



The Regulation and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Nursing Agency: The Scottish Nursing Guild
Nursing Agency ID No: 10698
Inspection No: 20905
Date of Inspection: 20 March 2015
Inspector's Name: Maire Marley

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	The Scottish Nursing Guild
Address:	Caledonia House 223 Pentonville Road London N1 9NG
Telephone number:	013 1229 9988 as per registration Belfast (033 33 230 337)
E mail address:	sara.james@tnsltd.com
Registered organisation/ Registered provider:	The Scottish Nursing Guild Ms Sara James
Registered manager:	Ms Sara James
Person in Charge of the agency at the time of inspection:	Mary Bailie, Business Manager
Categories of care:	30
Number of registered nurses, health visitors and midwives on the agency's books:	88
Date and type of previous inspection:	25 March 2014 & 15 April 2014 Annual announced inspection
Date and time of inspection:	20 February 2015 2.00 pm- 5.30 pm
Name of inspector:	Maire Marley

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 agencies. A minimum of one inspection per year is 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 the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

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

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards (July 2008)

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

Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the business manager
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Inspection Focus

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

- **Standard 2**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

The inspector rated the centre's compliance level against each criterion.

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.

Profile of Service

The Scottish Nursing Guild was founded in 1995. The agency's parent group, Independent Clinical Services is based in London and there are six other subsidiary groups providing nurses, doctors and carers to a range of clients throughout England, Scotland, Wales and Northern Ireland. The responsible person and registered manager is Ms Sara James.

For the past two years, the Northern Ireland branch has been operating from the 6th Floor, City Exchange, Gloucester Street, Belfast. The address registered with RQIA is the head office in London and this should be reviewed given the agency office in Belfast.

The agency supplies registered nurses from temporary placement to nursing homes, and hospitals across Northern Ireland. All nurses on the Scottish Nurses Guild register have a substantive nursing post in a private nursing care facility or hospital setting. There are currently 88 nurses on the nurses register and in a position to work.

Summary of Inspection

This is the annual announced inspection report of The Scottish Nursing Guild which was undertaken by Maire Marley an inspector from the RQIA on 20 March 2015 between the hours of 2.00pm and 5.30pm. The registered manager was not available and the inspection was facilitated by the business manager who is a registered nurse.

The inspection sought to establish the compliance being achieved in respect of The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

The previous inspection occurred on 25 March 2014 & 15 April 2014 and resulted in two recommendations. Review of these matters showed the agency had addressed the identified improvements and the action taken can be viewed in the section following this summary.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the business manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the business manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Three personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The agency has a panel of nurses who undertake the interviews of nurses in Northern Ireland. Records are held regarding placement of nurses and the decision making process in this regard.

The over-all arrangements in regard to this agency need to be reviewed, as previously stated the agency operates from an office in Belfast and there was no evidence that the registered manager is actively involved in the day to day management of this nursing agency. The statement of purpose should be submitted to the RQIA and should detail the management structure and identify the lines of accountability and specific roles and responsibilities for areas of activity within the agency. The registered person/manager must ensure the annual quality review report for the agency is available for inspection at all times. A copy of the report for the year 2014 should be submitted to the RQIA.

The review of staff records and discussion with the business manager revealed a formal appraisal system was in place. The system provided opportunities to identify the staff member's training and development needs. It also included reviewing and documenting new competencies achieved since the previous appraisal. The business manager confirmed that the majority of nurses hold substantive posts and reported that clinical supervision is provided by the nurse's employer. In addition the agency had introduced a clinical supervision aspect to their annual appraisal system and nurses also complete on-line supervision.

A number of policies and procedures were reviewed, which included complaints management, protection of vulnerable adults and safeguarding children, management of complaints, orientation and induction and management and control of operations. The protection of vulnerable adult policy needs to be reflective of the legalisation and regional and local protocols for Northern Ireland. A policy in regard to the absence of the registered manager should be devised. In addition, all policies should relate to The Scottish Guild the nursing agency registered with The Regulation and Quality Improvement Authority (RQIA).

The information submitted in regard to complaints indicated that the agency had no complaints within the past year. No incidents of alleged or suspected abuse have been reported to the agency and there was evidence that staff are trained on this subject matter.

Two requirements and two recommendations are made as a result of this inspection and these are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend gratitude to the business manager for the hospitality and contribution to the inspection process.

Follow-Up Issues from Previous Inspection

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	6.5	It is recommended the policy/ procedure for staff training and development is expanded to clearly describe clear links in place for the process of staff development and training, training evaluation supervision and appraisal.	There was evidence that the training policy was updated on 15 May 2014. Electronic systems are in place for management to alert staff that training is due. A mandatory training verification form was in place for nurses to sign to confirm they were in receipt of the required training. The procedure for staff evaluation of training had been developed as requested and a copy forwarded to RQIA following the previous inspection.	Compliant
2	6.6	It is recommended training records provide details on the content of training for each programme.	There was evidence that the content of mandatory training was maintained along with details of any additional training provided by the agency.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment:	
Scottish Nursing Guild Policies and Procedures are available to view on our company intranet and a hard copy policy manual is available in the office.	Compliant
Inspection Findings:	
There was evidence that policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements were in place. The inspector viewed the following policies; Orientation and Induction, Management and Control of Operations, Complaints, Protection of Vulnerable Adults from Abuse, Recruitment and Selection of Staff and Records Management. These policies had been reviewed and were dated and signed. The Protection of Vulnerable Adults from Abuse Policy needs to be reflective of the legalisation and regional and local protocols for Northern Ireland. The policy should provide the contact details of the safeguarding team in each of the Health and Social Care Trusts where nurses are supplied. In addition, a policy in regard to the absence of the registered manager should be devised and policies should relate to The Scottish Guild the nursing agency registered with The Regulation and Quality Improvement Authority (RQIA).	Substantially compliant
Criterion Assessed: 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	Compliance Level
Provider's Self Assessment:	
Staff	Compliant
The Business Manger conducts weekly meetings with staff where they are given the opportunity to give feedback	

<p>and make suggestions on ways to improve the business. These suggestions are passed on to the Registered Manager for discussion and appropriate action taken if required.</p> <p>We have a Clinical Governance Team and a Regulatory, Training & Compliance Team who provide updates on any changes in legislation and/or standards. Any relevant updates are provided by the Clinical Governance Director and cascaded by the Registered Manager and Head of Regulatory, Training & Compliance. The Clinical Governance Team also oversee all incidents & complaints through the Datix platform which are managed & reported by our Complaints Team - the Registered Manager will be informed of any incidents & complaints requiring action.</p> <p>Managers from Settings where nurses are placed</p> <p>We seek regular feedback from clients on the quality of our service including inviting responses via a survey covering several areas of our service which is sent on a 6 monthly basis by email (survey monkey). Monthly calls are made to a selected group of clients to obtain feedback. Relevant findings are discussed directly with the client and with the Registered Manger and action taken if required.</p>	
<p>Inspection Findings:</p>	
<p>The business manager explained how staff and managers influence the development of policies. Information is obtained during informal contacts and formal feed-back from those settings where the agency supply nurses.</p>	<p>Compliant</p>
<p>Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment:</p>	
<p>Policies and procedures can be viewed on the company intranet by our office staff. Nurses can view relevant policies and procedures in electronic format via links from the staff handbook. This allows updates to be made in real time as paper copies are only correct at the time of publishing.</p> <p>Service users can view relevant policies and procedures in the Service User Guide which is sent to them when they first use our service. This is also available in electronic form with links to the policies and procedures. A policy manual is available to view in the office upon request.</p>	<p>Compliant</p>

Inspection Findings:	
The information outlined in the provider's self- assessment was validated during the inspection process. On the day of this inspection policies and procedures were centrally indexed, well organised and available for inspection.	Compliant
Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment:	
All of Scottish Nursing Guild policies and procedures have an issue date and dates are recorded when each policy or procedure is reviewed or revised. All reviews are ratified by the registered person and by the Group Clinical Director who is responsible for Clinical Governance.	Compliant
Inspection Findings:	
The policies and procedures viewed on the day of inspection were dated when first issued and there was evidence that reviews or revisions were also dated.	Compliant
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment:	
All of Scottish Nursing Guild policies are reviewed annually and procedures are reviewed every 3 years. However if change in legislation requires these to be updated they are revised as and when required All reviews are ratified by the registered person and by the Group Clinical Director who is responsible for Clinical Governance.	
Inspection Findings:	
The findings of the inspector concur with the information detailed in the provider's self- assessment.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	Compliance Level
Provider's Self Assessment: Not Applicable as we do not provide care to service users in their own homes.	
Inspection Findings:	
Not applicable as detailed in the provider's self -assessment.	Not applicable
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment: I can confirm that information on all of the above is contained in our 'Health Records Management Policy' Scottish Nursing Guild are registered with ICO Information Commissioner's Office.	
Inspection Findings:	
Policies and procedures on the management of records and access to information viewed on the day contained guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

<p>Criterion Assessed: 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment:</p>	
<p>Yes, all of our records are stored electronically and are available to view on request. Original paper files are stored in Scottish Nursing Guild Headquarters in Edinburgh however these can be securely transferred to Belfast office when required. The processing and management of nursing files are undertaken in Edinburgh Head Office.</p>	
<p>Inspection Findings:</p>	
<p>Records requested on the day of inspection were made available to the inspector and these were well presented and organised.</p>	<p>Compliant</p>
<p>Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.</p>	<p>Compliance Level</p>
<p>Provider's Self Assessment:</p>	
<p>Staff Records</p> <p>Systems are in place to assist in the Management of our nurse Database.Regular database cleansing and audit is undertaken by our compliance team to update records. All office staff are required to complete Information Governance training and an assessment of knowledge.</p> <p>Nurses</p> <p>Our Agency Nurses follow the local processes laid down by the individual client with whom they are engaged in work .</p>	

Inspection Findings:	
Records examined were current, necessary and confirmed by the business manager as accurate.	Compliant
Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment:	
All Scottish Nursing Guild nurses are given access to a copy of the Staff Handbook upon registration with the agency. Guidelines for Record Keeping in accordance with NMC Guidelines are available in the Staff Handbook.	
Inspection Findings:	
The business manager confirmed that agency staff are informed during their induction that nursing care records must be maintained in compliance with NMC guidelines. Information was also detailed in the nurse's hand-book presented for inspection.	Compliant
Criterion Assessed: 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliance Level
Provider's Self Assessment:	
Office Staff Office staff are inducted and trained to follow the instruction of the 'Health Records Management policy' . Staff are trained to use the database, create new entries and manage the information in order to effectively place staff. Agency Nurses Staff are inducted into each clinical placement and follow the policies and procedures of each individual Service user.	

Inspection Findings:	
<p>The records viewed on the day confirmed that training and induction includes information on the creation, use, management and disposal of records. The agency has a range of policies pertaining to record keeping, access to information and confidentiality and these are included in the staff hand-book. The agency must ensure that the policies relate to The Scottish Guild Nursing Agency.</p>	Substantially compliant
<p>Criterion Assessed: 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</p>	Compliance Level
Provider's Self Assessment:	
<p>Scottish Nursing Guild's 'Health Records Management Policy' is in line with DHSSPS guidelines on retaining and disposing of records.'</p>	
Inspection Findings:	
<p>The information in regard to the disposal of records was outlined in the policies on the management of records as detailed in the provider's self assessment. There was evidence that records are stored securely.</p>	Compliant

Additional information

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. The information suggested that the agency had received one complaint within that period and the complaint has been resolved satisfactory. All complaints received are handled by the organisation's complaints department.

Recruitment Procedures

The inspector reviewed the recruitment process and found recruitment procedures were robust. Three files pertaining to nurses were examined and confirmed that the relevant information was obtained during the recruitment and selection process. During the recruitment process the nurse completes a competency assessment. This outlines previous work experience, qualifications, training and any specialist posts held. Agreements are made at interview and thereafter during annual appraisal and these assist when making a professional decision as to where the nurse can be placed.

Staff supervision

The review of staff records and discussion with the business manager revealed a formal appraisal system was in place. The system provided opportunities for identifying staffs' training and development needs. This includes reviewing and documenting new competencies achieved since previous appraisal. The business manager reported that clinical supervision is provided by the nurse's employer where they hold their substantive post. The agency had introduced a clinical supervision aspect into their annual appraisal system and this is supported by on-line supervision arrangements.

Annual Quality Review Report

The registered person/manager must ensure the annual quality review report for the agency is available for inspection at all times. A copy of the report for the year 2014 should be submitted to the RQIA.

Management Arrangements

The responsible person and registered manager is Ms Sara James however the inspector was not assured that Ms James has responsibility for the day to day operation of the agency in Belfast. The over-all management arrangements in regard to this agency need to be reviewed, as it was difficult to ascertain the lines of accountability. The statement of purpose should be submitted to the RQIA and should detail the management structure and identify the lines of accountability, specifies roles and responsibilities for areas of activity within the agency. For the past two years, the Northern Ireland branch has been operating from the 6th Floor, City Exchange, Gloucester Street, Belfast and supplying nurses to Northern Ireland. The address registered with RQIA is the head office in London and this should be reviewed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mary Bailie business 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:

Maire Marley
The Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT2 3 BT



Quality Improvement Plan
Announced Primary Inspection
The Scottish Nursing Guild
20 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 Mary Bailie person receiving feedback 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 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 Agencies Regulations (NI) 2008

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (2)	The registered person/manager must ensure the quality review report for the agency is available for inspection. A copy of the report for the year 2014 should be submitted to the RQIA.	One	2014 quality review is attached. Containing an audit by our group clinical governance department (Audit Report SNG 02.12.2014). External audit by Neuen Audit Solutions also attached (Nursing Guild Northern Ireland Neuen report).	No later than 30 June 2015.
2	8 (1) (iii)	<p>The registered person must confirm that the registered manager has responsibility for the day to day management of the nursing agency.</p> <p>The organisational lines of accountability should be clearly defined in the statement of purpose. The document should identify the lines of accountability, specifies roles and responsibilities for areas of activity within the agency.</p> <p>The registered person must review the Belfast office and inform the RQIA of the outcomes of that review.</p>	One	The Registered Person and the Registered Manager are the same person - as has been throughout all of our trading history in N. Ireland. The Registered Manager delegates authority as and when appropriate to the Belfast Business Manager. The Registered Manager reviews staff rosters, recruitment (agency and substantive), Access NI applications, trading, complaints and incidents, finance and debt and social media feedback daily. The Registered Manager and Belfast Business Manager review weekly; trading, recruitment pipeline, datix	No later than 30 June 2015.

				<p>reports, client and nurse feedback, planned communications and marketing activity, debtors, sales plan and planned client visits. Monthly the Business Manager meets with all other divisional Business Managers to share best practice, innovation, problem solving and benefit from peer support. The Registered Manager and Belfast Business Manager are supported by: HR team for the fulfillment of staff appraisals, competency checking, probationary reviews etc. Clinical Governance team responsible for developing our clinical structure, policy framework & risk management systems, legislative requirements and overview on complaints, incidents and accidents; IT team for the maintainiance, continuity and efficacy of our technical systems, inc. confidential data, business continuity planning and data security. Marketing / Commercial team providing support with contracts, tenders, bids, insurance and legal</p>	
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				<p>advice. Finance team, led by a Finance Director support with pay, billing, commercial terms, quotes, debt, payment terms and conditions.</p> <p>A new Service User Guide is attached, including our Statement of Purpose, lines of accountability and responsibilities.</p> <p>Notification has been sent to the RQIA to confirm the address and trading status of our Belfast office.</p>	
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Recommendations

These recommendations are based on The Nursing Agencies 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	9.1	The safeguarding vulnerable adult policy should be reflective of the legalisation and regional and local protocols for Northern Ireland. The policy should provide contact details of the safeguarding team in each of the Health and Social Care Trusts where nurses are supplied.	One	Reviewed and updated policy attached.	No later than 30 June 2015
2	2.6	<p>The registered person must ensure that the policies and procedures in regard to the nursing agency reference The Scottish Guild Nursing Agency.</p> <p>The registered person must ensure a policy in regard to the absence of the registered manager is devised.</p>	One	<p>The policies had previously contained our group name. This has been corrected to ensure the local trading name is identified on appropriate policies and procedures.</p> <p>Reviewed and updated policy attached.</p>	No later than 30 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	Sara James
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sara James

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	MM	30/6/15
Further information requested from provider			