

Unannounced Secondary Care Inspection

Name of Establishment: Nazareth House Care Village

Establishment ID No: 1638

Date of Inspection: 25 March 2015

Inspector's Name: Aveen Donnelly

Inspection ID: IN017023

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:	Nazareth House Care Village
Address:	516 Ravenhill Road Belfast BT6 0BW
Telephone Number:	02890690600
E mail Address:	jenny.hall@nazarethcare.com
Registered Organisation/ Registered Provider:	Poor Sisters of Nazareth
Registered Manager:	Patricia McMullan
Person in Charge of the Home at the Time of Inspection:	Patricia McMullan
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-TI
Number of Registered Places:	48
Number of Patients Accommodated on Day of Inspection:	45
Scale of Charges (per week):	£753
Date and Type of Previous Inspection:	17 December 2013 Unannounced Primary Care Inspection
Date and Time of Inspection:	25 March 2015 10.00 – 16:15 hours
Name of Inspector:	Aveen Donnelly

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 are required.

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

3.0 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, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. 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 provision of nursing homes, and to determine the Provider's compliance with 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's (DHSSPS) Nursing Homes Minimum Standards (2008)
- 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 nurse manager
- discussion with staff
- discussion with patients individually
- examination of records pertaining to activities and events
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints
- observation during a tour of the premises
- evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	4
Staff	7
Relatives	6
Visiting Professionals	0

Questionnaires were provided by the inspector, during the inspection, to patients, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	5	4
Relatives/Representatives	5	5
Staff	10	8

6.0 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

7.0 Profile of Service

Nazareth House Care Village is set in its own grounds located in South Belfast. The approach to the home is from the Ravenhill Road. It is set back from the main road and is adjacent to shops and social amenities.

The facility offers accommodations comprising of 48 nursing beds and 22 residential beds. All residents' areas are at ground floor level and all bedrooms are en-suite with shower facilities. The accommodation includes lounges, dining rooms, sunrooms, a library, shop and coffee shop. In addition, a hairdressing salon, hall/cinema, and a chapel providing daily services, are included within the accommodation.

The home is registered to provide care for persons under the following categories:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment – under 65 years
PH (E)	Physical disability other than sensory impairment – over 65 years
TI	Terminally ill

8.0 Summary

This summary provides an overview of the care practices examined during an unannounced care inspection. The unannounced inspection was undertaken by Aveen Donnelly on 25 March 2015 from 10:00 to 16:15. The inspectors were welcomed into the home by Patricia McMullan, registered manager, who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Ms Patricia McMullan and Ms Margaret Devine, deputy manager at the conclusion of the inspection.

The focus of the inspection was the DHSSPS Nursing Homes Minimum Standard 19 – Continence Management. The inspection also sought to assess progress with the issues raised during and since the previous inspection.

As a result of the previous inspection conducted on 17 December 2013, two recommendations were made. These were reviewed during this inspection. One recommendation made regarding the completion of assessments had been fully complied with. Another recommendation regarding nursing records had not been fully addressed and is stated for the second time. Details can be viewed in the section immediately following this summary.

With regards to Standard 19: continence management care practices were deemed to be moving towards compliance and areas were identified for improvement. Practices observed confirmed that patients' continence needs were met with dignity and respect.

A sample of five care records was reviewed and a number of areas identified for improvement. There was evidence that a continence assessment had been carried out for all patients. However, the assessment did not provide sufficient detail to inform the care planning process. Care plans were not person-centred and the evaluation narratives were scant and did not provide detail regarding patient outcomes. Two requirements have been made to ensure that this is addressed. Refer to inspector's comments in section 10.0.

A recommendation has been made with regards to the need for the current policy on catheter care to be further developed and for additional guidelines on continence care to be made available to staff. Discussion with the nurse manager confirmed that staff were trained and assessed as competent in continence care. Training had been provided in urinary catheterisation and staff competency had been assessed by the local Healthcare Trust liaison nurse.

A recommendation has been made that a continence link nurse is appointed, to undertake regular audits of the management of incontinence to enhance already good standards of care.

One patient was identified as having a diagnosis of dementia. Nazareth Care Village is not registered to provide care for patients with dementia. This was discussed with the nurse manager who was advised to submit an application to vary the registration of the home. However, a requirement has been made that the home continues to

accommodate patients, within the categories of care for whom they are registered. Refer to inspector's comments in section 11.1.

Five care records were examined. Records were generally maintained in accordance with legislative requirements and professional guidance. However, a review of five care records identified that three patients did not have assessments updated on a regular basis. This was discussed with the registered manager who confirmed that she would continue to monitor this. A recommendation has been made. Refer to inspector's comments in section 11.2.

During the course of the inspection, the inspector met with patients, relatives and staff. Care practices were observed and a general inspection of the nursing home environment was undertaken. Patients were well presented and appeared comfortable in their surroundings. Staff were observed interacting positively with patients.

Staffing arrangements were reviewed and were found to be satisfactory. Consultation with patients, relatives and staff and comments from returned questionnaires indicated a high level of satisfaction with care. Refer to relatives comments in section 11.3. Some staff raised concerns regarding staffing arrangements. The inspector did not evidence any impact on patient care but raised this matter with the registered manager who agreed to address this at the upcoming staff meeting. There were no other issues raised with the inspector on the day of the inspection.

The general environment was inspected. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The home was presented to a high standard of décor and all areas were maintained to a high standard of hygiene.

As a result of this inspection, three requirements and four recommendations have been made, one of which has been stated for the second time. Details can be found in the main body of the report and attached quality improvement plan (QIP).

The inspectors would like to thank the patients, nurse manager, registered nurses and staff for their assistance and co-operation throughout the inspection process. The inspectors would also like to thank the patients, relatives and staff who completed questionnaires.

9.0 Follow-up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	5.1	<p>It is recommended that at the time of each patient's admission to the home, the following information should be completed on the day of admission to the home.</p> <ul style="list-style-type: none"> • a validated pressure risk assessment such as Braden Pressure Ulcer risk • a validated nutritional risk assessment such as MUST • a validated falls risk assessment • a validated safe moving and handling assessment • a validated bedrail assessment and, • an assessment of the patient's skin integrity or body map assessment record. 	<p>A review of five care records confirmed that assessments had been completed on the day of admission to the home.</p> <p>However, concerns were identified with regards to the frequency at which assessments had been updated and a new recommendation has been made in this regard. See inspector's comments in section 11.2.</p>	Compliant

2.	5.6	<p>Contemporaneous nursing records should be maintained in accordance with NMC guidance and include the following areas of record keeping identified for improvement:</p> <ul style="list-style-type: none"> • patients' care records should state the actual date the patient is weighed. • where a nursing assessment is made to monitor a patient's daily fluid intake, then the patients daily (24hour) fluid intake should be recorded in their daily progress record in order to show that this area of care is being properly monitored and validated by the registered nurse. • bowel function, reflective of the Bristol Stool Chart should be recorded on admission as a baseline measurement and thereafter in patients' daily progress records. 	<p>A review of care records revealed that three out of five patients did not have their weights recorded.</p> <p>Fluid management records of three patients were examined and were generally maintained to a high standard. Fluid intake was recorded in detail in the progress notes. However there was no evidence that the daily (24hour) totals were being properly monitored and validated by the registered nurse.</p> <p>A review of care records revealed that four out of five patients did not have their bowel function recorded in their admission records and in the progress notes.</p> <p>This recommendation has not been fully addressed and has been stated for the second time.</p>	Moving towards compliance
----	-----	--	--	----------------------------------

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 03 December 2013, RQIA have not been notified by the home of any ongoing investigations in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: Continence assessments were completed on all five care records examined. However, the assessments did not provide sufficient detail in order for a care plan to be devised. A constipation risk assessment was in place for 4 out of 5 patients. However, this did not indicate normal bowel pattern and there was no corresponding care plans in place for those that were at high risk of constipation. Care plans reviewed were not comprehensive and did not reference patient dignity or individual level of patient involvement. Care plans reviewed were not person-centred, did not reference specific catheter care, type of incontinence pads or use of laxatives. Care plan evaluations consisted of meaningless narratives and did not provide sufficient detail to properly evaluate the effectiveness of the care plan. Narratives included 'care plan reviewed'. Two requirements have been made to address this.	Moving towards compliance

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The policy on continence was reviewed. However, the policy needs to be further developed to include catheter care.</p> <p>The RCN continence care guidelines were available. However, a recommendation has been made that the following additional guidelines are made readily available to staff and are used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of urinary incontinence • NICE guidelines on the management of faecal incontinence. <p>The need to review the continence policy and the provision of additional guidelines are incorporated into one recommendation.</p>	<p>Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not examined.	Not applicable

Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A discussion with the registered manager confirmed that all relevant staff were trained in continence care. Training records were not available but were forwarded to RQIA following the inspection. These records indicated that relevant training had been provided.</p> <p>All registered nurses were trained in and deemed competent in male and female catheterisation by the local Healthcare Trust liaison nurse.</p> <p>Staff spoken with were knowledgeable about aspects of continence care, including privacy and dignity, skin care and infection control.</p> <p>A recommendation has been made that a continence link nurse should be appointed to undertake regular audits of the management of incontinence.</p>	Substantially compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Moving towards compliance
--	----------------------------------

11.0 Additional Areas Examined

11.1 Care Practices

Care practices were observed throughout the inspection. Staff were observed treating the patients with dignity and respect and responded to patients' requests promptly. Good relationships were evident between patients and staff. Patients were well presented with their clothing suitable for the season. The demeanour of patients indicated that they were relaxed in their surroundings.

One patient was identified as having a diagnosis of dementia. Nazareth Care Village is not registered to provide care for patients with dementia. This was discussed with the nurse manager who was advised to submit an application to vary the registration of the home. A requirement has been made that the home continues to accommodate patients, within the categories of care for whom they are registered.

11.2 Care Records

Five care records were examined. Records were generally maintained in accordance with legislative requirements and professional guidance. However, a review of five care records identified that three patients did not have Braden pressure ulcer and falls risk assessments updated on a regular basis. This was discussed with the registered manager who confirmed that she would continue to monitor this. A recommendation has been made.

11.3 Patients' and Relatives Comments

The inspector spoke with four patients individually. Patients confirmed and the questionnaire responses affirmed, that patients were treated with respect and dignity, staff were polite and respectful, they could call for help if required, their needs were met in a timely manner, food was good and plentiful and they were happy living in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Some comments received from patients included:

- "I have improved greatly since I came here"
- "I am not the same (person) I was last October"
- "I am made very welcome"
- "I am made to feel as one of a family"
- "I would rate Nazareth as first class".

Six relatives spoken with and questionnaire responses confirmed a high level of satisfaction with the services and care provided. Relatives' comments included:

- "The care is great from the front door to my mother's room"
- "The communication with family members is great and that is the essence of care"
- "The care here has surpassed all expectation"
- "I am very satisfied with the care and the atmosphere"

- “My (relative) has thrived in the atmosphere of peace, tranquillity and superb nursing care”
- “Sometimes there are difficulties but the home really is excellent”
- “I wish every home met the same standards of Nazareth”.

11.4 Staffing Arrangements/Comments

Staffing arrangements were reviewed and deemed to be satisfactory. However, three staff raised concerns regarding staffing arrangements. The inspector did not evidence any impact on patient care but discussed staff concerns with the registered manager who agreed to address this matter at the upcoming staff meeting.

Two staff members stated that patients on modified diets were not given a choice at mealtimes. This was discussed with the registered manager who confirmed that patients’ likes and dislikes are ascertained on admission, and that a choice would be offered to patients who are able to verbally express their opinions.

Staff comments included:

- “The atmosphere in the home is always bright and positive”
- “It can be very busy with so much to do”
- “We could do with more staff”
- “Our staff are very caring and go out of their way to help the patients”.

11.5 Complaints

The management of complaints was discussed with the registered manager and the complaint record was reviewed. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

11.6 Environment

The general environment was inspected. Each bedroom was personalised with photographs, pictures and personal items. The home was comfortably heated throughout and was presented to a high standard of decor. All areas were maintained to a high standard of hygiene.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the 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.

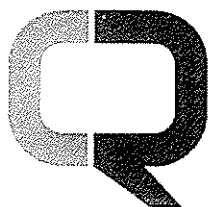
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

**Aveen Donnelly
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**

signed

Nursing.Team@rqia.org.uk



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Secondary Unannounced Care Inspection

Nazareth House Care Village

25 March 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 specific actions set out in the Quality Improvement Plan were discussed with the registered manager either during or after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (2) (a) and (b)	<p>The registered persons must ensure that registered nurses record specific information in relation to patients' 'usual' bowel pattern and ensure that this information is included within continence assessments, is regularly reviewed and revised as appropriate.</p> <p>Ref 10.0</p>	One	<p>WE CONFIRM THAT, AT THE TIME OF INSPECTION, A CONSTIPATION 'AT RISK' ASSESSMENT WAS IN PLACE FOR EACH RESIDENT USING THE ETON SCALE WHICH IS REVIEWED MONTHLY. A CARE PLAN FOR CONSTIPATION HAS NOW ALSO BEEN ADDED FOR EACH RESIDENT.</p>	16 June 2015
2	16 (1) and (2) (b) and (c)	<p>The registered persons must ensure that improvements in care planning are made. This relates to the need for:</p> <ul style="list-style-type: none"> • Care plans to be developed for patients who are at high risk of constipation • Care plans to be more person-centred and to reference the level of patient involvement, type of incontinence aids and laxatives used • Care plan evaluations to be specific in relation to how the patients' needs are being met. <p>Ref 10.0</p>	One	<p>THESE HAVE BEEN COMPLETED</p> <p>THIS REQUIREMENT WILL BE DISCUSSED WITH THE NURSING TEAM AT THE FORTHCOMING MEETING AND WE WILL ENDEAVOUR TO ENSURE THAT CARE PLANS WILL SPECIFICALLY REFLECT THE ADJUSTMENTS REQUIRED.</p>	16 June 2015


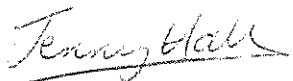
Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5.6	<p>Contemporaneous nursing records should be maintained in accordance with NMC guidance and include the following areas of record keeping identified for improvement:</p> <ul style="list-style-type: none"> patients' care records should state the actual date the patient is weighed. where a nursing assessment is made to monitor a patient's daily fluid intake, then the patients daily (24hour) fluid intake should be recorded in their daily progress record in order to show that this area of care is being properly monitored and validated by the registered nurse. bowel function, reflective of the Bristol Stool Chart should be recorded on admission as a baseline measurement and thereafter in patients' daily progress records. <p>Ref: 9.0</p>	Two	<ul style="list-style-type: none"> WE WOULD CONFIRM THAT THIS INFORMATION WITH ACTUAL DATE PATIENT WAS WEIGHED WAS ON FILE AT THE TIME OF INSPECTION. FLUID INTAKE CHARTS ARE TOTALLED BY NIGHT STAFF. WE WILL ENSURE THIS INFORMATION IS ALSO RECORDED IN DAILY PROGRESS RECORDS TO DEMONSTRATE THIS AREA OF CARE IS BEING APPROPRIATELY MONITORED AND VALIDATED BY THE REGISTERED NURSE. BOWEL FUNCTION WHICH IS CURRENTLY REFLECTIVE OF THE BRISTOL STOOL CHART, WILL NOW, IN ADDITION TO BEING RECORDED ON ADMISSION, BE RECORDED ON A PERSONALISED DAILY PROGRESS RECORD. 	16 June 2015

2	19.2	<p>The registered persons should ensure that the policy for continence management is further developed to include catheter and stoma care. The following guidelines should be made available to staff and used on a daily basis:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • NICE guidelines on the management of Urinary incontinence • NICE guidelines on the management of Faecal incontinence. <p>Ref: 10.0</p>	One	THIS POLICY IS CURRENTLY UNDER REVIEW IN LINE WITH THIS RECOMMENDATION	16 June 2015
3	19.4	<p>The registered persons should consider the appointment of a continence link nurse to ensure the regular monitoring and completion of audits regarding the management of incontinence</p> <p>Ref: 10.0</p>	One	A CONTINENCE LINK NURSE HAS BEEN APPOINTED AND HAS ATTENDED EXTERNAL TRAINING TO SUPPORT THIS RESPONSIBILITY.	16 June 2015
4	5.4	<p>The registered persons should ensure that patient assessments are updated by registered nurses on a regular basis. This relates to:</p> <ul style="list-style-type: none"> • updating the Braden scale of patients who are at high risk of developing pressure sores • updating the falls risk assessments of patients who are at high risk of falls. <p>Ref: 11.2</p>	One	THE ASSESSMENTS ARE UPDATED MONTHLY. THE HOME'S IT SYSTEM IS CURRENTLY BEING UPDATED TO ENSURE VISIBILITY OF HISTORIC ASSESSMENTS. THIS WILL BE IN ADDITION TO THE 'TRAFFIC LIGHT' SYSTEM WHICH CONFIRMS THAT ASSESSMENTS HAVE BEEN UPDATED AS REQUIRED.	16 June 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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Aileen Donnelly	30/06/2015
Further information requested from provider			