



The Regulation and
Quality Improvement
Authority

RESIDENTIAL CARE HOME MEDICINES MANAGEMENT MONITORING INSPECTION REPORT

| | |
|-------------------------------|------------------------|
| Inspection No: | IN020821 |
| Establishment ID No: | 1584 |
| Name of Establishment: | Calder Fountain |
| Date of Inspection: | 20 January 2015 |
| Inspector's Name: | Judith Taylor |

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 GENERAL INFORMATION

| | |
|---|---|
| Name of home: | Calder Fountain |
| Type of home: | Residential Care Home |
| Address: | Centenary House 2 Victoria Street Belfast BT1 3GE |
| Telephone number: | 028 9032 0320 |
| E mail address: | elaine.hamill@salvationarmy.org.uk |
| Registered Organisation/ Registered Provider: | The Salvation Army Miss Kirsten Leigh Watters (Registration Pending) |
| Registered Manager: | Ms Elaine Valerie Hamill |
| Person in charge of the home at the time of Inspection: | Ms Elaine Valerie Hamill |
| Categories of care: | RC-LD, RC-E, RC-A, RC-D, RC-MP |
| Number of registered places: | 28 |
| Number of residents accommodated on day of inspection: | 19 |
| Date and time of current medicines management inspection: | 20 January 2015 10:45 – 13:45 |
| Names of inspector: | Judith Taylor |
| Date and type of previous medicines management inspection: | 29 September 2014 Unannounced Monitoring |

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The previous medicines management inspections of this home on 28 May 2014 and 29 September 2014 had shown that robust systems for the management of medicines were not in place, and improvements were needed in the standards for the management of medicines. As a result of the lack of improvement and the issues also raised at the most recent care inspection, a serious concerns meeting was held on 5 November 2014, with the registered persons and staff from Calder Fountain, and RQIA inspectors. During the meeting the management of Calder Fountain outlined their proposed action plan to address the issues and to ensure sustained improvement.

The purpose of this visit was to determine what progress had been made in addressing the five requirements and 13 recommendations made during the previous medicines management inspection, to re-assess the home's level of compliance with legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines, could be assured.

METHODS/PROCESS

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

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards (2011) and to assess progress with the issues raised during and since the previous inspection.

Standard 30: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 31: Medicine Records

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

Standard 32: Medicines Storage

Standard Statement - Medicines are safely and securely store

Standard 33: Administration of Medicines

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

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

Table 1: Compliance statements

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

3.0 PROFILE OF SERVICE

Calder Fountain is a residential care home which is situated in inner Belfast and provides short, medium and long term residential care for vulnerable male adults. The home is adjacent to the larger Salvation Army hostel Centenary House and is run as a separate facility. Access to Calder Fountain is via a doorway on Waring Street or through Centenary House. There is a physical link between the two facilities and a shared dining canteen.

Most residents have, or have had drug or alcohol related problems. Some residents have mental ill health and a small number have a physical or learning disability. The age range in Calder Fountain is from 18 to 80 plus years of age. A significant number of residents have been cared for by the Salvation Army for 20 or more years while others have been "in and out" over the years.

Catering is provided from one central kitchen in the men's hostel and the majority of residents take their meals at the adjoining canteen.

Accommodation is provided in single bed sit style, en suite rooms, each with a small kitchen facility. There is a sitting room located on each of the three floors and these are equipped with a television and a selection of books. Many residents have televisions and music equipment in their own rooms. Recreational facilities including a snooker table are available on the ground floor.

The home is owned and operated by The Salvation Army. Ms Elaine Hamill is the manager of the home and has been registered manager for seven years.

The home is registered to provide care for a maximum of 28 persons under the following categories of care:

Residential care

| | |
|----|---|
| E | Residents who are over 65 years of age but do not fall within the category of old age (maximum 6 residents) |
| MP | Mental disorder excluding learning disability or dementia |
| LD | Learning Disability (maximum 3 residents) |
| D | Past or present drug dependence |
| A | Past or present alcohol dependence |

4.0 EXECUTIVE SUMMARY

An unannounced medicines management monitoring inspection of Calder Fountain was undertaken by Judith Taylor, Pharmacist Inspector on 20 January 2015 between 10:45 and 13:45. This summary reports the position in the home at the time of the inspection.

The previous medicines management inspections of this home on 28 May 2014 and 29 September 2014 had shown that robust systems for the management of medicines were not in place, and improvements were required. As a result of the findings from the most recent care inspection and due to lack of improvement in medicines management, RQIA held a serious concerns meeting with the registered persons on 5 November 2014. It was agreed that RQIA would give a period of time to enable improvements to be made in relation to the management of medicines.

The focus of this medicines management monitoring inspection was to determine the extent to which the previous requirements and recommendations had been addressed, to re-assess the home's level of compliance with the legislative requirements and the DHSSPS Minimum Standards for Residential Care Homes and to determine if the safety of residents, with respect to the administration of medicines could be assured.

The inspector examined the arrangements for the medicines management within the home and focused on the four medicine standards in the DHSSPS Residential Care Homes Minimum Standards (2011):

- Standard 30: Management of Medicines
- Standard 31: Medicine Records
- Standard 32: Medicines Storage
- Standard 33: Administration of Medicines

During the course of the inspection, the inspector met with the registered manager of the home, Ms Elaine Hamill and with the staff on duty. The inspector observed practices for medicines management in the home, inspected storage arrangements for medicines, examined a selection of medicine records and conducted an audit of a sample of randomly selected medicines.

This inspection indicated that the arrangements for the management of medicines in Calder Fountain are substantially compliant with legislative requirements and best practice guidelines. The outcomes found no areas of concern; however, some areas for improvement were noted.

The five requirements and 13 recommendations made at the previous medicines management inspection on 29 September 2014 were examined during the inspection. The inspector's validation of compliance can be observed in Section 5.0 of the report. Two requirements have been assessed as compliant and three as substantially compliant. Seven recommendations have been assessed as compliant, four as substantially compliant, one as moving towards compliance and one is no longer applicable.

The outcome of this inspection indicated that management and staff had addressed the issues raised at the previous inspections and discussed in detail at the serious concerns meeting in November 2014. An improvement in the management of medicines was evidenced at the inspection. The progress made is acknowledged. The improvements made must be sustained and developed in order to ensure the safety and well-being of the residents.

All staff have been made aware of the location of policies and procedures relating to medicines management. These had been updated since the previous inspection.

Further staff training has been completed since the previous inspection and there was evidence that staff competencies in medicines management had been recently assessed. A list of the names and initials of staff deemed competent in medicines management is maintained.

The range of audit trails, which was performed on randomly selected medicines during the inspection, indicated that a generally satisfactory correlation existed between the prescribed instructions, patterns of administration and stock balances of medicines. There was evidence that a more frequent and detailed audit system has been developed and implemented.

Records of the audit outcomes, including the action taken, when areas for improvement had been identified, were readily available.

However, it was noted that there are occasions, at the beginning of each medicine cycle, when a small number of medicines are not available for administration. This was further discussed with regard to the ordering and receipt of medicines and the staff undertaking the necessary arrangements to ensure that no medicines are not administered, due to an out of stock situation. It was reiterated that the staff in the home are responsible for making certain that all medicines are available for administration as prescribed. Although staff advised of the action taken to obtain these medicines, this had not been effective. A requirement is made.

There was evidence that care plans had been updated to include information regarding the residents' medicines e.g. distressed reactions, self-administered medicines.

The majority of the medicine records which were examined had been maintained in the required manner. With regard to personal medication records, although it was acknowledged that they had been rewritten and a new format implemented, not all of these records had been dated or checked and verified for accuracy. When new entries are handwritten onto the medication administration records there was no evidence that the entry had been checked or verified for accuracy; and the dosage directions had not been recorded. A small number of anomalies between the medicines and the personal medication record were noted and highlighted at the inspection. A requirement is made.

The storage arrangements for medicines were satisfactory.

The inspection attracted a total of two requirements which are detailed in the Quality Improvement Plan.

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

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 29 September 2014:

| NO. | REGULATION | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------|---|---|--|
| 1 | 13(4) | <p>The registered manager must develop and implement a robust audit system which covers all aspects of medicines management.</p> <p>Stated twice</p> | <p>The registered manager has implemented a detailed auditing programme for medicines. This has been facilitated by continued support from the community pharmacist. There was evidence of a variety of audits, which included medicine records specifically personal medication records and medication administration records, self-administered medicines, care plans and analgesic medicines. Some areas for improvement were noted and it was agreed that the residents records discussed at the inspection would be closely monitored and updated.</p> | Substantially compliant |
| 2 | 19(2) | <p>The registered manager must confirm that records which indicate that staff who are responsible for medicines management are trained and competent to do so, are maintained.</p> <p>Stated twice</p> | <p>There was evidence that staff had completed e-learning modules and attended training in relation to medicines since the previous inspection. This also included training at each visit from the community pharmacist in November December 2014 and in January 2015. A sample of staff competency records in the management of medicines was observed. The most recent competency assessment had been early January 2015.</p> | Compliant |

| NO. | REGULATION | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------|--|---|--|
| 3 | 13(4) | <p>The registered manager must put robust systems in place to ensure that each resident's personal medication record is fully and accurately maintained at all times.</p> <p>Stated twice</p> | <p>Following the previous inspection, a new format for these records had been developed and implemented. Staff advised that each resident's personal medication record had been rewritten. It was noted that some records are fully computerised and others are handwritten. The date of writing was not recorded and advice was given at the inspection. The sample of personal medication records selected indicated that the majority of entries were up to date and accurate. A few anomalies between these records, medicines and medication administration records (MARs) were discussed with the registered manager.</p> | Substantially compliant |
| 4 | 13(4) | <p>The registered manager must make the necessary arrangements to ensure that medication administration records are fully and accurately maintained on every occasion.</p> <p>Stated once</p> | <p>Improvement was noted in the maintenance of MARs. The administration of medicines and reasons for omissions were recorded on most occasions. The good practice of recording the reason for administration of analgesics was also recorded. However, a small number of gaps were noted, and the audit trails indicated that the medicine had been administered but had not been signed by staff. There was evidence of spot checks on the completion of MARs and these findings were discussed with the registered manager. She advised that she would discuss the gaps with the staff involved and continue with the close monitoring on a weekly basis.</p> | Substantially compliant |

| NO. | REGULATION | REQUIREMENT | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------|--|---|--|
| 5 | 13(4) | <p>The registered manager must ensure that all medicines are administered in strict accordance with the prescriber's instructions and any ongoing refusal is reported to the prescriber.</p> <p>Stated once</p> | The outcomes of the audit trails showed generally satisfactory outcomes. For the residents identified at the previous inspection, there was evidence that the ongoing non-administration of medicines had been followed up with the prescriber. | Compliant |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------------|--|--|--|
| 1 | 30 | <p>The registered manager should develop and implement written standard operating procedures for the management of controlled drugs in Calder Fountain.</p> <p>Stated twice</p> | A copy of Calder Fountain's policies and procedures for medicines management was made available at the inspection. These had been recently updated and included the management of controlled drugs. | Compliant |
| 2 | 30 | <p>The registered manager should ensure that the date of opening is recorded on all medicine containers which are not supplied in the 28 day blister packs to facilitate the audit process.</p> <p>Stated twice</p> | The date of opening was recorded on most of the medicines which are not supplied in 28 day blister packs. The registered manager stated that this is the expected practice and has been reiterated with staff and would be further discussed after the inspection. | Substantially compliant |
| 3 | 30 | <p>The registered manager should ensure that the stock balances of medicines which are not supplied in 28 day packs are recorded at the beginning of each new medicine cycle to facilitate the audit process.</p> <p>Stated twice</p> | There was evidence that this practice routinely occurs. The quantity of any medicines remaining from the previous medicines cycle is recorded as carried forward on the new MAR sheet. | Complaint |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------------|--|---|--|
| 4 | 31 | <p>The registered manager should ensure that personal medication records, prescriptions and printed medication administration records are checked and verified for accuracy at the beginning of each new medicine cycle.</p> <p>Stated twice</p> | <p>There was evidence that training in this area had been provided. The registered manager advised that this is the expected practice and any discrepancies are brought to her attention. The sample of records and medicines selected indicated that most of these correlated. A few anomalies were noted and discussed.</p> | Substantially compliant |
| 5 | 31 | <p>The registered manager should ensure that two members of trained staff are involved in the writing and updating of personal medication records and medication administration records; both staff should initial the entry.</p> <p>Stated twice</p> | <p>All of the personal medication records had been typed or handwritten by one member of staff since the previous inspection. Only a small number of medicine entries had been verified and signed by a second member of staff.</p> <p>The sample of new medicine entries which had been handwritten onto the MARs did not include staff signatures or the dosage directions. This was discussed with regard to safe practice.</p> <p>This recommendation has been subsumed into a requirement</p> | Moving towards compliance |
| 6 | 32 | <p>The registered manager should monitor and record the temperature of the medicines room to ensure the temperature does not exceed 25°C.</p> <p>Stated twice</p> | <p>The room temperature of the medicines room is monitored and recorded each day. The records indicated that temperatures had been maintained below 25°C, with most temperatures recorded as 22°C to 23°C.</p> | Compliant |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------------|---|--|--|
| 7 | 30 | <p>The registered manager should consult with the prescriber regarding the frequent administration of one resident's medicine which is prescribed on a 'when required' basis.</p> <p>Stated twice</p> | <p>There was evidence that a letter had been written and sent to the prescriber in October 2014 and followed up in November 2014. A response has not yet been received; however, a care plan is in place. The registered manager confirmed that this is being followed up with the prescriber.</p> | Substantially compliant |
| 8 | 30, 31 | <p>The registered manager should review the management of distressed reactions to ensure the relevant records are maintained.</p> <p>Stated twice</p> | <p>One resident is prescribed medicines for the management of distressed reactions. A care plan is in place, the parameters for administration are recorded in the care plan and also the personal medication record; each administration is recorded. The medicine is administered once daily at the request of the resident. Staff confirmed that this is part of this resident's routine and has been raised with the prescriber. This was further discussed with the registered manager with reference to recommendation No.7.</p> | Substantially compliant |
| 9 | 30 | <p>The registered manager should confirm that risk assessments and procedures to monitor compliance are in place for those residents who are responsible for the self-administration of their medicines.</p> <p>Stated twice</p> | <p>An improvement in the management of self-administered medicines was evidenced at the inspection. A sample of the completed risk assessments, signed protocols by the resident and the prescriber, and monitoring arrangements to ensure compliance were made available at the inspection.</p> | Compliant |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------------|--|---|--|
| 10 | 32 | <p>Daktacort cream should be stored within the temperature range +2°C and +8°C, in accordance with the manufacturer's instructions.</p> <p>Stated once (carried forward)</p> | Staff advised that this cream is not prescribed for any resident accommodated in this home. | No longer applicable |
| 11 | 30 | <p>The registered manager should develop the policies and procedures for medicines management to ensure these accurately reflect practices in Calder Fountain.</p> <p>Stated once</p> | Written policies and procedures for medicines management in Calder Fountain were made available at the inspection. The registered manager advised that with the exception of the revised elements within the policy, these had been in place at the previous inspection; however, staff had not shown the inspector the correct policies. | Compliant |
| 12 | 30,31 | <p>The registered manager should ensure that a photograph of the resident is attached to or located with the resident's personal medication record to facilitate the safe administration of medicines.</p> <p>Stated once</p> | A photograph of the resident is located with the resident's personal medication record and MARs. | Compliant |

| NO. | MINIMUM STANDARD | RECOMMENDATION | ACTION TAKEN (as confirmed during this inspection) | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|------------------|--|--|--|
| 13 | 31 | <p>The registered manager should review the management of medicines issued to residents for administration outside of the home, to ensure records are fully and accurately maintained.</p> <p>Stated once</p> | <p>This had been reviewed. Previously one injectable medicine was issued to the resident to be administered by a community nurse at another location; this practice has been changed and the community nurse visits the home to administer the injection. Staff advised that it was now rare that medicines would be issued for temporary leave, however, confirmed that individually labelled bottles are used and a record of each of the medicines issued is documented and signed by the staff and the resident.</p> | Compliant |

6.0 QUALITY IMPROVEMENT PLAN

All registered establishments and agencies are required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and the subordinate regulations specific to the particular service being provided.

Registered providers / managers are also expected to ensure that their service operates in accordance with the minimum standards relevant to their establishment or agency that have been issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Enforcement action is an essential element of the responsibilities of RQIA under the 2003 Order, and is central to the aim of RQIA to protect the safety of residents and to bring about sustained improvements in the quality of service provision.

In line with the principles set out in the Enforcement Policy, RQIA will normally adopt a stepped approach to enforcement where there are areas of concern. Any enforcement action taken by RQIA will be proportionate to the risks posed to residents and the seriousness of any breach of legislation.

The Quality Improvement Plan (QIP) appended to this report details the action required to ensure compliance with legislation and improvement in the quality of the service. These details were discussed with **Ms Elaine Hamill, Registered Manager**, as part of the inspection process. The registered provider must record comments on the QIP and return it to RQIA within the required timeframe.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement action. It should also be noted that under the 2003 Order, failure to comply with some regulations is considered to be an offence and RQIA has the power to prosecute in conjunction with other enforcement action, for example place conditions on registration.

Enquiries relating to this report should be addressed to:

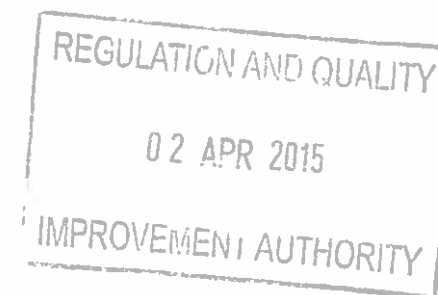
Judith Taylor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Judith Taylor
Pharmacist Inspector

Date



The Regulation and
Quality Improvement
Authority



QUALITY IMPROVEMENT PLAN

RESIDENTIAL CARE HOME

UNANNOUNCED MEDICINES MANAGEMENT MONITORING INSPECTION

CALDER FOUNTAIN
20 JANUARY 2015

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 timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Elaine Hamill, Registered Manager**, during 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 contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS

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

| NO. | REGULATION REFERENCE | REQUIREMENT | NUMBER OF TIMES STATED | DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S) | TIMESCALE |
|-----|----------------------|---|------------------------|--|------------------|
| 1 | 13(4) | The registered manager must implement a system which ensures that personal medication records and medication administration records entries are checked and verified for accuracy at times of rewriting and transcribing new information. Ref: Section 4.0 & 5.0 | One | <i>These will be checked by two staff who are doing medication and ensured they are signed. RM will audit these more frequently from weekly to twice weekly.</i> | 19 February 2015 |
| 2 | 13(4) | The registered manager must make the necessary arrangements to ensure that all residents' medicines are available for administration as prescribed. Ref: Section 4.0 | One | <i>When meds are not available from Boots because of GP delays - staff will continue to telephone GP surgery. A letter will go out to Surgery managers to highlight the requirements and that RQIA will be inform as an incident - Incident Report will be completed each time this happens.</i> | 19 February 2015 |

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issues raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: K. Waters

NAME: KIRSTEN WATERS
Registered Provider

DATE 19.03.15

SIGNED: E. Hamill

NAME: ELAINE HAMILL
Registered Manager

DATE 23/2/15

| QIP Position Based on Comments from Registered Persons | | | | Inspector | Date |
|--|---|-----|----|-----------|----------|
| | | Yes | No | | |
| A. | Quality Improvement Plan response assessed by inspector as acceptable | x. | | Flagler. | 13/4/15. |
| B. | Further information requested from provider | | | | |