



Secondary Unannounced Care Inspection

Name of Establishment: Breffni House

RQIA Number: 1582

Date of Inspection: 20 November 2014

Inspector's Name: Laura O'Hanlon

Inspection ID: INO17801

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General information

| | |
|--|--|
| Name of Service: | Breffni House |
| Address: | 27-33 Wandsworth Gardens Belfast BT4 3NL |
| Telephone number: | 028 90656075 |
| E mail address: | breffnihouse@hotmail.co.uk |
| Registered Organisation/ Registered Provider: | Breffni House Ltd Mr Mark Uprichard |
| Registered Manager: | Mrs Sally-Anne Stacey |
| Person in charge of the home at the time of inspection: | Mrs Sally-Anne Stacey |
| Categories of care: | RC-I, RC-DE, RC-PH |
| Number of registered places: | 22 |
| Number of residents accommodated on Day of Inspection: | 17 |
| Scale of charges (per week): | £466 - £511 |
| Date and type of previous inspection: | 07 May 2014 Primary Announced |
| Date and time of inspection: | 20 November 2014 10.30am – 16.30pm |
| Name of Inspector: | Laura O'Hanlon |

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. The report details the extent to which the standards measured during inspection were met.

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 provider
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff, visitors and visiting professionals
- 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 inspection also examined additional areas which are detailed in Section 10.

6.0 Profile of Service

Breffni House is a purpose-built residential home for twenty two residents, located in a heavily populated area of East Belfast. It is within walking distance, for most residents, of local shops and the post office. Breffni House is owned by a limited company, Breffni House Ltd.

Resident accommodation spans three floors and is on a single room basis, with the majority of bedrooms having en-suite facilities. There is a lounge on the ground floor for residents' use, an appropriate range of bathroom and toilet facilities (fully equipped for people with a disability) and good catering and laundry facilities.

A car parking area is available at the front of the home.

7.0 Summary of Inspection

This secondary unannounced care inspection of Breffni House was undertaken by Laura O'Hanlon on 20 November 2014 between the hours of 10:30am and 4:30pm. Sally Anne Stacey, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed two requirements regarding fire safety and washbasins satisfactorily.

One requirement in relation to supervision will be restated for the second time in this report. A requirement restated for the second time in respect of staff appraisals was not complied with, within the required timescale. Due to the lack of compliance in relation to this requirement, this issue was subsequently escalated to senior management within RQIA.

In relation to recommendations the home was found to be fully compliant with six recommendations. Four recommendations relating to needs assessments, review reports, care review policy and staffing were not complied with, within the required timescale. Four recommendations with regard to challenging behaviour policy, statement of purpose, and review of activity programme will be stated for the second time in this report.

During the inspection the inspector met with eight residents individually and others in groups, four staff, two relatives and one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, discreetly observed care practices, examined a selection of care 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. Residents were praising of the registered manager and stated that she has made a positive contribution to the home in general since coming into post earlier this year. Resident

representatives 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 within their roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties. Staff too reported that the registered manager has been making positive improvements within the home since coming into post.

During the inspection the inspector met with one visiting professional to the home. This visiting professional expressed no concerns, stated that there were always plenty of staff around and that there was good communication between staff in the home and them.

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 of an acceptable standard. One bathroom downstairs was found to be in need of some repair. A recommendation is made regarding this matter.

Three requirements and nine 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, registered provider 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 07 May 2014

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|----------------------|---|---|--|
| 1 | 17 (1-3) | <p>The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request.</p> <p>(Standard 20.12)</p> | <p>Discussion with the registered manger confirmed that questionnaires relating to quality review are to be issued next week to residents and representatives. This requirement will be restated within this report as date of compliance has not been met.</p> | <p>Date of compliance not reached.</p> |
| 2 | 20 (c) (i) | <p>The registered person must ensure that the persons employed to work at the home receive appraisal appropriate to the work they are to perform.</p> <p>(Standard 24.5)</p> | <p>Discussion with the registered manager confirmed that only six staff appraisals have been completed.</p> | <p>Not Compliant</p> |
| 3 | 19 (2) Schedule 4 14 | <p>The registered person must ensure that a record is kept of every fire practice or drill conducted within the home and all of the fire checks are conducted as required.</p> <p>(Standards 29.6 & 28.1)</p> | <p>The returned quality improvement plan confirmed that this requirement had been addressed. Examination of fire safety records evidenced that weekly fire checks are completed and recorded in the home since the last inspection. The registered manger confirmed that a fire drill is planned for December 2014.</p> | <p>Compliant</p> |

| No. | Regulation Ref. | Requirements | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------|---|---|--------------------------------------|
| 4 | 20 (2) | <p>The registered person is required to ensure that all staff are appropriately supervised in accordance with the home's policy on supervision and no less than every six months.</p> <p>(Standard 24.2)</p> | <p>Discussion with the registered manger confirmed that supervision has taken place with four staff. Until fully addressed this requirement will be stated for the second time in this report.</p> | <p>Not compliant</p> |
| 5 | 27 (2) (d) | <p>The registered person is required to ensure that the décor behind the washbasins in the bathrooms is re-painted.</p> <p>(Standard 27.1)</p> | <p>The returned quality improvement plan and discussion with the registered manager confirmed that this requirement had been addressed. Inspection of the environment evidenced that this requirement had been addressed.</p> | <p>Compliant</p> |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|---|---|--------------------------------------|
| 1 | 11.2 & 11.3 | The registered person is recommended to ensure that copies of review reports prepared by home staff are retained for inspection purposes. | Examination of a sample of care records evidenced that two residents' reviews were undertaken since the last inspection. One care record contained preparatory review reports; the other care contained no copy of a preparatory review report. | Moving towards compliance |
| 2 | 11.6; 6.1; 6.3 & 5.4 | The registered person is recommended to ensure that care plans and needs assessments are signed by the resident or their representative, (where appropriate). | Examination of a sample of care records evidenced that care plans have been signed by resident or their representative. Needs assessments have not been signed by resident or their representative. | Moving towards compliance |
| 3 | 16.1 & 11.1 | The registered person is recommended to ensure that the care review and the vulnerable adults' policies are shared with staff. | Discussion with the registered manager confirmed that the care review policy has been updated and is awaiting verification by the registered provider. Review of the vulnerable adults' policy evidenced that it has been shared with staff. | Moving towards compliance |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 4 | 19.2 | The registered person is recommended to ensure that the pre-employment health questionnaire is signed off as satisfactory by the registered person. | The returned quality improvement plan and discussion with the registered manager confirmed that pre-employment health questionnaires have been completed and signed off by two new members of staff. Review of these two pre-employment questionnaires evidenced that they were signed off as satisfactory by the registered person. | Compliant |
| 5 | 19.6 | The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible. | The returned quality improvement plan and discussion with the registered manager confirmed that two residents were invited to take part in the interviewing process. Both residents declined. One resident submitted a question to be asked as part of the interview. | Compliant |
| 6 | 25.2 & 25.4 | The registered person is recommended to review the ancillary hours to ensure that the staffing levels are in accordance with RQIA guidance as mixed duties are not permitted in a home of this size. These should be shown separately on the duty roster. | Discussion with the registered manager confirmed that total domestic hours are 44. Ancillary hours are recorded separately on the duty roster. | Moving towards compliance |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 7 | 10.1 | The registered person is recommended to update the challenging behaviour policy to include a wider view of behaviours that challenge; reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) include the need for Trust involvement in managing behaviours which challenge and detail that restraint is not used. | The challenging behaviour policy was available in the home on the day of inspection. Examination of the policy evidenced that it includes the need for Trust involvement in managing behaviours. The policy however does not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) or detail that restraint is not used. This recommendation will be stated for the second time within this report. | Moving towards compliance |
| 8 | 10 | The registered person is required to update the statement of purpose and residents guide to make reference to the use of restraint and restrictive practices present in the home. | Examination of the residents' guide referred to the use of restraint and restrictive practices present in the home. Discussion with the registered manager confirmed that the Statement of Purpose remains in the process of being updated. This recommendation will be stated for the second time within this report. | Moving towards compliance |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|------------|------------------------------|---|---|---|
| 9 | 10.3 & 6.6 | The registered person is recommended to update the two identified care plans and have them signed by the resident or their representative where appropriate, the staff member and the registered manager. | The returned quality improvement plan and discussion with registered manager confirmed that one resident has subsequently moved on. Examination of the other residents care records confirmed that the care plan was updated and signed by the representative, staff member and registered manager. | Compliant |
| 10 | 10.7 | The registered person is recommended to review all current restrictive practices to ensure that residents are subject to the least restrictive strategies necessary. | Discussion with registered manager confirmed that restrictive practices for residents have been reviewed within the home. The registered manager confirmed that two residents use buzzer mats at their bedside. Examinations of care records evidenced that this was recorded within the care plan. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|--|---|--------------------------------------|
| 11 | 13.1 | The registered person is recommended to ensure assessments are updated to provide a fuller identification of the needs and interests of current residents. | The returned quality improvement plan and discussion with the registered manager confirmed that a fuller identification of the needs and interests of residents is recorded within the assessments. Examination of care records evidenced that an activity profile is detailed within residents' care plans. | Compliant |
| 12 | 13.4 | The registered person is recommended to review the format of the activities programme to ensure it meets residents' needs. | The returned quality improvement plan and discussion with the registered manager confirmed that the format of activities has been reviewed. A programme of activities/monthly schedule was in residents' rooms and residents were aware of the timetable. Daily activities were on display in the sitting room. | Compliant |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Inspector's Validation of Compliance |
|-----|-----------------------|---|--|--------------------------------------|
| 13 | 13.2 & 13.5 | The registered person is recommended to review the activity programme to consider the frequency of activities organised to meet residents' needs. | Discussion with the registered manger confirmed that questionnaires are ready to be issued next week to residents and their representatives to review the activity programme to consider the frequency of activities organised to meet residents' needs. This recommendation will be stated for the second time within this report | Not compliant |
| 14 | 13.10 | The registered person is recommended to review the activity programme at least twice yearly and maintain a record to evidence this having occurred and how it has been altered in response to changing needs. | Discussion with registered manger confirmed that questionnaires are ready to be issued next week to residents and their representatives to formally review the activity programme. This recommendation will be stated for the second time within this report | Not compliant |

9.0 Additional Areas Examined

9.1 Residents' Consultation

The inspector met with eight residents individually and with others in groups. Residents were observed relaxing in the communal lounge area 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. Residents were praising of the registered manager and stated that she has made a positive contribution to the home in general since coming into post earlier this year.

Comments received included:

"I love it in here"

"Always enough staff around"

"Staff are approachable"

"Staff always try to get things done for you."

9.2 Relatives'/Representative' Consultation

Two relatives 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. Both relatives noted that staff were good at passing on information in relation to their parents.

Comments received included:

"Always plenty of staff around"

"No problems in relation to staff passing on information."

9.3 Staff Consultation

The inspector spoke with four members of staff. 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 a good awareness and knowledge of the needs of residents. Staff reported that there was good support among team members and that this had steadily improved since the new manager came into post earlier this year. Staff advised that recent training completed included moving and handling and vulnerable adults' updates. Two staff members reported pressures in relation to undertaking mixed duties in the home.

Comments received included:

"I love coming to work"

"Good support from team... we help each other out."

9.4 Visiting Professionals' Consultation

During the inspection the inspector met with one visiting professional to the home. This visiting professional expressed no concerns, stated that there were always plenty of staff around and that there was good communication between staff in the home and them.

9.5 Environment

The inspector viewed the home accompanied by the registered manager and 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 were observed to be homely and personalised. Décor and furnishings were found to be generally of a good standard, however one bathroom downstairs was noted to be rather tired and in need of some repair. Discussion with the registered manager confirmed that this bathroom is under review. A recommendation is made in respect of this.

9.6 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful and polite. Residents were observed to be well dressed with good attention to personal detail observed.

9.7 Duty Roster.

Examination of the duty roster on the day of inspection confirmed that ancillary hours are reflected separately on duty roster. Examination of duty roster and discussion with the registered manager confirmed that there is only one wakened member of care staff on night duty.

9.8 Fire Safety

The inspector examined the homes most recent fire safety risk assessment dated October 2014. Examination of fire safety records evidenced that weekly fire checks are completed and recorded in the home since last inspection. The registered manger confirmed that a fire drill is planned for December 2014.

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Sally Anne Stacey, Registered Manager** 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:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



Quality Improvement Plan

Secondary Unannounced Care Inspection

Breffni House

20 November 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 registered manager Sally Anne Stacey on the day 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 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. | 17 (1-3) | The registered person must ensure that an annual quality review is conducted which includes consultation with staff; residents and representatives and a copy of this is made available to residents and provided to RQIA on request. (Standard 20.12) | Two | Cosultation with residents and representatives completed. Summary has been prepared. Quality review has been issued | 7 December 2014 |
| 2. | 20 (2) | The registered person is required to ensure that all staff are appropriately supervised in accordance with the home's policy on supervision and no less than every six months. (Standard 24.2) | Two | All care staff have been supervised within the last 6 months. 3 new staff to receive supervision before end of January. | 29 January 2015 |
| 3. | 20 (c) (i) | The registered person must ensure that the persons employed to work at the home receive appraisal appropriate to the work they are to perform. (Standard 24.5) | Three | All employed persons have received appraisal except for 4 new staff who have been in employment for less than 6 months. Schedule for their appraisals was agreed at the meeting with the RQIA on 27 th November. | 29 January 2015 |

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 | Recommendations | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------------|--|------------------------|--|-------------------------|
| 1. | 11.2 & 11.3 | The registered person is recommended to ensure that copies of review reports prepared by home staff are retained for inspection purposes. | Three | Copies of all review reports prepared by staff for Belfast Trust reviews are held in the residents' files. 3 residents are placed by The South-Eastern Health and Care Trust. The preparation required for these reviews is to complete section 1 of the review form which is then taken away by the care manager to complete section 2 following the review. The final copies of the whole review reports have been sent back and are retained in the residents' files. Staff are not required by the Northern Trust to prepare a review report. Reviews have been held for the 2 residents placed by the Northern Trust and the minutes of the review have not yet been received." | From date of inspection |
| 2. | 5.4 | The registered person is recommended to ensure that needs assessments are signed by the resident or their representative, (where appropriate). | Three | All needs assessments have been signed by residents or representatives where appropriate. | From date of inspection |

| | | | | | |
|----|-------------|---|-------|---|-------------------------|
| 3. | 11.1 | The registered person is recommended to ensure that the care review policy is shared with staff. | Three | Care review policy shared with staff and acknowledged. | From date of inspection |
| 4. | 25.2 & 25.4 | The registered person is recommended to review the ancillary hours to ensure that the staffing levels are in accordance with RQIA guidance. | Three | Ancillary hours have been reviewed. Hours for domestic and laundry duties have been increased by 10.75 per week . Additional hours for deep cleaning as required have been introduced. No mixed duties. | From date of inspection |
| 5. | 10.1 | The registered person is recommended to update the challenging behaviour policy to include a wider view of behaviours that challenge; reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). | Two | Challenging behaviour policy has been updated with reference to the DHSS Guidance and the Human Rights Act. The draft has been issued to the registered person for his approval. | 29 January 2015 |
| 6. | 10. | The registered person is required to update the Statement of Purpose to make reference to the use of restraint and restrictive practices present in the home. | Twice | The Statement of Purpose has been updated with reference to the use of restraint and restrictive practices. The draft has been issued to the registered person for his approval. | 29 January 2015 |

| | | | | | |
|----|-------------|---|-----|--|-----------------|
| 7. | 13.2 & 13.5 | The registered person is recommended to review the activity programme to consider the frequency of activities organised to meet residents' needs. | Two | Frequency of activities was reviewed on manager's appointment. New activities introduced include art class, knitting circle, armchair aerobics and monthly church services. 4 outings have been arranged and ad hoc activities by carers i.e. DVD nights, walks out and games. School girls volunteer weekly to chat to residents. A monthly schedule is issued to residents. The activity schedule will be reviewed again as the anniversary of manager's appointment approaches. | 29 January 2015 |
| 8. | 13.10 | The registered person is recommended to review the activity programme at least twice yearly and maintain a record to evidence this having occurred and how it has been altered in response to changing needs. | Two | The activity programme was reviewed as part of the Annual Quality Review as well as on an ongoing basis by the manager. It has also been discussed at residents meetings and recorded in the minutes. Historical talks are to be introduced to the activity programme as several residents have expressed an interest in this. | 29 January 2015 |

| | | | | | |
|----|------|---|------|---|-----------------|
| 9. | 27.1 | The registered person should ensure that the identified bathroom downstairs is repainted. | Once | The lagging to the pipes in the bathroom has been replaced and the floor repaired as discussed with the inspector. The bathroom is to be repainted week beginning 12 th January. | 29 January 2015 |
|----|------|---|------|---|-----------------|

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 | Sally-Anne Stacey |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Mark Uprichard |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | Yes | Laura O'Hanlon | 29.1.15 |
| Further information requested from provider | | | |