



Secondary Unannounced Care Inspection

Name of Service and ID:	Alpine House (1569)
Date of Inspection:	22 August 2014
Inspector's Name:	Kylie Connor
Inspection ID:	16632

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Service:	Alpine House
Address:	2 Groomsport Road 20 Ballyholme Road Bangor BT20 5JN
Telephone number:	(028) 9145 4904
E mail address:	joanne.alpinehouse@hotmail.com
Registered Organisation/ Registered Provider:	Mr Sathrouhun Bogun
Registered Manager:	Mrs Joanne Glendinning
Person in charge of the home at the time of inspection:	Mrs Joanne Glendinning
Categories of care:	RC-I,
Number of registered places:	22
Number of residents accommodated on Day of Inspection:	18 (1 in hospital)
Scale of charges (per week):	From £481
Date and type of previous inspection:	19 and 24 March 2014 Primary Announced Inspection
Date and time of inspection:	22 August 2014 11:45am to 4:45pm
Name of Inspector:	Kylie Connor

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 are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, 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
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (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:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff, a visitor and visiting professional
- Consultation with residents individually and with others in groups
- Inspection of the premises, evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

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

6.0 Profile of service

Alpine House Residential Care home is situated within close proximity of the town of Bangor. It is also within easy access of transport routes and local facilities. It is situated within the South Eastern Health and Social Care Trust geographical area.

The residential home is owned and operated by Mr Sathrouhun Bogun. The current registered manager is Joanne Glendinning who registered with the Authority in 2005.

Accommodation for residents is provided in single and double bedrooms in a two storey home. Access to the first floor is via a stair-lift and stairs. A number of communal sanitary facilities are available throughout the home.

Accommodation on the ground floor consists of two sitting rooms, a dining room, kitchen, laundry, four single bedrooms and one double bedroom. The upper floor accommodates up to thirteen residents in eleven bedrooms, nine single and two double.

The grounds and gardens are well maintained and there is on street parking available beside the home.

The home is registered to provide care for a maximum of eighteen persons under the following categories of care:

Residential care

I Old age not falling into any other category

A variation application is currently being reviewed for additional categories of care.

7.0 Summary of inspection

This secondary unannounced care inspection of Alpine House was undertaken by Kylie Connor on 22 August 2014 between the hours of 11:45am and 4:45pm. Joanne Glendinning, was available during the inspection and for verbal feedback at the conclusion of the inspection.

The focus of this inspection was to review the requirements and recommendations made as a result of the previous inspection. There was evidence that the home has addressed three requirements and four recommendations within the timescales specified. However, two requirements and four recommendations have not been addressed and are stated again.

The inspector raised concerns with the registered manager in regard to the hours she was working, the lack of administrative and other managerial support and the additional responsibilities she had taken on during the registered providers extended leave. A requirement has been made. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents, staff, a relative and a visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a

selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A resident's representative indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. A visiting professional expressed positive views in regard to the informed values of staff and the conduct of the registered manager and identified that the home was in need of redecoration.

Comments received from residents, representatives, staff and visiting professionals are included in section 9.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be in need of improvement and a requirement has been made.

A number of additional areas were also examined these included management arrangements and staffing. Further details can be found in section 9.0 of the main body of the report.

Seven requirements and three recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 19 & 24 March 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	24 (4) (a)	The registered manager should forward a copy of the fire safety risk assessment for 1 April 2014, with details of action taken to address any recommendations to the estates inspector.	The registered manager confirmed that this was sent to the estates inspector. This has been addressed.	Compliant
2	21 (1) (2) (3) (4) (5) Schedule 2	The registered manager should review the homes recruitment policy and procedure and review the need to attend training in this area.	<p>The registered manager confirmed that she is to attend training in fair recruitment and selection with the Labour Relations Agency on 7 October 2014 and also will attend training at a later date with the Equality Commission. At the time of the inspection the registered manager had obtained materials from the Labour Relations Agency.</p> <p>The homes policy and procedure is improved but does not: include that a copy of the birth certificate is obtained; photo identification should state that passport identification is preferable; clearly state the arrangements for requesting/obtaining references to ensure authenticity. Date and sign the policy. This is not full addressed.</p>	Moving towards compliance

3	14 (4)	The registered manager should review the homes vulnerable adult policy and procedure.	Evidence demonstrated that this was improved and following further guidance the required improvements were made. This is fully addressed.	Compliant
4	14 (4)	<p>The registered manager should:</p> <p>(1) develop a recording template to include a checklist of the procedure, recording of the investigation process, decisions, action taken and lessons learned;</p> <p>(2) provide staff with training in the revised vulnerable adult policy and procedure with special attention to responding to residents/person making an allegation, recording and reporting procedures in the absence of the registered manager.</p>	<p>Evidence demonstrated that further improvements are necessary. This is not addressed.</p> <p>The registered manager stated that this has not been completed due to a lack of time. This issue is further addressed in section 10.0. This is not addressed.</p>	Moving towards compliance
5	3 (1) (a) (b) (c) Schedule 1	The statement of purpose should be reviewed in accordance with RQIA guidance, with particular attention to Schedule 1.	Review of the document evidenced that improvements have been made. This is addressed.	Compliant

6	29 (1) (3) (4)	<p>Where the registered provider is an individual, but not in day-to-day charge of the residential care home, he shall visit the home in accordance with this regulation.</p> <p>Visits shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.</p> <p>The person carrying out the visit shall - interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home; inspect the premises of the home, its record of events and records of any complaints; and prepare a written report on the conduct of the home.</p> <p>Monthly reports should be forwarded to the inspector until further notice.</p> <p>If immediate and sustained improvement is not achieved, the Authority may consider enforcement action.</p>	<p>Records were unavailable in the home during the inspection. The registered manager was informed that these must be retained in the home at all times. The Authority had received the Regulation 29 registered provider reports up until May 2014 and improvements were noted. The registered manager confirmed that reports had been completed for June and July 2014. The registered manager confirmed that the registered provider had been on leave from mid-July and was expected back before the end of August. Reports for June, July and September were received following the inspection. The revised RQIA template was emailed by the inspector to the registered manager. The inspector requires that the registered provider continues to submit these reports within two weeks of each visit. This is addressed. Failure to fully comply consistently may result in enforcement action in the future.</p>	Compliant
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	12.11	The registered manager should develop a system to ensure that a record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory. This should indicate the amount eaten, fluids consumed, with an area for staff to record a comment if required. The template should be revised to a weekly record template.	Evidence demonstrated that records are being completed and the registered manager confirmed that these have been useful in reviewing a number of issues of residents. This is addressed.	Compliant
2	11.1	The registered manager should review and improve the homes policy and procedure on care reviews.	Evidence demonstrated that this has been addressed.	Compliant
3	11.2 11.3	The registered manager should ensure that areas highlighted in the report in regard to improving the pre-review report have been addressed.	The registered manager confirmed that the trusts care review template enables the registered manager to complete section 1 and sign prior to the care review. The registered manager confirmed that residents will be facilitated to sign also if they have been able to be involved. The registered manager confirmed that section 2 is then completed at the review and all participants sign. This is addressed.	Compliant

4	11.5	The registered manager should review systems in place to manage the receipt of care management review minutes.	Evidence reviewed demonstrated that this has been addressed.	Compliant
5	19.2	The registered manager should audit staff recruitment files to ensure all documentation is in place. The checklist template should be improved to guide the process and improve governance.	The registered manager confirmed that staff had been recruited recently. Review of one staff file evidenced that the checklist template had not been used. This is not addressed.	Moving towards compliance
6	13	<p>The registered manager should review the activity programme with residents to facilitate suggestions made by residents and relatives;</p> <ul style="list-style-type: none"> (a) more trips out, including going to a garden centre (b) Provide musical entertainment (c) More stimulating activities <p>The registered manager should review how residents and visitors are kept informed regarding the provision of activities.</p>	<p>Discussion with the registered manager and review of records demonstrated that residents meetings took place June 2014. There was confirmation that they had discussed and planned ideas for outings and the registered manager verified that none have taken place due to a lack of time. The registered manager stated that a number of residents visited Stormont building in the spring. This is not addressed.</p> <p>Activity records did not evidence what was offered/discussed re activities with residents.</p> <p>A number of residents spoken to stated that outings have been discussed but that little has happened. A number confirmed that this is an area which is in need of improvement.</p>	Moving towards compliance

			A new activity board has been put up but was observed to be blank on the day of the inspection. The registered manager confirmed that it would be brought into use in the coming weeks.	
7	27	A schedule of redecoration is developed for the forthcoming twelve months and kept under monthly review by the registered provider.	The registered manager confirmed that this has not been done. The registered provider reports evidenced some environmental improvements planned and carried out, however not all areas in need of improvement were identified nor followed through to completion. This is not addressed and is stated as a requirement.	Moving towards compliance
8	29.4	The registered manager should confirm that all staff attended fire safety training following the inspection and that staff training records have been reviewed and updated.	A review of the schedule demonstrated that the record was not up to date. This is not addressed and is stated as a requirement.	Moving towards compliance

9.0 ADDITIONAL AREAS EXAMINED

9.1 Resident's consultation

The inspector met with sixteen residents both individually and in small groups. Residents were observed relaxing in the communal lounge areas whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated. It was confirmed by staff and the registered manager that there is sufficient food cooked to offer extra portions at mealtimes.

Comments received included:

- "I like the company and the food."
- "The staff are very, very good. It's quite good, it's not perfect, it's quite good."
- "I suspect it is as good as anywhere else. I would like some outings occasionally."
- "The food is absolutely first class."
- "It's a pleasant place."

9.2 Relatives/representative consultation

A relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "They (the staff) go over and above the call of duty. I can't fault them."

9.3 Staff consultation

The inspector spoke with one staff in addition to the registered manager. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

9.4 Visiting professionals' consultation

A visiting professional who met with the inspector indicated satisfaction with the provision of care and life afforded to residents and complemented staff in this regard. They stated that the home was 'shabby' and in need of re-decoration. The professional stated that staff display informed values, that the registered manager is approachable and that communication was always timely.

Comments received included:

- "It (the décor) is tatty, it could be made more respectful to clients. Shabby says we don't care enough."

9.5 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms although a number are in need of redecoration were observed to be homely and personalised. Décor and furnishings throughout the home, including communal areas, the office, bedrooms and toilet facilities were found to be in need of improvement and the inspector observed that the grounds had not been maintained. A requirement has been made.

9.6 Management Arrangements and Staffing

There was evidence that the registered manager has been working in excess of the hours stated within RQIA staffing guidelines and that improvements had not been made due in part to the registered managers increased workload. The inspector was concerned about the lack of arrangements put in place in the absence of the registered providers extended leave and insufficient staffing levels available to cover staff sick leave and annual leave, which also contributed to the registered manager working in excess of hours recommended in the guidance.

There was evidence that this contributed to the home not obtaining compliance in a number of areas examined which also had an impact on the quality of life experienced by residents and the environment not being maintained or improved. There was evidence that the registered manager had begun to develop a system to improve standards and governance but this had not been taken any further in the last few months. A recommendation has been made.

There was evidence that the frequency of staff meetings is in need of improvement with the last one recorded as 9 January 2013 and a recommendation has been made. Review of a matrix of staff supervision evidenced that staff are not being appropriately supervised and a requirement has been made. Discussions with the registered manager revealed that staff in charge in the absence of the registered manager, have not undergone a capability assessment and a requirement has been made.

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Alpine House

22 August 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 Joanne Glendinning, Registered Manager either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	21 (1) (2) (3) (4) (5) Schedule 2 (Section 8 of the report refers)	<p>The registered manager should review the homes recruitment policy and procedure and review the need to attend training in this area.</p> <ul style="list-style-type: none"> Review policy and procedure to include that a copy of the birth certificate is obtained; photo identification should state that passport identification is preferable; clearly state the arrangements for requesting/obtaining references to ensure authenticity. Date and sign the policy. 	Two	<p>The manager has attended a training course on the 7th October 2014.</p> <p>Policy and procedure reviewed, amended and updated as per inspectors request.</p>	By return of QIP
2	14 (4) (Section 8 of the report refers)	<p>The registered manager should:</p> <ol style="list-style-type: none"> (1) develop a recording template to include a checklist of the procedure, recording of the investigation process, decisions, action taken and lessons learned; (2) provide staff with training in the revised vulnerable adult policy and procedure with special attention to responding to residents/person making an allegation, recording and reporting procedures in the absence of the registered manager. 	Two	<p>A recording template has been developed, policies and procedures have been further improved. All staff have been informed. Updated information has been given to all staff to read, with signatures gathered to confirm by staff they have indeed read and understand the new information.</p>	By return of QIP

3	27 (4) (e) (f) (Section 8 of the report refers)	Fire Safety The registered person shall – (e) make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and (f) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life. <ul style="list-style-type: none"> • Submit to the Authority an up to date record of the above for all staff members to include the registered provider. 	Two (previously stated as a recommendation)	All staff have received training from a competent person, all staff (both nightshift & dayshift) have since the last inspection taken part in fire drills.	By return of QIP
4	27 (1) (2)(b) (d) (o) (Section 8 and 9 of the report refers)	Fitness of premises Subject to regulation 3(3), the registered person shall not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a	Two (previously stated as a recommendation)	The Registered provider has always aimed to retain the home both internal and external in a good state of repair. There has been significant improvements made since the inspectors last visit. Carpets have been replaced, some rooms have been repainted and the gardens have been tidied up. A copy of redecoration and maintenance plan has been	By return of QIP

		<p>good state of repair externally and internally; all parts of the home are kept clean and reasonably decorated;(o) secure and safe outdoor space with seating, accessible to all residents is provided and appropriately maintained;</p> <ul style="list-style-type: none"> • A copy of a redecoration/home maintenance schedule should be forwarded to the Authority with evidence of outstanding matters addressed/being progressed. • An ongoing review of progress should be evidenced in reports of Regulation 29 Visits. 		attached with the returning qip.	
5	20 (1) (a) (Section 9 of the report refers)	<p>Staffing</p> <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;</p> <ul style="list-style-type: none"> • The responsible person should review all aspects of staffing provision with reference to RQIA staffing guidelines. Particular consideration should 	One	The Registered person has reviewed the staffing levels and has also liaised with the manager and the staff, the staff have confirmed they are happy with the current levels of staffing. Should there be any changes in the level of care the current residents require then this matter would be reviewed with immediate effect.	By return of QIP

		<p>be given to the registered managers management responsibilities across both identified homes and ensure adequate supports are identified and put in place.</p> <ul style="list-style-type: none"> • Draw up arrangements for additional support in the absence of the registered provider 			
6	20(2) (Section 9 of the report refers)	<p>The registered person shall ensure that persons working at the home are appropriately supervised.</p> <ul style="list-style-type: none"> • Action should be taken immediately to comply with Standard 24 – Staff Supervision and appraisal <p>Failure to comply may result in the authority initiating enforcement action.</p>	Three (Stated twice in previous inspection reports)	At the time of the last inspection not all the supervision and appraisals records of staff were up to date. Those members of staff have since received supervision and appraisal .	1 November 2014
7	20 (3) (Section 9 of the report refers)	<p>The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p>	One	The home manager has completed competency and capability assessments for all care staff and feedback has been given to staff.	1 November 2014

Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.2 (Section 8 of the report refers)	The registered manager should audit staff recruitment files to ensure all documentation is in place. The checklist template should be improved and implemented to guide the process and improve governance.	Two	Template already created 22/07/2011. Not available on day off inspection, however was not in all the employees files at time off inspection, this has now been amended and the template has been updated.	By return of QIP
2	13 (Section 8 of the report refers)	<p>The registered manager should review the activity programme with residents to facilitate suggestions made by residents and relatives;</p> <p>(a) more trips out, including going to a garden centre (b) Provide musical entertainment (c) More stimulating activities</p> <p>The registered manager should review how residents and visitors are kept informed regarding the provision of activities.</p>	Two	The manager has reviewed the activities programme, using feedback gathered from the previous residents meetings. Residents, family members, staff and visitors are encouraged to suggest new activities, outings have been arranged in the past to local places off interest suggested by the residents, less than half the residents attended.	By return of QIP
3	25.8	<p>Staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <p>The date of all meetings The names of those attending Minutes of discussions Any actions agreed.</p>	One	A staff meeting is scheduled for December 2014 this will bring the total for this year to four. The entire contents of each meeting is recorded, the time the meeting started and finished is also recorded ,	From the date of the inspection and ongoing

				alongside the names of those attending, accompanied by their signatures and dated.	
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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	Joanne Glendinning
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr. D. Bogun

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Kylie Connor	17/10/14
Further information requested from provider			