



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

<b>Inspection No:</b>	IN020777
<b>Establishment ID No:</b>	1559
<b>Name of Establishment:</b>	Crozier House Residential Care Home, Banbridge
<b>Date of Inspection:</b>	07 October 2014
<b>Inspector's Name:</b>	K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Home:</b>	Crozier House Residential Care Home
<b>Address:</b>	Meeting House Road Banbridge BT32 3ER
<b>Telephone Number:</b>	028 406 62 734
<b>Registered Responsible Person:</b>	Southern Health and Social Care (HSC) Trust (Ms. Mairead McAlinden, Chief Executive)
<b>Registered Manager:</b>	Mrs. Hylda Patterson, Acting Manager
<b>Person in Charge of the Home at the time of Inspection:</b>	Mrs. Tiarna Armstrong, Head of Service, Southern HSC Trust
<b>Other person(s) present during inspection:</b>	N/A
<b>Type of establishment:</b>	Residential Care Home
<b>Categories of Care:</b>	RC-I
<b>Conditions of Registration:</b>	The home is approved to provide care on a day basis only to 4 persons
<b>Number of Residents:</b>	35
<b>Date and time of inspection:</b>	07 October 2014 (10:00am. – 12:00pm.)
<b>Date of previous Estates inspection:</b>	12 March 2014
<b>Name of Inspector:</b>	K. Monaghan

## **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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of Residential Care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- Residential Care Homes Minimum Standards (DHSSPS, 2011)

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

## **4.0 METHODS/PROCESS**

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

- Discussions with Mrs. Tierna Armstrong
- Examination of records
- A review of the premises.
- Evaluation and feedback

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing this inspection report.

## **5.0 CONSULTATION PROCESS**

During the course of the inspection the Inspector spoke to Mrs. Tierna Armstrong.

## **6.0 INSPECTION FOCUS**

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

### **Standards inspected:**

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This Estates inspection focused on the current position in relation to an application by the Registered Persons for a variation to the conditions of registration. This variation application related to a change in the categories of care to include dementia care for up to five residents and an overall reduction in the number of residents accommodated in the home from 35 to 27.

In addition to the variation application the issues included in the Quality Improvement Plan in connection with the previous Estates inspection to the home that was completed on 12 March 2014 were also reviewed.

## **7.0 PROFILE OF SERVICE**

Crozier House Statutory Residential Home is a purpose built statutory home within close walking distance to the town centre of Banbridge.

The Organisation in Control is the Southern Health and Social Care Trust and Mrs. Hylda Patterson is the Acting Manager with responsibility for the day to day management of the home. The home is registered to accommodate a maximum of thirty five residents requiring residential care in Category I - Old and Infirm.

Car parking spaces are available to the front of the building.

## **8.0 SUMMARY**

Following this Estates Inspection of Crozier House Residential Care Home in Banbridge on 7 October 2014, improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in nine requirements. These are outlined in the quality improvement plan appended to this report.

The Estates Inspector would acknowledge the assistance Mrs. Tierna Armstrong, throughout the inspection.

## 9.0 INSPECTION FINDINGS

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014:

The previous Estates inspection to this home was carried out on 12 March 2014. The following issues should be noted with regard to the issues included in the Quality Improvement Plan for the previous Estates inspection that was carried out on 12 March 2014:

Standard 27 – Premises and grounds			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.1	Regulation 27(2)(b)(d)	<b>Previous QIP Item 1</b> The water ingress issue at the ceiling in the centre toilet opposite the hairdressing room should be resolved.	The Trust had previously confirmed in the completed Quality Improvement Plan that was returned to RQIA that the Acting Registered Manager had reported this to WIMS on 05.09.2014 and an Estates Officer had been out inspecting the work to be done. It was not however clear if the water ingress issue had been resolved. The décor to the ceiling in this toilet had not been made good. This issue should be fully resolved including making good the décor. The extract fan in this toilet was not working. This should also be checked and repaired or replaced as required. Reference should be made to items 1 and 2 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued:

Standard 28 - Safe and healthy working practices			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.2	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 2</b> The old washer/disinfector and any remaining 'dead legs' in the plumbing system should be removed. The sanitary facilities which are accessed via the smoking room should be flushed twice each week. Information in relation to the monthly checking of the cold water temperatures at the sentinel outlets and the position in relation to the issues identified for attention in the report for the previous inspection of the water tanks should be confirmed to RQIA.	The old washer/disinfector and associated 'dead leg' pipework had been removed. No information was presented for review during this Estates inspection in relation to the twice weekly flushing of the sanitary facilities which are accessed via the smoking room, the monthly cold water temperature checks at the sentinel outlets and the issues that had previously been identified for attention in relation to the water tanks. The current position in relation to these issues should be confirmed to RQIA. Reference should be made to item 3 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued:

Standard 28 - Safe and healthy working practices			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.3	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	<b>Previous QIP Item 3</b> Information in relation to the routine cleaning of the kitchen extract system and the current gas safety certificates should be forwarded to RQIA.	The Trust had previously confirmed in the completed Quality Improvement Plan that was returned to RQIA that the kitchen extract system was cleaned in January 2014. A member of the kitchen staff also confirmed that this system was cleaned again on 02 October 2014. No information was presented for review during this Estates inspection in relation to the current safety inspections to the gas equipment and gas installation. This information should be forwarded to RQIA. Reference should be made to item 4 in the attached Quality Improvement Plan.
9.1.4	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	<b>Previous QIP Item 4</b> The details for the control measures in place in relation to the prevention or control of legionella bacteria in the water systems should be confirmed to RQIA. The bath hoist should be repaired and brought back into service.	No information was presented for review during this Estates inspection in relation to the control measures in place for the prevention or control of legionella bacteria in the water systems. This information should be forwarded to RQIA. The bath hoist had been brought back into service. A copy of the report for the most recent thorough examination of this bath hoist should be forwarded to RQIA. Reference should be made to item 5 in the attached Quality Improvement Plan.



## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued

Standard 30 – Fire safety			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.5	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	<b>Previous QIP Item 5</b> The furniture in the smoking lounge should be replaced with furniture that is clearly labelled to confirm compliance with ignition sources 0 & 5. A half hour fire/smoke protection door should be provided for the store opposite bedroom 30. An emergency exit sign should be fitted above the corridor doors at bedroom 27.	It is good to report that two new ignition sources 0 & 5 chairs had been provided in the smoking room and a half hour fire/smoke protection door had been provided for the store opposite bedroom 30. An emergency exit sign had also been fitted above the corridor doors at bedroom 27. This is to be commended.
9.1.6	Regulations 27(4)(b)	<b>Previous QIP Item 6</b> Notices should be provided at all of the fire alarm break glass units.	Although there were notices at the break glass units these were general fire notices and not specific to the break glass units. The appropriate notices should be fitted at each break glass unit. Reference should be made to item 6 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued:

Standard 30 – Fire safety			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.7	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i)	<b>Previous QIP Item 7</b> The operation of the front door should be reviewed against the criteria set out in British Standard 7273-4:2007. This review should also include the key fastening arrangements at night. The need to install fire detectors in the roof wells along the corridors should be kept under review.	The key facility for the fastening on the front door had been changed to a thumb turn. The need to install fire detectors in the roof wells is being kept under review by the Trust.
9.1.8	Regulations 27(4)(b) 27(4)(c) 27(4)(d)(i) 27(4)(d)(iv)	<b>Previous QIP Item 8</b> An appropriate type of hold open device linked to the fire detection and alarm system should be installed at the door to the hairdressing room. The service records for all of the first aid firefighting equipment should be checked and brought up to date as required.	A hold open device linked to the fire detection and alarm system had not been fitted to the door of the hairdressing room. This door was however closed. The record on the fire extinguisher in the hairdressing room indicated that it had been serviced in February 2014.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued:

Standard 30 – Fire safety			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.9	Regulations 27(4)(b)	<b>Previous QIP Item 9</b> The fire blanket in the smoking room should be mounted on the wall in an easily accessible position. A metal bin for the safe and separate disposal of discarded smoking materials should be provided in the smoking room. In addition the resident's call system should be extended to the smoking room.	The fire blanket in the smoking room had been mounted on the wall. A metal bin had also been provided in the smoking room for the safe and separate disposal of discarded smoking materials. The resident's call system had not been extended to the smoking room but a hand held bell had been provided in this room. The resident's call system should still however be extended to cover the smoking room. Reference should be made to item 7 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued:

Standard 30 – Fire safety			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.10	Regulations 27(4)(a) 27(4)(b) 27(4)(c) 27(4)(d)(i)	<b>Previous QIP Item 10</b> The fire risk assessment should be reviewed, updated and actioned as required. The action plan for the previous fire risk assessment should be reviewed and signed off as part of the review. A copy of the report for the review of the fire risk assessment should be forwarded to RQIA along with the proposals to address any issues identified for attention such as addressing the issue in relation to making bedroom doors self-closing. In addition the fire doors should be checked during this review to identify any doors such as the door to the laundry that are not providing an effective smoke seal. Remedial works should be completed to address this issue.	The fire risk assessment was reviewed and updated on 17 April 2014. The action plan in the report for the previous fire risk assessment had not been signed off. A number of the issues identified for attention in the action plan in the new fire risk assessment that was completed on 17 April 2014 had still to be addressed. These issues included the installation of the self-closing devices for the bedroom doors and making good a roof space fire curtain. The Registered Persons should put in place a prioritised plan of action to address the remaining issues from the fire risk assessment that was completed on 17 April 2014. This should be based on firm timescales. A copy of this programme of work should be forwarded to RQIA. Reference should be made to item 8 in the attached Quality Improvement Plan.

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.1 Recommendations and requirements from the previous Estates inspection on 12 March 2014 continued:

Standard 30 – Fire safety			
No	Regulation	Requirements	Action taken - As confirmed during this inspection
9.1.11	Regulations 27(4)(b) 27(4)(d)(i)	<b>Previous QIP Item 11</b> The ceiling in the boiler room should be fire stopped where the cable for the gas detection system passes through. A new drawing for the fire detection and alarm system which is easier to read should be provided adjacent to the control panel.	Fire stopping had been carried out in the boiler room but this did not include the ceiling where the cable for the gas detection system passes through. This service perforation should be fire stopped. A new drawing had been provided at the fire detection and alarm system panel. Reference should be made to item 9 in the attached Quality Improvement Plan.
9.1.12	The above issues where appropriate are detailed in the relevant sections of the Quality Improvement Plan.		

## 9.0 INSPECTION FINDINGS CONTINUED

### 9.2 **Standard 27 - Premises and grounds** - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

9.2.1 The following issues were identified for attention in relation to this standard during this Estates Inspection:

9.2.2 Repairs were required to the ceiling in the corridor at the light well at bedroom 13. These repairs should be completed. Reference should be made to item 2 in the attached Quality Improvement Plan.

9.2.3 The current position in relation to the application by the Registered Persons for a variation to the conditions of registration was discussed with Mrs. Armstrong. This variation application related to a change in the categories of care to include dementia care for up to five residents and an overall reduction in the number of residents accommodated in the home from 35 to 27. The five places for dementia care include three permanent residents and two respite residents. The Statement of Purpose for the home had been updated on 16 July 2014 and the Dementia Audit had been updated on 01 September 2014 to reflect the changes to the categories of care. These documents were discussed. Mrs. Armstrong agreed that a further review of these two documents would be completed and forwarded to RQIA for consideration. Subsequent to this Estates inspection RQIA received copies of the reviewed and updated Statement of Purpose and Dementia Audit Report. These documents will be considered by RQIA in relation to the variation application.

9.2.4 The above issues are detailed as appropriate in the section of the Quality Improvement Plan entitled 'Standard 27 – Premises and Grounds.

### 9.3 **Standard 28 – Safe and healthy working practices** – *The home is maintained in a safe manner*

9.3.1 No issues were identified for attention in relation to this standard during this Estates Inspection.

## 9.0 INSPECTION FINDINGS CONTINUED

**9.4 Standard 29: Fire safety** - *Fire safety precautions are in place that reduce the risk of fire and protect patients, staff and visitors in the event of fire.*

9.4.1 The following issue was identified for attention in relation to this standard during this Estates Inspection:

9.4.2 The top corner of the door frame to one of the corridor doors was not fully smoke sealed. The corridor door frames should be checked and remedial works should be carried out as required to ensure full smoke sealing. Reference should be made to item 1 in the attached Quality Improvement Plan.

9.4.3 The above issue is detailed in the section of the attached Quality Improvement Plan entitled 'Standard 29: Fire safety'.

## 10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement plan appended to this report were discussed with Mrs. Tierna Armstrong, as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the nursing home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

## 11.0 ENQUIRIES

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**

## Quality Improvement Plan

### Announced Estates Inspection IN020777

### Crozier House Residential Care Home, Banbridge RQIA ID 1559

07 October 2014

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					



**NOTES:**

The details of the quality improvement plan were discussed with Mrs. Tierna Armstrong, as part of the inspection process.

The timescales commence from the date of inspection. Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

The registered provider is required to record comments on the quality improvement plan.

The quality improvement plan is to be signed below by the registered provider and registered manager and returned to:

**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:**

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Margaret Iris Cromie
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Mrs Angela McVeigh Director OPPC

## Standard 27 – Premises and grounds

The following requirements should be noted for action in relation to Standard 27 – Premises and Grounds

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
1.	Regulations 27(2)(b) 27(2)(d)	Confirmation in relation to completion of the remedial works to resolve the water ingress issue and making good the decor in the center toilet opposite the hairdressing room should be provided to RQIA. Reference should be made to paragraph 9.1.1 in the Report.	3 Months	<b>Trust Estates Dept has advised on 10.12.14 that the maintenance contractor would strip the roof tiles around the affected area to allow them to investigate leaks further. This will happen depending on the weather. Decor to be sorted after this.</b>
Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (S)
2.	Regulations 27(2)(b) 27(2)(c) 27(2)(d)	The extract fan in the centre toilet opposite the hairdressing room should be checked and repaired or replaced as required. The ceiling in the corridor at the light well at bedroom 13 should also be repaired. Reference should be made to paragraphs 9.1.1 and 9.2.2 in the Report.	1 Month	<b>The Registered manager can confirm that an investigation of leaks has taken place by Trust Estates Dept . Initial investigation did not clarify where the water leak was occurring but the stripping of the roof tiles should clarify this issue. The ceiling opposite room 13 has been repainted.</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
3.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The current position in relation to the twice weekly flushing of the sanitary facilities which are accessed via the smoking room, the monthly cold water temperature checks at the sentinel outlets and the issues that had previously been identified for attention in relation to the water tanks should be confirmed to RQIA. Reference should be made to paragraph 9.1.2 in the Report.	3 Months	<b>Record of twice weekly flushing of toilets on site. Mr Donal Roche Engineer Estates informed me on 07.01.15 that he would be in contact with Mr Kieran Monaghan to update on any outstanding issues. Mr Monaghan informed of this on 08.01.15 per telephone by I Cromie</b>

## Standard 28 - Safe and healthy working practices

The following requirements should be noted for action in relation to Standard 28 - Safe and healthy working practices:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
4.	Regulations 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q)	The information in relation to the current safety inspections to the gas equipment and gas installation should be forwarded to RQIA. Reference should be made to paragraph 9.1.3 in the Report.	3 Months	<b>Kieran Toner , Estates informs me that Donal Roche has all the necessary reports as requestd. Mr Roche to be in contact with Mr Monaghan TQIA.</b>
5.	Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)	The information in relation to the control measures in place for the prevention or control of legionella bacteria in the water system should be forwarded to RQIA. A copy of the report for the most recent thorough examination of this bath hoist should be forwarded to RQIA Reference should be made to paragraph 9.1.4 in the Report.	2 Months	<b>As above</b>

## Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
6.	Regulations 27(4)(b)	The appropriate notices should be fitted at each break glass unit. Reference should be made to paragraph 9.1.6 in the Report.	3 Months	<b>06.01.2015 - notices in situ as requested.</b>
7.	Regulations 27(4)(b)	The resident's call system should be extended to cover the smoking room. Reference should be made to paragraph 9.1.9 in the Report.	3 Months	<b>07.01.2015 - workmen were at Crozier House to do this. Work ongoing and in progress as of 08.01.15.</b>
8.	Regulations 27(4)(a) 27(4)(b) 27(4)(c)	The action plan for the previous fire risk assessment should be signed off. The Registered Persons should put in place a prioritised plan of action to address the remaining issues from the fire risk assessment that was completed on 17 April 2014. This should be based on firm timescales. A copy of this programme of work should be forwarded to RQIA. Reference should be made to paragraph 9.1.10 in the Report.	3 Months	<b>Donal Roche, Engineer, CAH, is aware that the bedroom doors are to be fitted with swing free automatic self-closing devices that are interconnected to the fire alarm, also fire curtain in roof space plus plumbing issues. Costing etc is currently taking place. Donal Roche is to speak to Mr Monaghan re same.</b>

## Standard 29 – Fire safety

The following requirements should be noted for action in relation to Standard 29 – Fire Safety:

Item	Regulation Reference	Restated Requirements	Timescale	Details Of Action Taken By Registered Person (S)
9.	Regulations 27(4)(b) 27(4)(d)(i)	Fire stopping should be carried out to the ceiling in the boiler room where the cable for the gas detection system passes through. Reference should be made to paragraph 9.1.11 in the Report.	3 Months	<b>Registered manager can confirm that this requirement has been Completed</b>



### Quality Improvement Plan Sign Off Sheet for Estates Inspectors

<b>Name of Home</b>	Crozier House Residential Care Home, Banbridge RQIA ID 1559
<b>Date of Inspection</b>	07 October 2014
<b>Estates Inspector</b>	Kieran Monaghan

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	–	–	–	–	–
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.	–	–	–	–	–
C.	Clarification or follow up required on some items.	√	–	√	K. Monaghan	12 January 2015

Announced Estates Inspection IN020777 – 07 October 2014 – QIP sign off sheet