



The Regulation and  
Quality Improvement  
Authority

## **NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT**

**Inspection No:** 18113  
**Establishment ID No:** 1423  
**Name of Establishment:** Marina Care Centre  
**Date of Inspection:** 11 April 2014  
**Inspector's Name:** Judith Taylor

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## 1.0 GENERAL INFORMATION

<b>Name of home:</b>	Marina Care Centre
<b>Type of home:</b>	Nursing Home
<b>Address:</b>	Shore Road Ballyronan BT45 6JA
<b>Telephone number:</b>	028 7941 8770
<b>E mail address:</b>	Marina.Manager@hc-one.co.uk
<b>Registered Organisation/ Registered Provider:</b>	HC-One Limited Ms Paula Keys
<b>Registered Manager:</b>	Mrs Ailish Devlin
<b>Person in charge of the home at the time of inspection:</b>	Mrs Ailsih Devlin
<b>Categories of care:</b>	NH-I ,RC-I ,RC-MP(E)
<b>Number of registered places:</b>	42 (31 Nursing and 11 Residential)
<b>Number of patients accommodated on day of inspection:</b>	19 (13 Nursing and 6 Residential)
<b>Date and time of current medicines management inspection:</b>	11 April 2014 10:40 – 14:00
<b>Name of inspector:</b>	Judith Taylor
<b>Date and type of previous medicines management inspection:</b>	5 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 Mrs Ailish Devlin, Registered Manager and registered nurses/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.

## 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**

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 – Compliant</b>	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**

Marina Care Centre is a two storey building situated on an attractive site in the village of Ballyronan. There are beautiful views of Lough Neagh and Ballyronan Marina.

The home is entered via a small reception area, which leads to a large lounge and dining area. There are two conservatories on the ground floor and a second smaller lounge to the rear of the building, with a third lounge located on the first floor. Bedrooms comprise single and double rooms and are located on both floors. Bathrooms and toilets are located throughout the home. Catering and laundry facilities are provided.

Car parking is available at the front of the home.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was reviewed and was appropriately displayed in the reception area of the home.

### **4.0 EXECUTIVE SUMMARY**

An unannounced medicines management inspection of Marina Care Centre was undertaken by Judith Taylor, RQIA Pharmacist Inspector, on 11 April 2014 between 10:40 and 14:00. 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 Ailish Devlin 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 Marina Care Centre 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.

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

The management of medicines was well controlled and practices are maintained in accordance with legislative requirements, professional standards and guidance. The improvements noted

at the previous medicines management inspection had been sustained; the registered manager and staff were commended for their efforts.

Areas of good practice were noted throughout the inspection.

Written policies and procedures for medicines management and standard operating procedures 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.

Robust arrangements are in place for the management of controlled drugs and anticoagulants.

Largely satisfactory arrangements are in place for the management of medicines prescribed for distressed reactions and written protocols had been developed. To ensure the patient's care plan, protocol and personal medication record correlate, these records should be further reviewed.

Practices for the management of medicines are audited on a monthly basis and daily stock balances are maintained for a number of medicines. The outcomes of the audit trails performed on a variety of randomly selected medicines at the inspection, indicated medicines had been administered in strict accordance with the prescribers' instructions.

The majority of the medicine records which were selected for examination had been maintained in the required manner. The procedures for updating the personal medication records and the recording of disposed medicines should be reviewed.

Medicines are stored safely and securely. Satisfactory arrangements are in place to monitor the temperature of medicine storage areas. Key control was appropriate.

The inspection attracted a total of three recommendations. The 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**

No requirements or recommendations were made at the previous medicines management inspection on 5 October 2011.

**SECTION 6.0**

**STANDARD 37 - MANAGEMENT OF MEDICINES**  
**Medicines are handled safely and securely.**

<b>Criterion Assessed:</b> 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b></p> <p>The registered manager maintains a satisfactory system for the management of medicines, in accordance with legislative requirements, professional standards and DHSSPS guidance. The improvements noted at the previous medicines management inspection had been sustained and the registered manager and staff are commended for their efforts.</p> <p>There was evidence that written confirmation of current medicine regimes is obtained from a health or social care professional for new admissions to the home.</p> <p>Satisfactory arrangements are in place for the ordering, receipt and stock control of medicines. A copy of each prescription is kept in the home and replaced when any changes are made.</p> <p>The outcomes 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. These satisfactory outcomes were acknowledged.</p> <p>Robust arrangements are in place for the management of anticoagulant medicines.</p> <p>One patient requires medicines to be crushed prior to administration. The relevant records had been maintained.</p> <p>Staff have access to up to date medicine reference sources.</p>	<p align="center">Compliant</p>



## STANDARD 37 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Written policies and procedures for the management of medicines are in place. There was evidence that they had been reviewed in the last six months. The registered manager advised that they are currently in the process of being further reviewed and revised.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that all staff who manage medicines are trained and competent to undertake the work that they perform. She advised that staff competencies are assessed annually and are currently ongoing, using the recently updated assessment tool. A sample of staff competencies and training records were provided at the inspection.</p> <p>General medicines update training had been provided within the last year and included the completion of e-learning modules for registered nurses. Care staff who are responsible for the administration of external preparations and thickening agents had also completed e-learning modules.</p> <p>A list of the names, signatures and initials of the registered nurses and designated care staff authorised to administer medicines is maintained.</p>	<p>Compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<p><b>Criterion Assessed:</b> 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager stated that she evaluates the impact of medicines management training on the registered nurse and care staff through individual or group supervision and observation of practice; she confirmed that this is also reviewed as part of the annual staff appraisal process.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager stated that medication errors and incidents would be routinely reported to RQIA in accordance with the home's policies and procedures.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>All discontinued or expired medicines are placed into special waste bins by two staff. The waste bins are removed by a clinical waste company in accordance with legislative requirements and DHSSPS guidelines.</p> <p>When medicines are discontinued or deemed unfit for use, two registered nurses/suitably trained staff are not routinely involved in the disposal of medicines. This only occurs when denaturing controlled drugs. In accordance with best practice, two registered nurses/suitably trained staff should be involved in the disposal of all medicines on every occasion and both persons should initial the record. A recommendation has been made.</p>	<p>Substantially compliant</p>

## STANDARD 37 - MANAGEMENT OF MEDICINES

<b>Criterion Assessed:</b> 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.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The home has a system in place to audit the management of medicines. Registered nurses undertake daily audits on a variety of medicines and running stock balances are maintained. This is good practice. An audit, which covers other areas of medicines management, is also performed by the registered manager at monthly intervals and records are maintained. A sample of the audit records were provided at the inspection.</p> <p>The audit process is readily facilitated by the good practice of recording the date and time of opening on medicine containers and recording the stock balance of any remaining medicines for the new medicine cycle.</p>	<p>Compliant</p>

**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 in such a way that facilitates the audit process.

Areas of good practice were acknowledged. This included the following:

- two registered nurses are usually involved in transcribing medicine details on personal medication records and medication administration records
- obsolete records are securely archived and are ready retrievable to facilitate the inspection
- there are alert notices regarding the administration of bisphosphonate medicines
- there are arrangements in place to remind staff of the next date of administration of injections
- the development of protocols in January 2014 for medicines which are prescribed for administration on a 'when required' basis e.g. laxatives, analgesics, diazepam, loperamide; the protocols are located with the personal medication records for ease of reference and also in the patient's care file.

Further improvements are necessary in the maintenance of personal medication records to ensure there is a clear audit trail.

Substantially compliant

## STANDARD 38 - MEDICINE RECORDS

<p><b>Criterion Assessed:</b> 38.2 The following records are maintained:</p> <ul style="list-style-type: none"> <li>• Personal medication record</li> <li>• Medicines administered</li> <li>• Medicines requested and received</li> <li>• Medicines transferred out of the home</li> <li>• Medicines disposed of.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>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 good standard of record keeping was noted.</p> <p>However, some improvements in the maintenance of personal medication records and disposal records are necessary.</p> <p>There were a small number of entries on the personal medications which indicated that the medicine was prescribed for regular use; however, had not been updated when the dose had changed to administration on a 'when required' basis. The need to ensure that the personal medication record is up to date was discussed. It was advised that the personal medication records and printed medication administration records should be cross-referenced at the start of each new medicine cycle to ensure accuracy. The registered manager should closely monitor the completion of personal medication records to ensure these are accurately maintained. A recommendation has been made. Staff are reminded that the prescribed consistency level of thickened fluids should be recorded on personal medication records.</p>	<p>Substantially compliant</p>
<p><b>Criterion Assessed:</b> 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Observation of the controlled drugs record book indicated records were being maintained in a satisfactory manner. Quantities of controlled drugs matched balances recorded in the controlled drug record book.</p>	<p>Compliant</p>

**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 are stored safely and securely and in accordance with the manufacturer's instructions.

The temperature of the treatment room is monitored and record each day. Satisfactory temperatures are being achieved.

There is sufficient storage space for medicines in the medicine trolleys and medicine cupboards.

Appropriate arrangements are in place for the stock control of medicines.

Controlled drugs subject to the Safe Custody Regulations are stored appropriately in the controlled drug cabinet.

Maximum and minimum medicine refrigerator temperatures are recorded on a daily basis and records clearly state that the thermometer is reset each day. The recorded temperatures were within the accepted range of 2°C to 8°C for medicines which required cool storage.

Oxygen is stored and managed appropriately and signage is in place.

Dates and times of opening were routinely recorded limited shelf-life medicines.

There are systems in place to ensure that blood glucometer control solutions are marked with the date of opening and replaced every three months.

Compliant

## STANDARD 39 - MEDICINES STORAGE

<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>The controlled drug cabinet key is held separately from other medicine cupboard keys.</p> <p>Appropriate arrangements are in place for the management of spare keys.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p>	
<p>Schedule 2 controlled drugs and Schedule 3 controlled drugs which are subject to the safe custody requirements are reconciled at each handover of responsibility and the outcomes are recorded. These records were inspected and were found to be satisfactory.</p> <p>The stock reconciliation checks also include Schedule 4 controlled drugs. This is good practice and was acknowledged.</p>	<p>Compliant</p>

## 7.0 ADDITIONAL AREAS EXAMINED

### Medicines prescribed for distressed reactions

Largely satisfactory arrangements are in place for the management of medicines which are prescribed on a 'when required' basis for distressed reactions. Three patients' personal medication records, care plans, daily notes and administration records were reviewed. These showed that separate specific protocols had been recently developed. These protocols detailed the following:

- minimum dosage intervals of the medicine
- maximum daily dose of the medicine
- why the patient requires the medicine
- the reason why the medicine has been prescribed
- patient communication in relation to expressing the need for the medicine
- side effects/precautions/monitoring required.

Some information was missing from the care plans and personal medication records and this was discussed with the registered nurses and registered manager at the inspection. It is recommended that this is reviewed to ensure that the relevant records are fully maintained.

There were no discrepancies in the audit trails performed on these medicines and it was found that these medicines are administered infrequently.

### The administration of medicines prescribed for Parkinson's disease

This area of medicines management was discussed with the registered manager. She advised that all registered nurses had been updated regarding the administration of medicines for Parkinson's disease at the recent team meeting on 8 April 2014 and confirmed that all registered nurses were aware that the administration time must not be delayed for any longer than 15minutes.

At the time of the inspection there were no patients' prescribed medicines for Parkinson's disease. The registered manager provided details of how this would be managed if these medicines were prescribed.

### Thickening agents

The records for thickening agents prescribed for one patient was examined at this inspection. The patient's care plan corresponded with the most recent speech and language therapist report. A record of the prescribing, receipt and administration is maintained.

The required consistency level of thickened fluid was not recorded on the personal medication record or the record of administration which is completed by care staff. This is best practice and it was agreed that this would be actioned after the inspection. It was acknowledged that the details of the consistency level required, is displayed in the kitchen area for care staff to reference.



## 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 Ailish Devlin, 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**



**QUALITY IMPROVEMENT PLAN**

**NURSING HOME**

**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**MARINA CARE CENTRE**

**11 APRIL 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 Ailish Devlin, 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.

No requirements were made following this inspection.

<b>RECOMMENDATIONS</b>					
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.					
<b>NO.</b>	<b>MINIMUM STANDARD REFERENCE</b>	<b>RECOMMENDATION</b>	<b>NUMBER OF TIMES STATED</b>	<b>DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)</b>	<b>TIMESCALE</b>
1	37	The registered manager should ensure that two nurses/suitably trained staff are involved in the disposal of each medicine and both persons should sign the disposal record.  Ref: Criterion 37.6	One	Two trained staff to always dispose of medicines and sign. This will be monitored by home manager.	12 May 2014
2	38	The registered manager should closely monitor the personal medication records to ensure that these are up to date at all times.  Ref: Criterion 38.2	One	All kardex's have been rewritten and up to date following inspection. Same will be monitored by home manager.	12 May 2014
3	37,38	The registered manager should review the management of distressed reactions to ensure the relevant records are maintained.  Ref: Section 7.0	One	Home manager to audit and review management of distressed reaction and ensure relevant documents are completed.	12 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Ailish Devlin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<p>Prover Vior.</p>  <p>15/11/14</p>

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

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Judith Taylor	21/5/14
B.	Further information requested from provider				