NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**18125**
Establishment ID No:	**1480**
Name of Establishment:	**Collegelands**
Date of Inspection:	**14 April 2014**
Inspector's Name:	**Paul Nixon**

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

Name of home:	Collegelands
Type of home:	Nursing Home
Address:	Lislasly Road Aughanlig Dungannon BT71 6SR
Telephone number:	028 3889 1487
E mail address:	info@collegelandnursinghome.co.uk
Registered Organisation/ Registered Provider:	Roughan Care Ltd Mr Patrick McAvoy
Registered Manager:	Mrs Ann Keppler (Registration Pending)
Person in charge of the home at the time of Inspection:	Mrs Ann Keppler
Categories of care:	NH-DE ,NH-I , NH-PH, NH-PH(E)
Number of registered places:	26
Number of patients accommodated on day of inspection:	25
Date and time of current medicines management inspection:	14 April 2014 (10.10 – 14.10)
Names of inspectors:	Paul Nixon
Date and type of previous medicines management inspection:	19 May 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 Ann Keppler (Manager) and nursing staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 39: Medicines Storage
Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspector examined. Table 1 sets the definitions that RQIA has used to categorise the service's performance:

Table 1: Compliance statements

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

3.0 PROFILE OF SERVICE

Collegelands Private Nursing Home was initially registered in September 1989 and provides care for a maximum of 26 patients. The registered provider is Mr Patrick McAvoy, Roughan Care Ltd.

The facility is located approximately 1.5 miles from Moy village and comprises of 12 single and seven double bedrooms, three with en-suite facilities, two sitting rooms, a visitors room, dining room, kitchen, laundry, toilet/washing facilities, staff accommodation and offices.

There are well maintained gardens/grounds with suitable car parking facilities at the front and rear of the home.

The home is registered to provide care in the following categories of care:

Nursing DE – Dementia
Nursing I – Old age not falling within any other category
Nursing PH – Physical disability other than sensory impairment
Nursing PH (E) – Physical disability other than sensory impairment over 65 years.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Collegelands was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 14 April 2014 between 10:10 and 14:10. 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 manager, Mrs Ann Keppler and the nursing 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 concluded that the arrangements for the management of medicines in Collegelands are substantially compliant with legislative requirements and best practice guidelines. The outcome of the medicines management inspection found no significant areas of concern though some areas for improvement were noted. The manager and staff are commended for their efforts.

The two requirements and two recommendations which were made at the previous medicines management inspection on 19 May 2011 were examined during the inspection. Each of the two requirements and two recommendations was assessed as compliant.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents, discussion with other inspectors and any intelligence received from trusts and other sources.

A number of areas of good practice were noted and highlighted during this inspection. They included the recording of the dates and times of opening of medicines in order to facilitate the audit process, correlation between personal medication records and medicine administration records, daily stock reconciliations of Schedule 4 (part 1) controlled drugs and the additional records in place for detailing the administrations and stock balances of warfarin.

The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.

There was no evidence of any medicines management audit having been performed by management since April 2013. The registered provider should ensure that a robust medicines management audit system is implemented.

The outcomes of a range of audit trails, which was performed on randomly selected medicines, showed that the medicines had generally been administered in accordance with the prescribers' instructions. Several small discrepancies were drawn to the attention of the manager. The dosage instruction for the administration of Seretide Evohaler to one patient needs to be clarified with the prescriber.

All controlled drugs in Schedules 2, 3 and 4 (part 1) should be denatured and therefore rendered irretrievable, by two nurses, before being placed into waste containers.

Medicine records were well maintained. The personal medication records examined were up to date and contained all of the necessary detail. Medicine administration record sheets were fully maintained. Handwritten entries on the personal medication record and medication administration record sheets should be signed or initialled by two staff members.

Storage was observed to be tidy and organised. The temperature range of the medicine refrigerator should be monitored and recorded daily. The temperature of the medicine storage room should be monitored daily in order to ensure it is maintained at or below 25°C. Daktacort and Timodine creams should be stored in the medicine refrigerator. Overstock oxygen cylinders should be chained to the wall.

The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes.

In an instance where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a pattern of regular administration of that medication has developed, the prescriber should be requested to review the dosage instructions.

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

The inspector would like to thank the manager and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 19 May 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Reg. 13(4)	The necessary arrangements must be made to ensure that the medication administration record is completed by the care assistant who has performed the task of applying topical medicines or of using prescribed thickening agents. **Stated twice**	Care staff record the application of topical medicines on topical medication administration record sheets and the use of thickening agents is recorded on the fluid intake charts.	Compliant
2	Reg. 13(4)	In-use insulin pens must be named and dated. **Stated once**	Insulin pens in use are now named and dated.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Each patient's Regulating Anticoagulant Treatment form should be kept in the medicines kardex and used by staff when preparing the warfarin dose to be administered. **Stated once**	This practice was observed.	Compliant
2	39	Handwritten medicine entries on the medication administration record sheets should be initialled by two nurses. **Stated once**	This practice was observed.	Compliant

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES **Medicines are handled safely and securely.**	
Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Satisfactory arrangements were observed to be in place for the management of medicines. A range of audits was performed on randomly selected medicines, with an emphasis on those medicines not dispensed in the monitored dosage system blister packs. These audits indicated that medicines are broadly being administered to patients in accordance with the prescribers' instructions. Several small discrepancies were drawn to the attention of the manager. The dosage instruction for the administration of Seretide Evohaler to one patient needs to be clarified with the prescriber. A requirement is stated. The manager and nurse In charge advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for new admissions to the home. The process for obtaining prescriptions was reviewed. The manager and nurse In charge advised that prescriptions are reviewed by the home and a photocopy is retained before being sent to the pharmacy for dispensing. The arrangements for the management of warfarin were examined. The current written confirmation of dosage regimes was held on the file and a separate warfarin administration record is kept. A daily running balance of warfarin tablets is maintained.	Substantially compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The written policies and procedures detailing the arrangements for the management of medicines were not examined in detail during this inspection. There are Standard Operating Procedures for the management of controlled drugs.	Compliant
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
The manager, who has been recently appointed, explained the arrangements that are in place for induction and update training and confirmed that all staff members who manage medicines are trained and competent. She stated that update training on the management of medicines is currently being planned. A record of the training and development activities completed by the designated staff in relation to the management of medicines is maintained.	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
There is regular staff appraisal and competency assessment with respect to medicines management. A record is kept of these appraisals and competency assessments. Medicine related issues are discussed at the nurses' meetings.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Discontinued or expired medicines are returned to the pharmacy for disposal. The manager confirmed that the community pharmacist possesses a waste management licence. A nurse and the pharmacist both sign the entries in the disposal of medicines record. Controlled drugs are uplifted by the community pharmacist without having been denatured. All controlled drugs in Schedules 2, 3 and 4 (part 1) should be denatured and therefore rendered irretrievable, by two nurses, before their return to the community pharmacist for disposal. A recommendation is stated. The need for the registered provider to ensure that the policy and procedure detailing the arrangements for the disposal of medicines is reviewed was discussed with the manager.	Substantially compliant
Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
There was no evidence of any medicines management audit having been performed by management since April 2013. The newly appointed manager stated that she plans to review the medicines management audit arrangements. The registered provider should ensure that a robust medicines management audit system is implemented. A recommendation is stated. Dates and times of opening had been recorded on the containers. This good practice is commended.	Moving towards compliance

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicine records were observed to be maintained in a manner that facilitates audit activity.	Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of each of the above records was examined and was found to have been well maintained. There was a good correlation between the personal medication record and medication administration record entries and the details printed on the medicine labels. The personal medication records examined contained all the required information. Medicine administration record sheets were fully and accurately completed. Handwritten entries had been verified and signed by two nurses.	Compliant

STANDARD 38 - MEDICINE RECORDS

Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
A sample of controlled drugs record entries was reviewed and observed to have been maintained in the required manner.	Compliant

STANDARD 39 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Storage was observed to be tidy and organised. There was 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 were stored appropriately in the controlled drug cabinet. The temperature range of the medicine refrigerator had not been monitored and recorded on five of the previous 14 days. The temperature range of the medicine refrigerator should be monitored and recorded daily. A recommendation is stated. The temperature of the medicine storage room is not monitored. The temperature of the medicine storage room should be monitored daily in order to ensure it is maintained at or below 25°C. A recommendation is stated. Daktacort and Timodine creams were being stored in the medicine cupboards. The need to store these medicines in the medicine refrigerator was discussed. Three overstock oxygen cylinders were not chained to the wall. A recommendation is stated.	Substantially compliant

STANDARD 39 - MEDICINE STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The medicine keys were observed to be in the possession of the nursing staff. The controlled drug cabinet key was observed to be carried by the nurse-in-charge, separately from the other medicine keys.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	**COMPLIANCE LEVEL**
Inspection Findings:	
Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice daily, at each handover of responsibility. Records of stock balance checks were inspected and found to be satisfactory. Stocks of Schedule 4 (part 1) controlled drugs are reconciled daily by two nurses. This is good practice.	Compliant

7.0 ADDITIONAL AREAS EXAMINED

The Management of Distressed Reactions

The records in place for the use of 'when required' anxiolytic and antipsychotic medicines in the management of distressed reactions were examined for three patients. Only one of the three patients had a care plan in place for the management of distressed reactions which detailed when the medicine should be administered. For each patient, the parameters for administration were recorded on the personal medication record and records of administration had been maintained on the medicine administration record sheets. In each instance, the reason for administration and outcome had not been recorded in the daily progress notes. The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans. The documentation of the reason for, and outcome of, the administration should be recorded in the daily progress notes. A recommendation is stated.

For each of the three patients, the administrations of the prescribed 'when required' anxiolytic or antipsychotic medication for distressed reactions had developed into a regular daily pattern. In an instance where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a pattern of regular administration of that medication has developed, the prescriber should be requested to review the dosage instructions. A recommendation is stated.

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 Ann Keppler (Manager)** during the inspection, 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:

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

QUALITY IMPROVEMENT PLAN

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

COLLEGELANDS

14 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 commence from the date of the inspection.

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

STATUTORY REQUIREMENT **This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005**					
No.	**Regulation Reference**	**Requirement**	**Number of Times Stated**	**Details Of Action Taken By Registered Person(S)**	**Timescale**
1	13(4)	The registered provider must ensure that the dosage instructions for the administration of Seretide Evohaler to one patient are clarified with the prescriber. **Ref: Criterion 37.1**	One	Dosage instructions confirmed with GP and amendements made to medication record	14 May 2014

RECOMMENDATIONS

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

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	37	The registered provider should ensure that all controlled drugs in Schedules 2, 3 and 4 (part 1) are denatured and therefore rendered irretrievable, by two nurses, before their return to the community pharmacist for disposal. **Ref: Criterion 37.6**	One	A doom kit was received from pharmacy and all controlled drugs are denatured in same by two nurses before their return to community pharmacist	14 May 2014
2	37	The responsible provider should ensure that a robust medicines management audit system is implemented. **Ref: Criterion 37.7**	One	Management have reviewed audits of medicines and implemented new regular medicine audit systems	14 May 2014
3	39	The registered provider should ensure that the temperature range of the medicine refrigerator is monitored and recorded daily. **Ref: Criterion 39.1**	One	Nursing staff reminded they must record the medicine fridge temperature daily and manager audits same	14 May 2014

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
4	39	The registered provider should ensure that the temperature of the medicine storage room is monitored daily. **Ref: Criterion 39.1**	One	Nursing staff informed they must record the temperature of the treatment room and manager audits same	14 May 2014
5	39	The registered provider should ensure that overstock oxygen cylinders are chained to the wall. **Ref: Criterion 39.1**	One	The overstock of oxygen cylinders are now chained to the wall in treatment room	14 May 2014
6	38	The registered provider should ensure that the recording system in place for all patients who are prescribed 'when required' anxiolytic and antipsychotic medicines includes detailed care plans and the documentation of the reason for and outcome of administration in the daily progress notes. **Ref: Section 7.0**	One	Recording systems for use of anxiolytic and antipsychotic medicines reviewed and nursing staff informed they must record use of same in care plan and daily progress notes	14 May 2014

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
7	37	The registered person should ensure that, in an instance where a patient is prescribed 'when required' anxiolytic and antipsychotic medication for distressed reactions and a pattern of regular administration of that medication has developed, the prescriber is requested to review the dosage instructions. **Ref: Section 7.0**	One	Nursing staff discussed use "when required" medicines that were being administered regularly with GP and necessary amendements made to prescription instructions.	14 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	Ann Keppler
Name of Responsible Person / Identified Responsible Person Approving QIP	Patrick McAvoy

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	X	Paul W. Nixon	22/05/ 2014
Further information requested from provider			