RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	**IN20629**
Establishment ID No:	**1510**
Name of Establishment:	**Sunnymead**
Date of Inspection:	**22 September 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:	Sunnymead
Type of home:	Residential Care Home
Address:	12 Portadown Road Armagh BT61 9EE
Telephone number:	(028) 3752 3866
E mail address:	admin@sunnymeadrh.com
Registered Organisation/ Registered Provider:	Mrs Linda Margaret Nesbitt Sunnymead (Armagh) Ltd
Registered Manager:	Ms Brenda Nesbitt, Acting
Person in charge of the home at the time of Inspection:	Ms Dorothy Clarke (SeniorCare Assistant)
Categories of care:	RC-I, RC-MP(E), RC-DE, RC-LD(E), RC-LD, RC-PH
Number of registered places:	39
Number of residents accommodated on day of inspection:	37
Date and time of current medicines management inspection:	22 September 2014 10:00 – 14:00
Name of inspector:	Paul Nixon
Date and type of previous medicines management inspection:	27 April 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 residential care 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 residents 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 Residential Care Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)

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

METHODS/PROCESS

Discussion with Ms Dorothy Clarke (Senior Care Assistant) during the inspection and with Mrs Linda Nesbitt (Registered Provider) at the end of the inspection
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 Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection:

Standard 30: Management of Medicines
Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records
Standard Statement - Medicine records comply with legislative requirements and current best practice

Standard 32: 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

Sunnymead has been developed and expanded over time, within and around an extended Victorian private family residence. In the old part of the premises, many of the attractive, original architectural features remain, contributing to the overall feeling of being in a high quality living environment.

Sunnymead was initially registered in June 1988 and re-registered in 2001. The facility is located a short distance from Armagh town centre and provides a range of spacious communal rooms and well maintained bedrooms. There are attractive gardens and grounds with trees and lawn areas and patio areas.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Sunnymead was undertaken by Paul Nixon, RQIA Pharmacist Inspector, on 22 September 2014 between 10:00 and 14:00 hours. 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 residents 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 of the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage

During the course of the inspection, the inspector met with Ms Dorothy Clarke (Senior Care Assistant) and Mrs Linda Nesbitt (Registered Provider). 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 Sunnymead 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 three requirements and one recommendation made at the previous medicines management inspection, on 27 April 2011, were examined during the inspection; the inspector's validation of compliance is detailed in Section 5.0 of this report. One requirement was assessed as compliant and one requirement was assessed as not compliant. One requirement was not examined and is, therefore, restated in the Quality Improvement Plan. The recommendation 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 and discussion with other inspectors.

Several areas of good practice were noted and highlighted during the inspection. These include the recording of the dates and times of opening on medicine containers in order to

facilitate audit, the additional records in place for warfarin and antibiotic courses and the routine signing of handwritten entries on the personal medication records by two staff members. The manager and staff are commended for their efforts.

There is a programme of medicines management training in the home. Staff competencies in managing medicines should be assessed at least annually.

The outcomes of a wide range of audit trails, performed on randomly selected medicines, showed that medicines have broadly been administered in accordance with the prescribers' instructions.

Prescriptions should be received and checked before dispensing.

The registered person should ensure that the quality control checks performed on blood glucose meters are recommenced.

Medicines records examined were maintained in a largely satisfactory manner and facilitated the audit process. The registered person must review the arrangements for the recording of external medicines applied by care staff. The routes of application of eye-treatment medicines should be recorded on the personal medication records.

Medicines were being stored safely and securely in accordance with statutory requirements and the manufacturers' recommendations. The temperature range of the medicine refrigerator should be monitored and recorded daily in order to ensure it is maintained within recommended limits. The temperature of the medicines storage room should be monitored and recorded daily in order to ensure it is maintained below 25°C. .

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

The inspector would like to thank the registered provider 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 27 April 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	13(4)	Blood glucose meters must be maintained in accordance with the manufacturers' instructions. A record of control checks must be maintained. **Stated twice**	The blood glucose meter had been checked weekly until recently. The registered provider stated that she would ensure the weekly quality control checks are recommenced. The quality control checks had been recorded appropriately. **A recommendation is stated.**	**Not compliant**
2	13(4)	The registered manager must routinely audit the personal medication records and medication administration record sheets to ensure that they are up to date and correlate. **Stated once**	The registered manager audits the personal medication records and medication administration record sheets to ensure that they are up to date and correlate. A good correlation was observed during the inspection.	**Compliant**
3	13(4)	A record of each administration of a thickening agent must be maintained. **Stated once**	No residents are currently prescribed thickening agents. **This requirement was not examined and is carried forward to the next inspection.**	**Not examined**

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	31	Two members of staff should sign any hand written entries on the MARs sheets or personal medication records. **Stated once**	This practice was observed.	**Compliant**

SECTION 6.0

STANDARD 30 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely	
Criterion Assessed: 30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	**COMPLIANCE LEVEL**
Inspection Findings:	
Largely satisfactory arrangements were observed to be in place for the management of medicines. A range of audits was performed on randomly selected medicines. These audits showed a broadly satisfactory correlation between the prescribers' instructions, patterns of administration and stock balances of the medicines selected. However, the audits on Seretide Evohaler and Tobradex eye drops, each prescribed for one resident, produced unsatisfactory outcomes. The registered provider agreed to ensure that the administrations of both medicines are closely monitored in order to ensure compliance with the prescribers' instructions. Several laxative medicines were highlighted that should be reviewed by the prescribers. Written confirmation of the current medication regime was in place for a resident recently admitted to the home from hospital. The senior care assistant confirmed this routine practice. The ordering process for medicines was discussed during the inspection. Orders for medicines are made in writing to the prescriber. However, prescriptions are not received by the home and checked against the order before being forwarded to the community pharmacy for dispensing. Prescriptions should be received and checked before dispensing. A recommendation is stated. Warfarin dosage directions are received in writing. Daily stock balance checks are maintained. The records for two patients who are prescribed anxiolytic medication for administration on a 'when required' basis in the management of distressed reactions were reviewed. Each patient had a care plan in place that	Substantially compliant

detailed the circumstances under which the medicine was to be administered. The parameters for administration were recorded on the personal medication records. The medication had not been recently administered to either resident. The blood glucose meter had been checked weekly until recently. The registered provider stated that she would ensure the quality control checks were recommenced. The quality control checks had been recorded appropriately. The registered person should ensure that the quality control checks performed on blood glucose meters are recommenced. A recommendation is stated.	
Criterion Assessed: 30.2 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 are in place. These were not examined in detail.	Compliant
Criterion Assessed: 30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	**COMPLIANCE LEVEL**
Inspection Findings:	
Records of staff training were reviewed during the inspection. The home has an induction training programme for medicines management. There was evidence that staff receive update training on a regular basis. A list of the names, sample signatures and initials of staff who are authorised to administer medicines is maintained.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.4 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 was recorded evidence that staff competency and capability assessments are performed as part of the medicines management induction process. However, there was no recorded evidence that these assessments are reviewed at least annually thereafter. Staff competencies in managing medicines should be assessed at least annually. A recommendation is stated.	Substantially compliant
Criterion Assessed: 30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
The senior care assistant advised that staff are not currently responsible for the administration of any medicines which require training in specific techniques.	Not applicable
Criterion Assessed: 30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	**COMPLIANCE LEVEL**
Inspection Findings:	
A system is in place to manage any medicine errors or incidents should they occur in the home. These are reported in accordance with the home's policies and procedures.	Compliant

STANDARD 30 - MANAGEMENT OF MEDICINES

Criterion Assessed: 30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	**COMPLIANCE LEVEL**
Inspection Findings:	
Pharmaceutical waste (discontinued and expired medicines) is returned to the community pharmacist for disposal.	Compliant
Criterion Assessed: 30.8 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:	
Two senior care assistants perform a medication audit at approximately three monthly intervals and the outcome is reported to the manager. A sample of records of the audit activity was observed and largely satisfactory outcomes were observed to have been achieved. In order to facilitate audit activity, the dates and times of opening are recorded on medicine containers. The pharmacist also periodically conducts a medication audit and provides written feedback to the management of the home.	Compliant

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

STANDARD 31- MEDICINE RECORDS Medicine records comply with legislative requirements and current best practice.	
Criterion Assessed: 31.1 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 legible, well-kept and had generally been constructed and completed to ensure a clear audit trail.	Compliant
Criterion Assessed: 31.2 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 found to be of a largely satisfactory standard. There was a good correlation between the entries on the personal medication records and medicine labels. Handwritten entries on the personal medication records were verified and signed by two staff members. Although the routes of application of eye-treatment medicines were recorded on the medication administration records and medicine labels, they were generally not recorded on the persosnal medication record sheets. The routes of application of eye-treatment medicines should be recorded on the personal medication records. A recommendation is stated. The medication administration records examined were generally well maintained. However, senior care assistants record the administration of external medicines that have been applied to residents by care assistants.	Substantially compliant

STANDARD 31- MEDICINE RECORDS

This recording should be made by the care assistants. The registered person must review the arrangements for the recording of external medicines applied by care staff. A requirement is stated. Records of the receipts and disposals of medicines had been appropriately completed.	
Criterion Assessed: 31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.	**COMPLIANCE LEVEL**
Inspection Findings:	
Schedule 2 controlled drugs are not currently prescribed for any residents in the home.	Not applicable

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

STANDARD 32 - MEDICINES STORAGE Medicines are safely and securely stored.	
Criterion Assessed: 32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	**COMPLIANCE LEVEL**
Inspection Findings:	
Appropriate arrangements are in place for the storage and stock control of medicines. Storage areas were clean, tidy and well organised. Controlled drugs subject to safe custody regulations are stored appropriately in a controlled drug cupboard. A locked refrigerator is available for medicines which require cold storage. Only the current temperature is monitored and recorded daily. The temperature range of the medicine refrigerator should be monitored and recorded daily in order to ensure it is maintained within recommended limits. A recommendation is stated. The temperature of the medicines storage room is not monitored. The temperature of the medicines storage room should be monitored and recorded daily in order to ensure it is maintained below 25°C. A recommendation is stated.	Substantially compliant
Criterion Assessed: 32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.	**COMPLIANCE LEVEL**
Inspection Findings:	
The keys to the medicine cupboards and medicine trolleys were observed to be in the possession of the designated senior care assistants. The keys to the controlled drug cabinet were in the possession of the senior care assistant in charge of the shift.	Compliant

STANDARD 32- MEDICINES STORAGE

Criterion Assessed: 32.3 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:	
Schedule 2 controlled drugs are not currently prescribed for any resident. Stock balances of Schedule 3 controlled drugs are reconciled 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 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 residents 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 residents 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 Linda Nesbitt (Registered Provider),** 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

RESIDENTIAL CARE HOME
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

SUNNYMEAD
22 SEPTEMBER 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 Linda Nesbitt, Registered Provider**, during the inspection visit.

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 Residential Care Homes Regulations (NI) 2005.**					
NO.	**REGULATION REFERENCE**	**REQUIREMENT**	**NUMBER OF TIMES STATED**	**DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)**	**TIMESCALE**
1	13 (4)	A record of each administration of a thickening agent must be maintained. **Ref: Section 5.0**	One	While there are no residents currently prescribed thickening agents a record sheet has been devised to record administration in the future	Ongoing
2	13 (4)	The registered person must review the arrangements for the recording of external medicines applied by care staff. **Ref: Criterion 31.2**	One	Record sheets are now in place for care staff to record application of external medicines. Training provided to exisitng staff and included in induction programme	22 October 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	30	Prescriptions should be received and checked before dispensing. **Ref: Criterion 30.1**	One	Arrangments now in place for prescriptions to be received by the home and checked before dispensing by pharmacy	22 October 2014
2	30	The registered person should ensure that the quality control checks performed on blood glucose meters are recommenced. **Ref: Criterion 30.1**	One	Weekly checked have recommended and checks have been included in the medication audit.	22 October 2014
3	30	Staff competencies in managing medicines should be assessed at least annually. **Ref: Criterion 30.4**	One	Medication administration competancy has been included in annual appraisal for senior staff.	22 October 2014
4	31	The routes of application of eye-treatment medicines should be recorded on the personal medication records. **Ref: Criterion 31.2**	One	Routes of application of eye treatment is now detailed on prescribed drug sheets	22 October 2014

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
5	32	The temperature range of the medicine refrigerator should be monitored and recorded daily in order to ensure it is maintained within recommended limits. **Ref: Criterion 32.1**	One	Teperature range being recorded daily and fridges reset.	22 October 2014
6	32	The temperature of the medicines storage room should be monitored and recorded daily in order to ensure it is maintained below 25°C. **Ref: Criterion 32.1**	One	Thermometer in place and temperature of medication room is recorded daily	22 October 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 and return to pharmacists@rqia.org.uk:

NAME OF REGISTERED MANAGER COMPLETING QIP	Brenda Nesbitt (Acting)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dorothy Clarke

QIP Position Based on Comments from Registered Persons				**Inspector**	**Date**
		Yes	**No**		
A.	Quality Improvement Plan response assessed by inspector as acceptable	X		Paul W. Nixon	21/10/14
B.	Further information requested from provider		X	Paul W. Nixon	21/10/14