all of the necessary information and that they were signed by the hairdresser and a member of staff. We reviewed the podiatry records and noted that these were signed by the podiatrist, but not by a member of staff to verify that the patient had received the treatment and incurred the associated cost. We discussed these matters during feedback, at which time the home administrator provided further records relating to podiatry treatments. The records provided were invoices from the podiatrist, however we noted that the two most recent treatment invoices had not been signed by the podiatrist. We noted that there must be consistency in the approach to capturing all of the required information of treatments to patients which incur an additional cost.

A requirement has been made in respect of this finding.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to in the home as the "resident fund". A document entitled "Guidelines for managing residents funds" was provided for review, which detailed a number of controls in particular in respect to record keeping.

Discussion with the registered manager established that the home did not operate a bank account for the fund (nor was a bank account operated for patients' personal monies). We reviewed a sample of the records for expenditure and noted that we could not locate a number of receipts for goods or services purchased from the residents' fund. We discussed this with the registered manager during feedback, who noted that the home would continue to look for the receipts in question. The day after the inspection, the registered manager provided receipts for a number of the purchases discussed as part of the inspection.

During feedback, the registered manager also contacted a member of staff for clarification, the member of staff advised that receipts had not previously been sought from entertainers paid from the residents' fund. We highlighted that receipts must be available for every purchase of goods or services made on behalf of the patients. If a receipt was not available, we noted that there must be a countersigned note in the records to detail why a receipt was not available.

A requirement has been made in respect of this finding.

We also noted that the last recorded reconciliation of the monies was in May 2015 and that two quarterly reconciliations should have been carried out since then. We also noted that this is a stipulation of the homes "Guidelines for managing residents funds". We discussed this matter with the registered manager who advised that the reconciliation had been carried out the previous week, however this had not be recorded in the residents' fund records.

We noted that there should be written evidence that the comfort fund records had been reconciled at least quarterly.

A recommendation has been made in respect of this finding.

### **Is Care Effective?**

We queried whether any representative of the home was acting as nominated Appointee for any patient, (i.e.: managing a patient's social security benefits) the registered manager confirmed that that this was not the case for any patient in the home.

As noted earlier, the home also receives money from family representatives which is deposited with the home to pay for additional services not covered by the weekly fee. We queried whether the home had personal expenditure authorisations in place to provide the home with written authorisation to purchase goods and services on behalf of each patient; discussions established that these were not in place with patients.

A requirement has been made in respect of this finding.

### **Is Care Compassionate?**

We clarified whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the patients had any known assessed needs or restrictions.

## Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were six areas identified for improvement.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>2</b>
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### **5.5 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**

#### **Is Care Safe?**

A safe place exists within the home to enable patients to deposit cash or valuables; we were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the contents of the safe place and established that on the day of inspection, cash balances for a number of patients were deposited for safekeeping by the home, along with a number of non-cash valuables either deposited for safekeeping or found within the home.

We queried whether there was a safe record/register to detail the contents of the safe place; and we were provided with a "Resident's Valuables Record Book". The book detailed items which had been deposited in the safe place over time, the entries in the book reflected that the majority of items had been returned to patients' family members. We noted that the book was not up to date and there was no evidence of reconciliations of the safe contents to the book.

We noted that a composite safe record should be introduced and that this record must be reconciled to the safe contents at least quarterly. Reconciliations must be signed and dated by two people.

A recommendation has been made in respect of this finding.

#### **Is Care Effective?**

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for five patients. A member of care staff provided the records for all five patients selected. We noted that each patient had a "New patient property list"; in each case this consisted of one page with pre-printed headings. We noted that in all cases, clothing was the main item which had been recorded. Four of the five records had been dated, while one had "DOA" (presumably date of admission) written at the top of the page.

We identified inconsistency in the controls around signing the records; only one of the five records had been signed once, the remaining four records had not been signed. We discussed these findings with the registered manager and noted that any additions or disposals from patients' property records must be signed and dated by two people. We also highlighted that the Care Standards for Nursing Homes (2015) require that these records are updated at



least quarterly. We highlighted that the home must update all of the current property records for patients in the home.

A requirement has been made in respect of this finding.

### **Is Care Compassionate?**

As noted above, there are safe storage arrangements within the home to enable patients to deposit cash or valuables, should they wish to. We enquired as to how patients would know about the safe storage arrangements; discussions with the registered manager established that these matters are discussed and that patients' families are often encouraged to take any items of significant value home for safekeeping.

We asked about arrangements for patients to access their money from the safe place in the home outside of office hours. The registered manager explained that at the present time, the needs of patients were such that access to their money during office hours was currently sufficient to meet their needs. The registered manager also explained that there is a degree of forward planning involved in ensuring that identified patients have access to their money over the weekend period.

### **Areas for Improvement**

Overall, the financial arrangements were found to be delivering safe, effective and compassionate care; however there were two areas identified for improvement; these related to introducing a safe record/register and improving the way in which patients' property is recorded.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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## **5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative**

### **Is Care Safe?**

On the day of inspection, the home did not operate a transport scheme for patients.

### **Is Care Effective?**

As noted above, on the day of inspection, the home did not operate a transport scheme for patients, however we discussed options for patients to access other forms of transport and it was clear that arrangements exist in the home to support patients to access other means of transport such as for medical/hospital appointments.

### **Is Care Compassionate?**

As above, we noted that the home has arrangements to support patients to access other means of transport.

## Areas for Improvement

Overall on the day of inspection, the financial arrangements in place were found to be contributing to safe, effective and compassionate care. No areas for improvement were noted in respect of Statement 4.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Fiona Gray, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

### 6.1 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, The Nursing Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 5 (1)  
(a) (b)

**Stated:** First time

**To be Completed by:**  
14 December 2015

The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.

Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet Standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.

A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

Whilst contracts are in place for individual residents we acknowledge that they were incomplete. In order to comply with the requirement we are in the process of drafting a new format agreement and request additional time of 90 days to facilitate completion, signing and return of same.

#### Requirement 2

**Ref:** Regulation  
5 (2) (a) (b)

**Stated:** First time

**To be Completed by:**  
From the date of  
inspection

The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable.

The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly.


Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

Going forward the Home will ensure the regulatory notice letter is retained on file for individual residents.

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>The registered person must ensure that lodgements receipts for cash deposited for safekeeping are also signed by the person making the lodgement. If the person making the lodgement cannot or does not want to sign the receipt, a second member of staff must sign the receipt.</p> <hr/> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A new system has been put in place and a receipt is issued for all monies received into the home and signed as appropriate.</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Standard 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>The registered person must ensure that records of podiatry treatments facilitated in the home are signed by both the podiatrist and a member of staff who can verify that the patient received the treatment and incurred the associated cost.</p> <hr/> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A new system has been put in place to ensure the podiatry treatments are recorded and validated to ensure the treatment was given. Furthermore patients are charged against verified treatment.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (9)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> From the date of inspection</p>	<p>The registered person must ensure that receipts are available for all purchases of goods and services relating to the comfort fund. If a receipt is not available, the records should be updated to reflect this and the entry signed and dated by two people.</p> <hr/> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A specific receipt book has been put in place and in the event of a receipt not being available the record will be updated to reflect this and the entry signed and dated by two people.</p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Standard 19 (2) Schedule 4 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 December 2015</p>	<p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required. The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A new form has been drafted and distributed to all the families. The signed documents are in the residents files.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Standard 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 14 December 2015</p>	<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 patients.</p> <p>The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. (Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly). 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. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A retrospective inventory has been created for existing patients and a new inventory will be maintained for new patients. All inventory records will then be updated on a quarterly basis.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Appendix 2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 November 2015</p>	<p>It is recommended t that the registered person introduces a robust and comprehensive policy and procedure on safeguarding patients' money and valuables. The relevant staff members should be made aware of the contents of the policy and procedure.</p> <p><b>Response by Registered Person(s)Detailing the Actions Taken:</b> A new policy has been drafted and put in place. Staff have been made aware of it's contents.</p>

<b>Recommendation 2</b>  <b>Ref:</b> Minimum Standard 35.21  <b>Stated:</b> First time  <b>To be Completed by:</b> 9 November 2015	It is recommended that the registered person ceases the use of the inferior income and expenditure template and instead for all patients, uses the template which provides more structure and space for details to be recorded.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Completed		
<b>Recommendation 3</b>  <b>Ref:</b> Minimum Standard 14.25  <b>Stated:</b> First time  <b>To be Completed by:</b> From the date of inspection	It is recommended that the registered person reconciles the comfort fund records at least quarterly.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> On going		
<b>Recommendation 4</b>  <b>Ref:</b> Minimum Standard 14.25  <b>Stated:</b> First time  <b>To be Completed by:</b> From the date of inspection	It is recommended that the registered person introduces a composite safe record of the items in the safe place which should be reconciled at least quarterly.  Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the patient or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> This is in place and on-going.		
<b>Registered Manager Completing QIP</b>		Fiona Gray	<b>Date Completed</b> 08/12/15
<b>Registered Person Approving QIP</b>		Laura Wheeler	<b>Date Approved</b> 08/12/15
<b>RQIA Inspector Assessing Response</b>			<b>Date Approved</b> 12/12/2015

*\*Please ensure this document is completed in full and returned to [finance.team@rqia.org.uk](mailto:finance.team@rqia.org.uk) from the authorised email address\**