



The Regulation and
Quality Improvement
Authority

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

SECONDARY INSPECTION

Inspection No: 020296
Establishment ID No: 11012
Name of Establishment: Fairholme Supported Living
Date of Inspection: 25 June 2014 and 4 July 2014
Inspector's Name: Rhonda Simms

GENERAL INFORMATION

Name of agency:	Fairholme Supported Housing
Address:	29 Annadale Avenue Belfast BT7 3JJ
Telephone Number:	02890641614
E mail Address:	mary.murdock@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Mr Martin Dillon (Acting)
Registered Manager:	Mary Murdock (Acting)
Person in charge of the agency at the time of inspection:	Mary Murdock (Acting)
Number of service users:	28
Date and type of previous inspection:	Unannounced Secondary Inspection 12 May 2014
Date and time of inspection:	Announced Secondary Inspection 25 June 2014 09.30-14.00 Announced Secondary Inspection 4 July 2014 09.30-15.00
Name of inspector:	Rhonda Simms

1.0 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 domiciliary care agencies. A minimum of one inspection per year is required.

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

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users 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.

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.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

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

1.2 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

The inspector has rated the service'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.

PROFILE OF SERVICE

Fairholme Supported Living is a domiciliary care agency provided by Belfast Health and Social Care Trust. The scheme provides support to 28 service users (capacity 40) over 65 years with physical ill health, mental ill health or mild learning disability. The services provided are focused on maintaining service users' independence and include meal provision, support with cleaning, shopping, laundry and care provision.

SUMMARY

The inspections of 25 June and 4 July were announced secondary follow up inspections to an unannounced secondary inspection of 12 May 2014. The unannounced inspection of 12 May was triggered by information received from another statutory agency. Concerns received were in relation to:

- The standard of cleanliness in two individual tenants' rooms
- Bathroom cleanliness
- Standard of cleanliness of communal areas.

The inspections of 25 June and 4 July 2014 focused on issues within the quality improvement plans from the previous inspections of 12 May 2014 and 9 January 2014 including:

- Prescribed services provided by the agency
- The individual care and support plans in place
- Reviews of care and support plans
- Financial procedures
- Arrangements for monitoring and implementing service improvement.

In the course of inspection the inspector spoke with three service users who agreed to meet the inspector within their homes. The service users expressed satisfaction with the services being provided to them and the staff who delivered services. The inspector noted that the standard of cleanliness of the tenants' flats and the communal areas in the areas visited was acceptable.

On 25 June 2014 the inspector spoke with Fiona McKinney, Assistant Service Manager BHSCT. The inspector was informed that BHSCT had changed the management arrangements within the agency. The inspector subsequently met the acting manager Mary Murdock on 4 July 2014. At inspection on 4 July 2014 the inspector spoke with Natalie Magee, Assistant Service Manager BHSCT, who advised that she had been and would continue to assist Fiona McKinney with service improvement matters in relation to Fairholme Supported Housing.

In the course of inspection on 25 June and 4 July 2014 the inspector spoke with seven members of support staff, including senior support staff. In addition the inspector met with the higher clerical officer in relation to financial procedures.

Further to the unannounced inspection of 12 May 2014, a safeguarding referral was made in respect of a service user. On 4 July 2014 the inspector met with Tracy Reid, Principal Social Worker for Adult Safeguarding who updated the inspector on the investigation to date.

FOLLOW-UP ON PREVIOUS ISSUES**Quality Improvement Plan 30 January 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	15 (6) (d)	The registered person must ensure that the agency adheres to a Trust finance policy devised for people living in supported living accommodation, not a finance policy for people living in residential care. The policy must be reviewed at least every three years.	<p>The inspector viewed documents entitled 'Residents' Private Property Written Procedures for the Residential Facilities of Older People' and 'Fairholme Local Guidance for Managing Tenant's Finances'. The inspector was advised that a finance policy specific to supported living has not yet been devised.</p> <p>This requirement has been restated and the registered person must forward to RQIA by 31 August 2014 the agency's policy on the management of service users' finances.</p>	Not met
2	14 (d) & (e)	The registered person must ensure that the agency's documentation includes an agreement with service users' for staff to have a key to their home and specify the circumstances when staff can use the key.	<p>The Service User Agreement and Standards Checklist examined by the inspector included an agreement with service users for staff to have a key to their home and specify the circumstances when staff can use the key.</p> <p>The inspector noted that documentation had not been updated or signed in some service user records.</p> <p>This requirement has been restated.</p>	Partially met

3	15 (3) (b) (c) (d)	The registered person must ensure that all service users are offered an annual review involving a keyworker from the Trust who has commissioned the care and support provided.	The inspector was informed that all service users have had reviews since May 2014 and examined review records. Natalie Magee ASM assured the inspector that the documentation will be reviewed to ensure that a sufficiently rigorous review has been carried out, and any outstanding issues will be addressed. This is included in the agency's Service Improvement Plan.	Fully Met
4	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually.	<p>The inspector examined the service users' agreements which specify a block number of six hours care support per week. There is no breakdown of what these hours entail or timetable of when the service user can expect them.</p> <p>This issue is highlighted as an action in the Service Improvement Plan examined by the inspector.</p> <p>This requirement has been restated.</p>	Partially met
5	23 (1)	The registered person must ensure that monthly quality monitoring visits occur on a monthly basis in accordance with RQIA's guidance.	<p>The inspector examined reports of monthly quality monitoring visits which improved in detail from January 2014. The reports follow RQIA guidance (issued prior to April 2014) and show evidence of quality monitoring and progress. However, the monitoring visits failed to detect the extent of the issues which arose leading to and highlighted by the unannounced inspection of 12 May 2014.</p> <p>A requirement has been made with regard to this.</p>	Fully met

NO.	MINIMUM STANDARD REF.	RECOMMENDATION	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	1.2	It is recommended that the registered person ensures that current tenants' views about prospective tenants sharing their home is recorded.	The inspector examined minutes of tenants' meetings which reflected consideration of tenants' views about prospective tenants sharing their home.	Fully Met
2	1.2	It is recommended that the registered person ensures that service users are given the option of purchasing their own groceries and be supported to cook their own meals in keeping with a supported living ethos, or the option of continuing to receive the meals service. The service user guide should be amended accordingly and the views of service users recorded.	<p>The Statement of Purpose and Service User Guide state that service users have a choice regarding how they purchase food and have meals prepared. Fiona McKinney ASM recognised that in practice kitchen facilities are limited and there was no evidence in care records of service users being involved in consideration of meal provision or independence being promoted. The inspector noted that the breakdown of costs provided to service users includes the price of meals rather than highlighting them as an additional service. This may lead service users to believe that they cannot opt out of this service.</p> <p>One service user informed the inspector that they have chosen to make alternative meal arrangements and this was reflected in care records. A further service user was aware of choice in discussion with the inspector.</p>	Partially met

3	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The inspector noted that support plans examined did not contain any explicit reference to or inclusion of human rights.	Not met
---	-----	--	---	----------------

Inspection Findings 25 June and 4 July 2014

1. Prescribed services provided by the agency

The inspector reviewed the Statement of Purpose which had been updated in June 2014. Fiona McKinney and Natalie Magee (ASMs) have included further development of the Statement of Purpose in an agency service improvement action plan discussed and shared with the inspector.

On 25 June 2014 Fiona McKinney advised the inspector of steps taken by the BHSCT to address the issues highlighted by the unannounced inspection of 12 May 2014. The inspector viewed and discussed action plans relating to service improvement, including staff issues.

Fiona McKinney ASM advised the inspector that considerable work had been undertaken with support staff to review care and support plans, review documentation, improve record keeping, and improve the tidiness and cleanliness of some tenant's flats and the communal areas. Fiona McKinney recognised that areas addressed in the Quality Improvement Plans had not been completed and that work was ongoing. The inspector was assured of the commitment of the BHSCT to service improvement at Fairholme Supported Living, including the safety and security of service users.

The staff who spoke with the inspector on 25 June and 4 July stated that a number of changes and improvements had taken place since the unannounced inspection of 12 May, including:

- Reviews and updating of care and support plans
- Increased recording of daily notes
- De-cluttering, cleaning and tidying of the physical environment
- Increased cleaning schedules of communal areas
- Increased monitoring of the cleanliness of service users' flats
- Discussion with managers regarding the implementation of services which are consistent with duty of care and human rights.

During inspection on 4 July 2014 the inspector met with Tracy Reid, Principal Social Worker for Adult Safeguarding. The inspector was advised that as a consequence of the initial referral of one service user, all service users would be screened regarding any safeguarding concerns. By 4 July 2014, 60% of service users had been screened, with the remaining number to be interviewed within one week. The views of community key workers have been surveyed via a questionnaire and will be reflected in the safeguarding team's report. The inspector was advised that financial issues in relation to two tenants have been highlighted which require further investigation by the Trust. The inspector was advised that to date the investigation had not found evidence of significant harm.

Fiona McKinney ASM and Natalie Magee ASM informed the inspector of restrictive practice which did not support choice or independence and may place service users at a financial disadvantage. This refers to the practice of service users making a weekly order for certain items from a local shop. The inspector was informed that this practice has been discussed with the Adult Safeguarding Team and will be reviewed imminently.

There are two requirements made in relation to this theme.

2. The individual care and support plans in place

The inspector was advised that following Trust review with service users and their representatives, care and support plans have been updated on appropriate documentation for all tenants since May 2014.

The inspector viewed care and support plans which did not specify service users' needs and preferences in sufficient detail to ensure their safety or security, or promote independence. Inconsistencies regarding service users' needs were found in care documentation.

Fiona McKinney and Natalie Magee were aware of institutional and restrictive practices highlighted within care plans without clear needs assessment or review. The inspector viewed an agreement signed by a service user with regard to cigarette smoking which was not reflected in the risk assessment or support plan.

The inspector noted that service users' human rights are not explicitly outlined in their care plan.

There is a requirement and recommendation in relation to this theme.

3. Reviews of care and support plans

The inspector examined documentation in relation to reviews involving service users and their representatives which have taken place since inspection on 12 May 2014. Natalie Magee ASM advised that further detailed review of all care and support needs is included in the service improvement plan during July/August 2014.

4. Financial procedures

The inspector viewed documents entitled 'Residents' Private Property Written Procedures for the Residential Facilities of Older People' and 'Fairholme Local Guidance for Managing Tenant's Finances'.

The inspector examined and discussed individual service user finance records with Natalie Magee ASM and the Higher Clerical Officer. The ASM advised the inspector that she regarded the current system as institutional, inappropriate for supported living and lacking the robust safeguards required.

The agency's service improvement plan examined by the inspector includes a timescale for the review of care records including financial assessments and financial support plans by 31 August 2014.

There is a requirement in relation to financial procedures.

5. Arrangements for monitoring and implementing service improvements

The inspector viewed the reports of monthly quality monitoring visits from January 2014 completed by an ASM in accordance with the RQIA guidance template. The reports showed an increase in the detail with which areas of improvement are examined and followed through. The inspector noted that the views of relatives were not recorded in several reports. It was noted that attempts to ascertain the views of professionals had been noted. Documentation relating to the service improvement plan included discussion with service users, relatives and family.

On inspection on 4 July 2014 Natalie Magee (ASM) discussed detailed Service Improvement Action Plans with the inspector, including specific weekly and monthly targets. Natalie Magee recognised that significant improvement needed to continue at Fairholme and assured that this would be achieved through Service Improvement Action Plans delivered by the acting manager and monitored weekly by Natalie Magee. The agency's improvement plan includes identifying and addressing staff training needs.

Quality monitoring should include oversight of the actions to be taken to improve the quality of service provision. There are two requirements in relation to quality monitoring.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with **Fiona McKinney ASM** and **Natalie Magee ASM**, 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.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

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



Quality Improvement Plan

Announced Secondary Inspection

Fairholme Supported Living Services

25 June 2014 and 4 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Fiona McKinney ASM on 25 June 2014 and Natalie Magee ASM either during or after the inspection visits on 4 July 2014.

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 Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	7	<p>The registered person shall</p> <ul style="list-style-type: none">(a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide;and(b) notify the Regulation and Quality Improvement Authority and service users and their representatives of any material revision within 28 days <p>The registered person must review their statement of purpose in relation to the nature and range of service currently provided.</p>	Two	<p>The Statement of Purpose has been reviewed and amended to document the range of services that are currently provided in Fairholme. In line with significant ongoing service improvements within Fairholme it is the intention to further review the Statement of Purpose and Service User Guide to refine and accurately reflect service provision</p>	5 September 2014
2.	14 (a) (b) (c)	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <ul style="list-style-type: none">(a) so as to ensure the safety and well-being of the service users;(b) so as to safeguard service users against abuse or neglect;(c) so as to promote the independence of service users;(d) so as to ensure the safety and security of services users' property, including their homes;	Two	<p>The Trust Adult Safeguarding Gateway team completed an independent investigation and confirmed that there were no concerns in relation to abuse or neglect within Fairholme. All tenants care and support plans and risk management plans have been updated and continue to be a work in progress to ensure they accurately reflect tenants changing needs. A detailed service improvement action</p>	5 September 2014

		<p>This refers to agency documentation which did not clearly state what the service user's needs were or what services were being provided to meet need.</p> <p>The services provided may not have ensured the security of service users' property, particularly their money.</p>		<p>plan was developed and continues to be updated monthly and actions implemented by the acting manager. This incorporated issues in relation to the safety and security of the building. All tenants have had a review with their independent Trust keyworker and changes to their care and support plan implemented to reflect any changes in relation to tenants choice, needs, risks or wishes.</p> <p>A Draft policy for management of finances in Older Peoples Supported Housing has been devised and is currently going through a quality assurance process with all managers of supported housing schemes. This remains a work in progress.</p>	
--	--	---	--	--	--

3.	14 (d) (e)	<p>(e) so as to ensure the safety and security of services users' property, including their homes;</p> <p>(f) in a manner which respects the privacy, dignity and wishes of the service users.</p> <p>The registered person must ensure that the agency's documentation includes an agreement with service users' for staff to have a key to their home and specify the circumstances when staff can use the key.</p>	Two	<p>A review of the use of keys within the facility has been undertaken with a plan to update the Key procedures to ensure the privacy, dignity and choice of the tenants.</p> <p>The agency Standard Checklist has been reviewed to include tenants agreement and signature. All tenants have been requested to read and sign updated documentation</p>	5 September 2014
----	------------	---	-----	---	------------------

4.	Regulation 15 (2)	<p>(2)The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure a written plan ('the service user plan') is prepared which shall</p> <ul style="list-style-type: none"> (a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users; (b) specify the service user's needs in respect of which prescribed services are to be provided; (c) specify how those needs are to be met by the provision of prescribed services. <p>The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually and how these hours will be used to meet their needs.</p> <p>The registered person must ensure that the service user's care and support plan consistently specifies their needs and how services will meet that need.</p>	Two	<p>All tenants care and support plans have been reviewed and updated in consultation with the tenants, their carers and independent Trust keyworker. Documentation has been updated and is now in line with other Supported Housing for Older People. The plans provide detail of the tenants needs and how those needs are to be met ensuring the tenants independence, choice , empowerment and right to self determination are respected and documented.</p> <p>Work is ongoing with the staff team to improve the quality and detail of the care and support plans</p> <p>The service user agreement specifies the number of support hours and what these hours are used for.</p> <p>Tenants care and support plans detail their specific needs and how these needs are met. All have been updated and</p>	5 September 2014
----	-------------------	---	-----	--	------------------

				continue to be a work in progress to ensure quality holistic care and support plans.	
5.	15 (6) (d)	<p>The registered shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>The registered person must develop and forward to RQIA by 5 September 2014 a policy on the management of service users' finances.</p>	Three	<p>A draft policy has been devised for the management of tenants finances in Supported Housing and forwarded to RQIA as requested.</p> <p>Individual tenants finances are being reviewed with the aim to complete Financial Support Plans or Financial Support Agreements for all tenants</p>	5 September 2014

6.	23 (4) (5)	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(4) the report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>(5) the system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This refers to the need to ensure that quality improvement measures are reflected in the monthly monitoring reports, and the need to consult with relatives and professionals.</p>	Two	<p>The registered manager continues to work towards completion of the actions included in the service improvement plan and meets weekly with ASM to review this. The service improvement plan will continue to be developed as an ongoing tool to ensure actions are taken to improve the quality and delivery of services. Consultation on service improvements takes place informally and formally at tenants monthly meetings. A questionnaire has been recently devised for tenants, carers and professionals in Supported Housing and it is the intention to distribute these within the next month to gather feedback which will be incorporated into the service improvement plan.</p> <p>ASM completes monthly unannounced inspections and documents consultation with relatives and professionals.</p>	5 September 2014
----	------------	--	-----	---	------------------

7.	24	<p>If requested to do so by the Regulation and Quality Improvement Authority the registered person shall produce a plan setting out the methods by which, and the timetable to which, the registered person intends to improve the services which the agency arranges to be provided.</p> <p>This relates to monthly monitoring reports which the agency has been requested to provide to RQIA further to the Urgent Action notice of 12 May 2014</p>	Two	<p>RQIA has received the updated service improvement plan which continues to be developed and updated weekly.</p> <p>Monthly monitoring reports have been forwarded to RQIA as requested.</p>	5 September 2014
----	----	---	-----	---	------------------

Recommendations

These recommendations are based on The Domiciliary Care 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.	1.2	It is recommended that the registered person ensures that service users are given the option of purchasing their own groceries and be supported to cook their own meals in keeping with a supported living ethos, or the option of continuing to receive the meals service. The service user guide should be amended accordingly and the views of service users recorded.	Two	Service user guide has been amended and will be reviewed further to accurately reflect the choices available to tenants.	30 September 2014
2.	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	Two	This is ongoing with training and support for staff to develop competency in recording human rights considerations in care and support plans.	5 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	Mary Murdock
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillion Acting Chief Executive

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Rhonda Simms	17/09/2014
Further information requested from provider			