

NURSING HOME MEDICINES MANAGEMENT INSPECTION REPORT

Inspection No:	IN020370
Establishment ID No:	1593
Name of Establishment:	Croaghpatrick
Date of Inspection:	19 August 2014
Inspectors' Names:	Helen Daly Paul Nixon

1.0 GENERAL INFORMATION

Name of home:	Croaghpatrick
Type of home:	Nursing
Address:	Miller Hill 235 Millisle Road Donaghadee BT21 0HY
Telephone number:	028 9188 8383
E mail address:	croagh.patrick@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care Mr James McCall
Registered Manager:	Ms Chat Poblete (Acting Manager)
Person in charge of the home at the time of Inspection:	Ms Chat Poblete (Acting Manager)
Categories of care:	NH-I, NH-TI, NH-PH, NH-PH(E)
Number of registered places:	67
Number of patients accommodated on day of inspection:	45
Date and time of current medicines management inspection:	19 August 2014 10:10 – 13:05
Names of inspectors:	Helen Daly Paul Nixon
Date and type of previous medicines management inspection:	9 June 2011 Unannounced

2.0 INTRODUCTION

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

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

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

RQIA aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003

The Nursing Homes Regulations (Northern Ireland) 2005

The Department of Health, Social Services and Public Safety (DHSSPS) Nursing Homes Minimum Standards (2008)

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

METHODS/PROCESS

Discussion with Ms Chat Poblete, Acting Manager, Ms Joan Waddell, Unit Sister, 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

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

HOW RQIA EVALUATES SERVICES

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standards (2008) and to assess progress with the issues raised during and since the previous inspection.

Standard 37: Management of Medicines

Standard Statement - Medicines are handled safely and securely

Standard 38: Medicine Records

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

Standard 39: Medicines Storage

Standard Statement - Medicines are safely and securely stored

An outcome level was identified to describe the service's performance against each criterion that the inspectors 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

Croaghpatrick is located in a very pleasant rural coastal site overlooking the Irish Sea. It is sited in a quiet location reached by a tree-lined driveway.

The gardens are private and safe affording patients and visitors the choice to take walks in the grounds of the home.

There are good car parking facilities available. Local bus services to Bangor, Donaghadee and Ballywalter are available at the end of the driveway. Local community services and main shopping areas are approximately one mile from the home in Donaghadee.

Bath / shower rooms and toilets are accessible to all communal and bedroom areas throughout the home.

4.0 EXECUTIVE SUMMARY

An unannounced medicines management inspection of Croaghpatrick was undertaken by Helen Daly and Paul Nixon, RQIA Pharmacist Inspectors, on 19 August 2014 between 10:10 and 13:05. This summary reports the position in the home at the time of the inspection.

The purpose of this inspection was to consider whether the service provided to patients was in compliance with legislative requirements and current minimum standards, through a process of evaluation of the available evidence. The inspectors examined the arrangements for medicines management within the home and focused on three medicine standards in the DHSSPS Nursing Homes Minimum Standards (2008):

- Standard 37: Management of Medicines
- Standard 38: Medicine Records
- Standard 39: Medicines Storage

During the course of the inspection, the inspectors met with the acting manager of the home, Ms Chat Poblete, and the staff on duty. The inspectors 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 Croaghpatrick are substantially compliant with legislative requirements and best practice guidelines.

The four requirements and four recommendations which were made at the previous medicines management inspection on 9 June 2011 were examined. Compliance was noted for all of the requirements and three of the recommendations. One recommendation was assessed as substantially compliant. The acting manager and staff are commended for their ongoing efforts.

Since the previous inspection RQIA has monitored the management of medicines in the home through the reporting of any medicine incidents and discussion with the care inspector.

Satisfactory arrangements were observed to be in place for most areas of the management of medicines. Areas of good practice were highlighted. These included the transdermal patch application/removal forms, alerts for patients with duplicate names on the personal medication records (PMRs), highlighting of unusual dosages directions and running stock balances for inhalers and liquid form medicines.

The acting manager advised that the Four Seasons Health Care policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are in place.

There is a programme of training for medicines management.

A range of audits was performed on randomly selected medicines. The outcomes of the majority of these audits indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, an audit discrepancy in the administration of one supply of insulin was observed and two insulin pens were observed to be out of date. The registered person must closely monitor the management and administration of insulin.

Medicines records had been maintained in a mostly satisfactory manner. Some improvements in the standard of maintenance of the personal medication records (PMRs) and records of receipt are necessary.

Storage was observed to be tidy and organised.

The inspection attracted one requirement and one recommendation which are detailed in the Quality Improvement Plan.

The inspectors would like to thank the acting manager, nursing sister and staff on duty for their assistance and co-operation throughout the inspection.

5.0 FOLLOW-UP ON PREVIOUS ISSUES

Issues arising during previous medicines management inspection on 9 June 2011:

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
1	13(4)	<p>The registered manager must closely monitor the administrations of the ten medicines that produced unsatisfactory audit outcomes, in order to ensure compliance with the prescribers' instructions and as part of an increase in the monitoring of the use of liquid formulations, asthma-treatment inhalers and eye-preparation medicines.</p> <p>Stated once</p>	<p>Running stock balances are maintained for several medicines which are not contained within the blister pack system, including inhalers and liquids.</p> <p>These medicines are also included in the home's monthly stock audits.</p> <p>Mostly satisfactory audit outcomes were observed at this inspection.</p>	Compliant
2	13(4)	<p>The necessary arrangements must be made to ensure that the three patients, on the first floor, who are often not receiving their night-time medicines, have them administered.</p> <p>Stated once</p>	<p>There was no evidence that medicines were being omitted due to patients being asleep.</p>	Compliant
3	13(4)	<p>The use of food thickeners must be routinely recorded.</p> <p>Stated once</p>	<p>Registered nurses record the administration of thickening agents on the medication administration recording sheets (MARs). Care staff record the administration on separate recording sheets which include the required consistency level.</p>	Compliant

NO.	REGULATION REF.	REQUIREMENT	ACTION TAKEN (as confirmed during this inspection)	INSPECTORS' VALIDATION OF COMPLIANCE
4	13(4)	<p>On the first floor, all controlled drugs subject to safe custody requirements must be stored within the controlled drugs cabinets.</p> <p>Stated once</p>	All controlled drugs subject to safe custody requirements were observed to be stored within the controlled drugs cabinets on each floor.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN (as confirmed during this inspection)	INSPECTOR'S VALIDATION OF COMPLIANCE
1	37	Warfarin stock balance records should be maintained. Stated once	Accurate stock balances were observed to be maintained for warfarin tablets.	Compliant
2	38	In the absence of the prescriber's signature, the nursing staff on the ground floor should dually initial or sign handwritten medicine entries on the personal medication record and medication administration record. Stated once	Hand-written updates on the MARs were observed to have been signed by two registered nurses. Some of the updates on the PMRs had not been signed by two registered nurses. This has been incorporated into a new recommendation.	Substantially compliant
3	38	Two nurses should routinely sign the controlled drug record book entry of the return of a controlled drug to the pharmacy for disposal. Stated once	Controlled drugs are now denatured in the home prior to their disposal; they are no longer returned to the community pharmacy. Two registered nurses had signed all records of disposal or transfer of controlled drugs.	Compliant
4	37	The prescribers should be requested to review those medicines which are prescribed for regular administration but which are not being administered in this manner. Stated once	The outcomes of the audits which were completed at this inspection indicated that medicines which are prescribed to be administered regularly are being administered as prescribed.	Complaint

SECTION 6.0

STANDARD 37 - MANAGEMENT OF MEDICINES Medicines are handled safely and securely.

Criterion Assessed: 37.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.	COMPLIANCE LEVEL
Inspection Findings:	
<p>Satisfactory arrangements were observed to be in place for most areas of the management of medicines. The acting manager and staff are commended for their efforts.</p> <p>The outcomes of the majority of the audits which were performed on a range of randomly selected medicines indicated that satisfactory correlations existed between the prescribers' instructions, patterns of administration and stock balances of the medicines. However, a significant audit discrepancy in the administration of one supply of insulin was observed and two insulin pens were observed to be out of date. The registered person must closely monitor the management and administration of insulin. A requirement has been made.</p> <p>The acting manager advised that written confirmation of current medication regimes is obtained from a health care or social care professional for new admissions to the home. This was evidenced for two patients who had recently been admitted from hospital.</p> <p>The process for obtaining prescriptions was reviewed. The acting manager advised that prescriptions are received into the home, checked against the home's order and photocopied before being forwarded to the pharmacy for dispensing. All medicines were available for administration on the day of the inspection.</p> <p>The management of warfarin was reviewed for one patient on the ground floor and found to be satisfactory. Dosage directions are received in writing and daily stock balance checks are maintained.</p>	<p>Substantially compliant</p>

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.2 The policy and procedures cover each of the activities concerned with the management of medicines.	COMPLIANCE LEVEL
Inspection Findings:	
The acting manager advised that the Four Seasons Health Care policies and procedures for the management of medicines, including Standard Operating Procedures (SOPs) for the management of controlled drugs, are in place.	Compliant
Criterion Assessed: 37.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The acting manager advised that registered nurses complete three modules on the management and administration of medicines via e-learning each year. Competency assessments are also completed annually. Three records were provided for examination.</p> <p>The acting manager confirmed that care staff had been trained to manage external preparations and thickening agents.</p> <p>There is a list of the names, signatures and initials of registered nurses who are authorised to administer medicines.</p>	Compliant
Criterion Assessed: 37.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.	COMPLIANCE LEVEL
Inspection Findings:	
The acting manager confirmed that there is annual staff appraisal and supervisions for all nursing staff.	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

Criterion Assessed: 37.5 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	COMPLIANCE LEVEL
Inspection Findings:	
The acting manager advised that medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.	Compliant
Criterion Assessed: 37.6 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.	COMPLIANCE LEVEL
Inspection Findings:	
Discontinued or expired medicines are returned to a waste management company. There is evidence that controlled drugs are denatured by two registered nurses in the home prior to disposal.	Compliant
Criterion Assessed: 37.7 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A management audit tool is completed by the unit sisters at approximately monthly intervals. In addition audit trails are carried out on a random selection of medicines which are not contained in the blister pack system at monthly intervals. A review of these audits indicated that satisfactory outcomes had been achieved.</p> <p>Running stock balances are maintained for several medicines, including liquids and inhalers, which are not contained within the blister pack system.</p> <p>A representative of the community pharmacy also completes an audit at quarterly intervals. There is evidence that staff address any issues highlighted at these advice visits.</p> <p>Dates and times of opening had been recorded on all containers examined at this inspection.</p>	Compliant

STANDARD 37 - MANAGEMENT OF MEDICINES

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

STANDARD 38 - MEDICINE RECORDS
Medicine records comply with legislative requirements and current best practice.

Criterion Assessed: 38.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.	COMPLIANCE LEVEL
Inspection Findings:	
The majority of medicine records had been constructed and completed in a satisfactory manner. However, some improvements are required as detailed in Criterion 38.2.	Substantially Compliant
Criterion Assessed: 38.2 The following records are maintained: <ul style="list-style-type: none"> • Personal medication record • Medicines administered • Medicines requested and received • Medicines transferred out of the home • Medicines disposed of. 	COMPLIANCE LEVEL
Inspection Findings:	
<p>The personal medication records (PMRs) had been maintained in a mostly satisfactory manner. Two registered nurses routinely verify and sign these records at the time of writing. However, it is recommended that the following improvements are implemented:</p> <ul style="list-style-type: none"> • two registered nurses should verify and sign each update on the PMRs • the strength and dosage directions should be clearly recorded for liquid form medicines • where an additional sheet is in place this should be referenced e.g. 1 of 2, 2 of 2 • The route of application of eye-treatment medicines should be routinely recorded eg left eye, both eyes <p>The medication administration records (MARs) had been maintained in a satisfactory manner. Two registered nurses verify and sign hand-written updates on the MARs; this practice is commended.</p> <p>Records for the administration of thickening agents by care staff are maintained on separate sheets which include</p>	Substantially compliant

STANDARD 38 - MEDICINE RECORDS

<p>the required consistency level. The acting manager advised that care staff no longer administer external preparations.</p> <p>The records for medicines received into the home from the community pharmacy and hospital which were examined at this inspection were found to be satisfactory. However, records for the medicines which are received for one patient who had recently been admitted from their own home on the ground floor were incomplete; this was discussed for corrective action.</p> <p>Records for the disposal of medicines had been maintained in a satisfactory manner. Two registered nurses are involved in the disposal of medicines and both sign the entry in the disposal book.</p>	
<p>Criterion Assessed: 38.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Observation of the controlled drug record books indicated that records had been maintained in a satisfactory manner.</p>	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

STANDARD 39 - MEDICINES STORAGE
Medicines are safely and securely stored.

Criterion Assessed:	COMPLIANCE LEVEL
39.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.	
Inspection Findings:	
<p>Storage was observed to be tidy and organised in both treatment rooms.</p> <p>Satisfactory recordings for the temperature ranges of the medicine refrigerators were observed on each floor.</p> <p>The temperature of the treatment rooms is monitored and recorded daily; satisfactory readings were observed.</p> <p>Oxygen cylinders were observed to be stored securely on the first floor. There was no oxygen on the ground floor.</p> <p>The registered nurse confirmed that control checks are performed on blood glucose meters at weekly intervals. A new supply of control solution was due to be brought into use on the ground floor.</p> <p>A number of AeroChambers were observed to need replacing and this was discussed.</p> <p>As stated in Criterion 37.1, two in use insulin pens were observed to be out of date. Registered nurses were referred to the manufacturers' instructions for the disposal requirements for in use insulin pens.</p>	<p>Substantially compliant</p>

STANDARD 39 – MEDICINES STORAGE

Criterion Assessed: 39.2 The key of the controlled drug cabinet is carried by the nurse-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the nurse-in-charge or by a designated nurse. The safe custody of spare keys is the responsibility of the registered manager.	COMPLIANCE LEVEL
Inspection Findings:	
The keys to the controlled drugs cabinets, all other medicine cupboards and the medicine trolleys, were observed to be in the possession of the registered nurses on duty on each floor. The controlled drug keys are held separately from all other keys by the nurse in charge on each floor.	Compliant
Criterion Assessed: 39.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.	COMPLIANCE LEVEL
Inspection Findings:	
Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled at each handover of responsibility (two or three times daily depending on shift patterns). Stock balance checks had been accurately maintained.	Compliant
INSPECTOR'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

7.0 OTHER AREAS EXAMINED

Management of distressed reactions

The records for one patient who is prescribed an anxiolytic medicine for the management of distressed reactions was reviewed on the first floor. A care plan was in place and the parameters for administration were recorded on the PMR. Records of administrations had been maintained on the MARs. The reason for the administration and the subsequent outcome had not been recorded in the patient's daily notes on a few recent occasions. The acting manager advised that this is the expected practice and that the recent omissions would be discussed with the registered nurses.

Management of thickening agents

The management of thickening agents was reviewed for one patient on both floors. Speech and language assessments and care plans were in place. Records of prescribing and administration were maintained by registered nurses on the PMRs and MARs. Care staff record the administration of thickening agents on separate recording sheets; the required consistency level had been recorded.

8.0 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 patients 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 patients 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 Chat Poblete, Acting Manager**, and **Ms Joan Waddell, Unit Sister**, 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:

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



QUALITY IMPROVEMENT PLAN

NURSING HOME

UNANNOUNCED MEDICINES MANAGEMENT INSPECTION

CROAGHPATRICK

19 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. Timescales for completion commence from the date of inspection.

The specific actions set out in the Quality Improvement Plan were discussed with **Ms Chat Poblete, Acting 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 and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

REQUIREMENT

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 Nursing 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 person must closely monitor the management and administration of insulin. Ref: Criteria 37.1 and 39.1	One	The management of insulin is now being closely monitored.	25 September 2014

RECOMMENDATION

This recommendation is based on the Nursing Homes Minimum Standards (2008), research or recognised sources. It promotes current good practice and if adopted by the registered person may enhance service, quality and delivery.

NO.	MINIMUM STANDARD REFERENCE	RECOMMENDATION	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	38	The registered person should ensure that the areas identified for improvement on the personal medication records (PMRs) are addressed. Ref: Criteria 38.1 and 38.2	One	Strengths and directions are now being clearly recorded and any updates to the PMR's are signed by 2 nurses	25 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Anne Devoy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall 

CAROL COUSINS
DIRECTOR of OPERATIONS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable				
B.	Further information requested from provider				