

Unannounced Secondary Care Inspection

Name of Establishment:	Ashgrove
Establishment ID No:	1462
Date of Inspection:	9 June 2014
Inspector's Name:	Lorraine O'Donnell
Inspection ID:	18359

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of Home:	Ashgrove
Address:	55 Belfast Road Newry BT34 1QA
Telephone Number:	028 30269110
E mail Address:	ashgrove.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Mrs Bijini John
Person in Charge of the Home at the Time of Inspection:	Mrs Bijini John
Categories of Care:	NH-DE
Number of Registered Places:	52
Number of Patients Accommodated on Day of Inspection:	50
Scale of Charges (per week):	£581.00 per week
Date and Type of Previous Inspection:	13 March 2014, Primary unannounced inspection
Date and Time of Inspection:	9 June 2014 10.15 am – 5.00 pm
Name of Inspector:	Lorraine O'Donnell

1.0 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 are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 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, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority 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 provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

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

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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

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 comment being made within the inspection report.

2.0 Profile of Service

Ashgrove Care Home was initially registered in September 1996. The facility is a purpose built single story building located within its own grounds on Newry's Belfast Road.

There are fifty-two single bedrooms located in two suites, known as Clanrye (thirty one beds) and Carlingford suites (twenty one beds). Designated communal sitting rooms, dining rooms, and toilet /washing facilities are available within each suite. Clanrye suite has an identified room where patient activities are provided.

Service facilities include a kitchen, laundry, staff accommodation and offices.

An enclosed seated patio area is available for patients' use.

Car parking spaces are available to the front and side of the home grounds, with an area to the front of the building designated for use by wheelchair users.

The 'Certificate of Registration' issued by RQIA was appropriately displayed in the foyer of the home.

The home is registered to provide care for a maximum number of fifty-two patients under the following category of care:

Nursing Home Care

NH - Dementia (DE)

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Ashgrove. The inspection was undertaken by Lorraine O'Donnell on 9 June 2014 from 10.15 am to 5.00 pm.

The inspector was welcomed into the home by Mrs Bijini John, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Bijini John at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and one relative. The inspector observed care practices, examined a selection of records, issued patient, staff and representative questionnaires and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 13 March 2014 eight requirements and eight recommendations were issued. These were reviewed during this inspection.

The inspector evidenced that three requirements had been fully complied with, one is carried forward, one was moving towards compliance and three were not compliant and will be restated.

Five recommendations had been fully complied with and three were not compliant and will be restated until they are completed in full. Details can be viewed in the section immediately following this summary.

Conclusion

The inspector evidenced many areas of good practice throughout the inspection. Patients consulted seemed content in the care environment and looked well cared for. The patients were observed to be treated with dignity and respect.

However areas for improvement which were identified during the previous inspection, in relation to the urgent need for upgrading and redecoration as well as the need for effective management of odours have not been addressed effectively. The cleanliness of the home is in need of improvement to ensure it is maintained to an acceptable standard.

During the inspection the inspector had an opportunity to meet with one relative who raised concerns relating to the use of restraint in the home. The complaint was discussed with the registered manager, who informed the inspector that the Southern Trust had commenced a Vulnerable Adult investigation. In response to this allegation of the inappropriate use of restraint, the inspector examined one patient's care records. These records did not include any reference, risk assessments or care plans including consent by the patient or their representative agreeing to the use of restraint to maintain safety. A requirement is raised to address this issue.

A number of issues identified during the previous inspection continue to require actions. There include the following;

- staff training
- competency and capability assessment of staff
- the need for urgent upgrading and redecoration of areas of the home
- urgent action for management of odours.

In addition the cleanliness of the home is in need of improvement to ensure it is to an acceptable standard.

Other areas for improvement identified throughout the inspection are included in the Quality Improvement Plan appended to this report.

Therefore, one requirement is carried forward; four requirements and three recommendations are restated. One further requirement is made. These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, the relatives, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	13(1)(a)	<p>The registered persons must ensure that upon conclusion of protection of vulnerable adult investigations, RQIA are informed of the outcome, and of any action taken.</p> <ul style="list-style-type: none"> The registered manager agreed to inform RQIA of the outcomes and of any recommendations which are made to the home upon conclusion of on-going investigations. 	The inspector was informed this investigation has not been concluded therefore it is carried forward.	Carried Forward
2.	18(2)(j)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients—</p> <ul style="list-style-type: none"> ensure processes to keep the nursing home free from offensive odours are effective. 	The home continues to have numerous areas requiring effective cleaning processes to eliminate offensive odours. These were discussed with the registered manager during the inspection.	Not Compliant

3.	27(2)(d)	<p>The registered persons must ensure that all parts of the nursing home are kept clean and reasonably decorated and as discussed,</p> <ul style="list-style-type: none"> • A planned programme of works including timescales for completion must be submitted to RQIA. 	<p>The registered manager informed the inspector some painting has commenced and the new curtains have arrived. The work has been delayed as the home is currently awaiting the commencement of employment of a new handy man. Currently the home is relying on the services of staff from other homes.</p>	Substantially compliant
4.	20(1)(c)(i)	<p>The registered persons must provide confirmation to RQIA that</p> <ul style="list-style-type: none"> • one identified staff nurse has completed safeguarding training and has been deemed competent by the registered manager. • all registered nurses working in the home have received wound care training and have been assessed as competent in managing wound care safely and effectively • the wound care link nurse receives a refresher update 	<p>The registered manager has not provided confirmation one identified nurse has completed safeguarding training and been deemed competent by the registered manager at the time of inspection.</p> <p>Records confirmed all registered nurses have received wound care training but only approximately half have been assessed as competent in managing wound care safely and effectively.</p> <p>Records confirmed the wound care link nurse had attended an update 27/11/13.</p>	Substantially compliant

5.	14(3)	The registered manager must ensure safe moving and handling systems are in place at all times, and staff competency in moving and handling is reviewed and records are maintained of this process.	The training records examined by the inspector confirmed all staff have received up to date training in moving and handling. The records indicated that staff had been assessed as competent by means of a practical and written test.	Compliant
6.	20(1)(a)	The registered manager must implement improved contingency planning to address short notice absenteeism to ensure the needs of patients can consistently be met and staff workload is manageable. RQIA must be informed of the action taken.	The registered manager stated the home held a list of bank staff and agency numbers to contact if they receive notification of absenteeism. The registered manager informed the inspector that the nurse in charge then records a notification record for all those staff contacted. If the short fall is unable to be covered the on call regional manager is contacted to arrange staff to cover from another service.	Compliant
7.	13(7)	The registered persons must ensure that effective processes are in place to address infection control deficits and advise RQIA of the outcome. <ul style="list-style-type: none"> In addition confirmation is required of the action taken in addressing the infection control issues identified in Additional Areas Examined, 11.7 	At the time of the inspection the home was found to have cleanliness issues. The inspector was informed there was domestic staff shortage. The registered manager informed the inspector the home was currently trying to address this shortfall using agency staff. The inspector was informed that the domestic staff also carried out laundry tasks. The inspector discussed the need for improved cleaning practices.	Moving towards compliance

8.	27(2)(t)	<p>The registered persons must ensure that at all times effective risk management processes are in place to address health and safety risks.</p> <ul style="list-style-type: none"> In addition confirmation is required of the action taken in addressing the health and safety risks identified in Additional Areas Examined, 11.7 <p>Ref Additional Areas Examined 11.7</p>	<p>The patient's bed which was discussed during the previous inspection had been replaced to ensure a safe system for moving and handling.</p> <p>Those patients who had locked bedroom doors at their requested was clearly assessed and consented to as evidenced in the care records.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20.4	<p>The registered person shall ensure that a system is implemented to confirm that all staff trained in first aid has been deemed competent and capable, and written evidence of this process are maintained.</p> <ul style="list-style-type: none"> Confirmation should be submitted to RQIA that <u>all</u> staff including recently recruited staff have received first aid training and have been deemed competent by the registered manager. 	The inspector examined records which indicated that 88% of staff were compliant with their training in First Aid.	Substantially compliant
2.	25.12	The registered persons should ensure that suitable processes are in place to inform patients and/or their representatives how the monthly regulation 29 report can be accessed.	A notice was displayed in the reception of the home informing patients and their representatives about the availability of the monthly regulation 29 reports and how they can be accessed.	Compliant
3.	16.3 16.9	The registered manager must provide confirmation to RQIA that all staff including newly appointed staff have completed safeguarding training and been assessed and deemed competent by the registered manager.	The training records examined confirmed that all staff including newly appointed staff had completed safeguarding training and had been assessed competent by the registered manager.	Compliant

4.	25.3	<p>The registered persons must ensure that if patients' freedom is restricted and locked doors are deemed necessary, there are robust protocols in accordance with the Deprivation of Liberty Safeguards published by the DHSSPSNI (2010).</p> <ul style="list-style-type: none"> • the care records for each patient must clearly show the assessment and decision making process including any best interest decisions • the alternatives considered, and why they were unsuitable. • the arrangements for review of recorded decisions 	<p>The records of one patient who continues to experience this restriction were examined. The inspector found the care plan referred to the "best interest" decision which involved the patient's relatives was clearly documented.</p>	Compliant
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5.	5.3	<p>The registered manager must ensure that all care records consistently include the following information:</p> <ul style="list-style-type: none"> • details of each patient's bowel type referencing the Bristol Stool Chart is recorded • communication information with the patient's family is fully completed • progress notes are consistently completed for each patient • where there a change of the patient's assessed needs has occurred, the reason should be recorded. • the initial date of completion of the body map should be included in the descriptor comments. • information leaflets on skin care and prevention are provided for patients and or their representatives 	<p>The care records of three patients were examined by the inspector. These records each contained</p> <ul style="list-style-type: none"> • a recorded Bristol Stool chart • communication information relating to information given to the patients' family members • progress notes were consistently recorded for each patient • where changes in assessed needs occurred the reason was recorded • each care record contained a completed body map • information leaflets on skin care were available for patients and their representatives. 	Compliant
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6.	25.6 32.1	The registered persons must confirm that issues identified by relatives in respect of the arrangements for home laundry and the cleanliness of the premises are effectively addressed and RQIA informed of the action taken when returning the Quality Improvement Plan.	<p>The inspector examined evidence of weekly bedroom checks, which are now carried out for each patient. During these checks the patients' property is checked and recorded to ensure only the items belonging to the individual patient is given to family members for home laundry.</p> <p>However the cleanliness of the premises is not of a satisfactory standard. A number of areas relating to this was brought to the attention of the registered manager during the inspection.</p>	Moving towards compliance
7.	25.2	The registered manager must provide confirmation to RQIA that newly appointed staff who had submitted registration applications to NISCC have been registered.	The inspector examined records indicating the registered manager carried out monthly checks of staff registration. However records that new staff who had submitted registration applications to NISCC were still pending. The registered manager agreed to confirm the registration process was proceeding.	Not Compliant

8.	Standard 12	<p>The registered manager must review the management of meals in Clanrye Suite and advise RQIA of the improvements made to ensure patients receive their meals in a timely way.</p> <p>Consideration should also be given to the provision of a second heated trolley for Clanrye.</p>	<p>The registered manager confirmed the purchase of a second trolley had been approved but had yet interim arrangements during the serving of lunch. The patients received their meals in a timely manner and staff were readily available to assist those patients who required it.</p>	Compliant
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

RQIA have been informed by the adult safeguarding team from the Southern Trust of an investigation in relation to potential or alleged abuse issues in the home. RQIA were not part of the investigatory process however RQIA have been kept informed at all stages of the investigations. The registered manager informed the inspector the Southern Trust have undertaken a monitoring visit and a review of the care of patients within the home.

Following discussion with the registered manager Mrs Bijini John, the inspector was informed that she had only recently received information that an adult safeguarding referral had been received by the Southern Trust relating to an issue at the home and RQIA were still to be notified. The inspector can confirm this notification has subsequently been received by RQIA in accordance with the regulations.

5.0 Additional Areas Examined

5.1 Environment

The inspector noted the gardens around the home were in need of weeding and the garden furniture was required upgrading.

In both units a sample of patients' bedrooms, lounges, dining rooms and a number of shower/bathroom and toilet areas were reviewed during this inspection and it was good to note that some of the new fittings had arrived to the home. The inspector was shown new curtains which had recently been delivered.

Issues which impact on infection control practices were also identified during this inspection and include the following:

Infection Prevention and Control

- the cleanliness of the home was not to the standard expected and must be addressed immediately with improved cleaning practices. The registered manager has failed to implement increased monitoring of cleanliness practices.
- one bedroom inspected had odour management issues evident, this was discussed with the registered manager and arrangements must be made to address this immediately.
- One commode lid was torn and in need of repair or replacement.
- the pull cord in the sluice must be able to be cleaned effectively
- several door handles and surfaces were in need of cleaning
- the internal glazing of windows of the dining areas and in some doors required cleaning
- damage caused to the ceiling caused by the leak must be repaired.

5.2 Meal Times

The inspector observed the management of the lunch meal within the Clanrye Suite. The staff served one dining room first and then progressed to serving the second dining are, this ensured that no patient was left waiting for long periods of time from when they entered the dining rooms. The patients who were able advised the inspector that they enjoyed the food. Staff were observed providing assistance to patients who required it.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Bijini John, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

Ashgrove

9 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Bijini John 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 the RQIA would apply standards current at the time of that application.

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/F	13(1)(a)	<p>The registered persons must ensure that upon conclusion of safeguarding of vulnerable adult investigations, RQIA are informed of the outcome, and of any action taken.</p> <ul style="list-style-type: none">• The registered manager agreed to inform RQIA of the outcomes and of any recommendations which are made to the home upon conclusion of on-going investigations. <p>Ref: Follow up to previous issues.</p>	Two	Investigation still on-going at present so unable to provide outcome at this juncture.	Upon immediate conclusion of investigations.
1.	18(2)(j)	<p>The registered person shall having regard to the size of the nursing home and the number and needs of patients—</p> <ul style="list-style-type: none">• ensure processes to keep the nursing home free from offensive odours are effective. <p>This issue is raised for a third and final time. Failure to address this matter will result in enhanced enforcement action being taken.</p> <p>Ref: Follow up to previous issues and Additional areas 5.1</p>	Three	<p>Corridor floor covering has been deep cleaned.</p> <p>Bedroom refurbishment has been approved and awaiting delivery.</p> <p>New bedroom furnitures and Arm chairs for lounges has been approved</p>	From date of inspection.

2.	20(1)(c)(i)	<p>The registered persons must provide confirmation to RQIA that</p> <ul style="list-style-type: none"> one identified registered nurse has completed safeguarding of vulnerable adults training and has been deemed competent by the registered manager. <p>Ref: Follow up to previous issues</p>	Two	I can confirm that all staff have now completed their face to face safeguarding vulnerable adult training	When returning the Quality Improvement Plan.
3.	13(7)	<p>The registered persons must ensure that effective processes are in place to address infection control deficits and advise RQIA of the outcome.</p> <ul style="list-style-type: none"> In addition confirmation is required of the action taken in addressing the infection control issues identified in the previous report and Additional Areas Examined, 5.1. <p>Ref: Additional Areas examined, 5.1.</p>	Two	<p>Full infection control audit has been carried out .</p> <p>Bedrooms and corridors were deep cleaned .</p> <p>Reviewed domestic hours</p> <p>Identified commode lid has been removed .</p> <p>Pull cords were covered with wipeable plastic tubes .</p> <p>Door handles surfaces were deep cleaned</p> <p>Ceiling caused by leak is now fixed and repaired .</p>	When returning the Quality Improvement Plan.
4.	27(2)(d)	<p>The registered persons must ensure that all parts of the nursing home are kept clean and reasonably decorated and as discussed,</p> <p>A planned programme of works including timescales for completion must be submitted to RQIA</p> <p>Ref: Follow up on previous issues</p>	Two	<p>Commenced painting bathrooms and bedrooms .</p> <p>Quote requested from regional painters .</p> <p>RQIA will be informed up on completion.</p> <p>Planned time scale for the completion of refurbishment & painting is within three months time .</p>	From the date of inspection.

5.	14(2)(c)	<p>The registered person shall ensure as far as reasonably practicable that- unnecessary risks to the health or safety of patients are identified and so far as possible eliminated.</p> <p>Ref: Additional Areas examined 4.1.</p>	One	<p>All staff made aware of the restraints policy .</p> <p>A restraint audit and log has been completed, such as lap belts, buzzer matt, tabalarms, bedrails and medication. This will be carried out by Home Manager on a monthly basis and this will be reviewed by Regional Manager</p>	From the date of inspection.

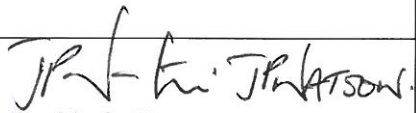
Recommendations

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	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	25.6 32.1	The registered persons must confirm that issues identified by relatives in respect of the arrangements for home laundry and the cleanliness of the premises are effectively addressed and RQIA informed of the action taken when returning the Quality Improvement Plan. Ref: Follow up to previous issues	Two	This has been discussed with staff during a staff meeting . Laundry staff made aware about the same . Key workers assigned to check and tidy residents wardrobes on a weekly basis. No complaint raised of same recently .	When returning the Quality Improvement Plan
2.	25.2	The registered manager must provide confirmation to RQIA that newly appointed staff who had submitted registration applications to NISCC have been registered. Ref: Follow up to previous issues	Two	I can confirm that all new care staff have submitted their NISCC registration . Two staff have received confirmation that their forms have been received by NISCC.	When returning the Quality Improvement Plan

				RQIA will inform upon completion of registration process .	
3.	20.4	<p>The registered person shall ensure that a system is implemented to confirm that all staff trained in first aid has been deemed competent and capable, and written evidence of this process are maintained.</p> <ul style="list-style-type: none"> Confirmation should be submitted to RQIA that <u>all</u> staff including recently recruited staff have received first aid training and have been deemed competent by the registered manager. 	Two	<p>Currently the home is working through a schedule of face to face training with staff in conjunction with E learning module.</p> <p>This will be completed by end of August and conformation will be sent to RQIA to confirm same.</p>	When returning the Quality Improvement Plan

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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Bijini John
Name of Responsible Person / Identified Responsible Person Approving Qip	 Jim McCall DIRECTOR OF OPERATIONS 28/7/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
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Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lyn Buckley	30/07/14
Further information requested from provider			