NURSING HOME
MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN018467**
Establishment ID No:	**1496**
Name of Establishment:	**Rockfield Care Centre**
Date of Inspection:	**27 October 2014**
Inspector's Name:	**Helen Daly**

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:	Rockfield Care Centre
Type of home:	Nursing
Address:	Windmill Road Newry BT34 2QW
Telephone number:	028 3026 9546
E mail address:	rockfield@hc-one.co.uk
Registered Organisation/ Registered Provider:	HC-One Limited Ms Paula Keys
Registered Manager:	Mrs Ciara Power
Person in charge of the home at the time of Inspection:	Mrs Ciara Power
Categories of care:	RC-I, NH-MP, NH-PH, NH-I
Number of registered places:	40
Number of patients accommodated on day of inspection:	31 (nursing)
Date and time of current medicines management inspection:	27 October 2014 11:00 – 14:50
Name of inspector:	Helen Daly
Date and type of previous medicines management inspection:	16 June 2011 Unannounced

2.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year is required.

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Discussion with Mrs Ciara Power, Registered Manager, and staff on duty
Audit trails carried out on a sample of randomly selected medicines
Review of medicine records
Observation of storage arrangements
Spot-check on policies and procedures
Evaluation and feedback

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

HOW RQIA EVALUATES SERVICES

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

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

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

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

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Rockfield Care Centre was initially registered in May 1991.

The facility is a single story building located on the outskirts of Newry City. Bedroom accommodation is comprised 32 single and four shared bedrooms.

There are two sitting rooms, two dining rooms, a kitchen, laundry, toilet /washing facilities, staff accommodation and offices. The grounds around the home are landscaped and private secure areas are provided for the patients.

There are adequate car parking facilities.

The home is registered to provide nursing care for a maximum of 40 patients. A condition of registration is recorded on the certificate to indicate that up to two residential clients may be admitted. However no residents were in the home on the day of inspection.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Rockfield Care Centre was undertaken by Helen Daly, RQIA Pharmacist Inspector, on 27 October 2014 between 11:00 and 14:50. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspector examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage

During the course of the inspection, the inspector met with the registered manager of the home, Mrs Ciara Power, and the 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 Rockfield Care Centre are substantially compliant with legislative requirements and best practice guidelines.

The five requirements and the recommendation which were made at the previous medicines management inspection on 16 June 2011 were examined. Compliance was noted for all of the requirements and the recommendation. The registered manager and staff are commended for their efforts. The inspector's validation of compliance can be noted in Section 5.0 below.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with the care inspector.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines.

Policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are in place.

There is a programme of staff training for medicines management. It is recommended that a list of the names, signatures and initials of care staff who have been trained to administer thickening agents and external preparations is maintained.

A range of audits was performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlation existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. The registered manager should continue to closely monitor the administration of all medicines.

The management of dosage changes / discontinued medicines must be reviewed and revised to ensure that robust systems are in place.

Medicines records had been maintained in a mostly satisfactory manner. In the interests of safe practice hand-written entries on the MARs (e.g. warfarin updates, new patients, antibiotics) should be verified and signed by two registered nurses.

Storage was observed to be tidy and organised. In order to accurately monitor the temperature range of the medicines refrigerator the thermometer must be reset each day after the temperatures have been recorded.

The inspection attracted two requirements and two recommendations which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 16 June 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	The registered manager must robustly audit the arrangements for medicines management in order to ensure any deficiencies in the expected standard are discovered and acted upon promptly. **Stated once**	The registered manager audits medicines on a monthly basis. Action plans to address any identified deficits are developed and implemented. In addition, the management of medicines is reviewed for one patient each day on a rotational basis. Running stock balances are maintained for the majority of medicines which are not contained within the blister pack system.	**Compliant**
2	13(4)	The registered manager must submit written reports to RQIA at the end of each of the months of June, July, August and September 2011, detailing the outcomes of the medicines management audit activity. **Stated once**	The written reports were submitted to RQIA.	**Compliant**
3	13(4)	The registered manager must ensure the twenty-three medicines that produced unsatisfactory audit outcomes are being administered in accordance with the prescribers' instructions. **Stated once**	Running stock balances are now maintained for the majority of medicines which are not contained within the blister pack system. The audits which were carried out on a selection of these medicines produced satisfactory outcomes.	**Compliant**

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	Whenever a medication is prescribed for administration at a variable dose, the actual dose administered must always be recorded. **Stated once**	A review of the medication administration records indicated that whenever a medication is prescribed for administration at a variable dose, the actual dose administered is recorded.	**Compliant**
5	13(4)	Temazepam preparations must be stored within the controlled drugs cabinet. **Stated once**	Supplies of temazepam in the home were stored in the controlled drugs cabinet.	**Compliant**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	38	The route of administration of eye preparation medicines should always be specified on the personal medication record. **Stated once**	The route of administration of eye preparation medicines was specified on the sample of personal medication records reviewed at this inspection.	**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 most areas of the management of medicines The outcome of the majority of the audits which were performed on a range of randomly selected medicines indicated that satisfactory correlation existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. Audit discrepancies were observed for Vagifem pessaries and Trimethoprim 50mg/5ml suspension. It was agreed that the registered manager would closely monitor the administration of these medicines as part of the home's audit activity. For one patient, simvastatin 10mg tablets which had been discontinued by the prescriber on 10 September 2014 had been recommenced with the new medication cycle on 6 October 2014. The registered manager investigated this finding and forwarded an incident report to RQIA on 28 October 2014. The registered manager must ensure that robust systems are put in place when medicines are discontinued. A requirement has been made. The registered manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for one patient at the inspection. The process for obtaining prescriptions was reviewed. The registered manager advised that prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the pharmacy for dispensing. This is good practice. The management of warfarin was reviewed for two patients. The audits trails which were completed produced	Substantially compliant

satisfactory outcomes. Dosage directions are received in writing. Two nurses are involved with each administration and daily stock counts are carried out after each administration. Records of administration are recorded on both the medication administration records (MARs) and a separate record sheet. In the interests of safe practice, hand-written entries on the MARs (e.g. warfarin updates, new patients, antibiotics) should be verified and signed by two registered nurses. A recommendation has been made. Insulin is not prescribed for any patients at present. The management of thickening agents was reviewed for two patients. Speech and language assessments and care plans were in place. Records of prescribing and administration were maintained by registered nurses on the personal medication records (PMR) and MARs. Care staff record the administration on daily fluid charts. The required consistency levels had been recorded on all records. The management of medicines for Parkinson's disease and distressed reactions was discussed with the registered manager.	
Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Policies and procedures for the management of medicines, including Standard Operating Procedures for the management of controlled drugs, are in place. These were not examined in detail.	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:	
Update training on the management of medicines was provided by the community pharmacist in September 2014. Registered nurses and care staff also complete in-house computer based training modules. Staff are assigned specific training modules based on their roles. Records of this training and the subsequent competency assessments were available for inspection.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Training modules for care staff include the management of external preparations and thickening agents. There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines. It is recommended that a similar list is developed for care staff who have been trained to administer thickening agents and external preparations.	
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:	
The registered manager confirmed that there is annual staff appraisal and six monthly supervision for all nursing staff. Additional staff supervision is undertaken where necessary. Records were available for inspection.	Compliant
Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities. The medication related incidents which had been forwarded to RQIA had been managed appropriately.	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 a waste management company. The registered manager confirmed that all controlled drugs in Schedule 2, 3 and 4 (part 1), which includes temazepam, tramadol, diazepam, nitrazepam, zopiclone and zolpidem are denatured and therefore rendered irretrievable prior to disposal.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	**COMPLIANCE LEVEL**
Inspection Findings:	
The registered manager completes a monthly audit of medicines. Action plans to address any identified deficiencies are developed and implemented. The management of medicines is also reviewed for one patient each day on a rotational basis. Running stock balances are maintained for the majority of medicines which are not contained within the blister pack system, including inhaled medicines. This is good practice Dates and times of opening had been recorded on the majority of containers examined at this inspection.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

STANDARD 38 - MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	**COMPLIANCE LEVEL**
Inspection Findings:	
The majority of medicine records had been constructed and completed in a satisfactory manner.	Substantially Compliant
Criterion Assessed: 38.2 The following records are maintained: • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of.	**COMPLIANCE LEVEL**
Inspection Findings:	
The personal medication records (PMRs) had been maintained in a mostly satisfactory manner. Two registered nurses routinely verify and sign these records at the time of writing and at each update. However, on a small number of records the allergy status had not been recorded. Where more than one sheet is in use these should be referenced e.g. 1 of 2. The registered manager advised that these findings would be rectified immediately after the inspection. The majority of the medication administration records (MARs) are maintained in a satisfactory manner. However, two registered nurses do not verify and sign hand-written updates on the MARs. As stated in Criterion 37.1, in the interests of safe practice hand-written entries on the MARs should be verified and signed by two registered nurses. A recommendation has been made. Records of medicines received into the home and disposed of had been maintained in a satisfactory manner. Two registered nurses are involved in the disposal of medicines. The transfer notes which are left by the waste disposal	Substantially compliant

agency collecting medicines for disposal were attached to the relevant pages in the disposal record book. This practice is commended.	
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:	
Observation of the controlled drug record book indicated that records had been maintained in a satisfactory manner.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially 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. The maximum, minimum and current refrigerator temperatures are monitored and recorded each day. Temperatures within the accepted range (2 ^{o}C and 8 ^{o}C) were observed. However, the consistent recordings for the maximum and minimum temperatures indicate that the thermometer is not being reset each day after the temperatures have been recorded. In order to accurately monitor the temperature range of the medicines refrigerator the thermometer must be reset each day after the temperatures have been recorded. A requirement has been made. The temperature of the treatment room is monitored and recorded daily; satisfactory readings were observed. Oxygen cylinders were observed to be securely chained to a wall and appropriate signage was displayed.	Substantially compliant

STANDARD 39 – MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The key to the controlled drugs cabinet, all other medicine cupboards and the medicine trolley, were observed to be in the possession of the registered nurse on duty. The controlled drug key is held separately from all other 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 on each occasion when responsibility for safe custody is transferred.	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

7.0 OTHER AREAS EXAMINED

None

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 Ciara Power (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:

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

The Regulation and Quality Improvement Authority

QUALITY IMPROVEMENT PLAN

NURSING HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

ROCKFIELD CARE CENTRE

27 OCTOBER 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 Ciara Power, Registered Manager,** during the inspection. The timescales for completion commence from the date of inspection.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (NI) 2005.					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13(4)	The registered manager must ensure that robust systems are put in place when medicines are discontinued. **Ref: Criterion 37.1**	One	Gp practice contacted. He did not update residents records in regard to discontinuing medication. Requested they review practice. Nurses have received supervision regarding discontinuing medication. Nurses will verify with Gp practice that discontinued medication has been updated in their records. Written notification is sent to pharmacy. Nurses are required to update copy of new month mars ordering sheet and are required to use current mars record alongside the new monthly mar for reference and extra safety measure when checking in and reordering regular monthly medications.	28 November 2014
2	13(4)	The registered manager must ensure that the refrigerator thermometer is reset each day after the maximum, minimum and current temperatures have been recorded. **Ref: Criterion 39.1**	One	Nursing staff have been instructed to reset the refrigerator thermometer following recording temperatures. Notice displayed regarding same.	28 November 2014

RECOMMENDATIONS

These recommendations are based on the Residential Care Homes Minimum Standards (2011), 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 38	In the interests of safe practice hand-written entries on the medication administration records should be verified and signed by two registered nurses. **Ref: Criteria 37.1 and 38.2**	One	All medication records checked and any hand written entries have been signed by two registered nurses	28 November 2014
2	37	The registered manager should maintain a list of the names, signatures and initials of care staff who have been trained to administer thickening agents and external preparations. **Ref: Criterion 37.3**	One	Care staff signature list now in place and displayed in nurses station.	28 November 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	Ciara Power Ciara Power.
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Paula Hoey, NO. 14/12/14.

QIP Position Based on Comments from Registered Persons			**Inspector**	**Date**
	Yes	**No**		

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes		Helen Daly	19 December 2014
B.	Further information requested from provider				