



The **Regulation** and
Quality Improvement
Authority

Ross Thomson Unit
Causeway Hospital
Northern Health and Social Care Trust
Unannounced Inspection Report
Date of inspection: 23 July 2015



informing and improving health and social care
www.rqia.org.uk

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Our Vision, Purpose and Values

Vision

To be a driving force for improvement in the quality of health and social care in Northern Ireland

Purpose

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

Values

RQIA has a shared set of values that define our culture, and capture what we do when we are at our best:

- **Independence** - upholding our independence as a regulator
- **Inclusiveness** - promoting public involvement and building effective partnerships - internally and externally
- **Integrity** - being honest, open, fair and transparent in all our dealings with our stakeholders
- **Accountability** - being accountable and taking responsibility for our actions
- **Professionalism** - providing professional, effective and efficient services in all aspects of our work - internally and externally
- **Effectiveness** - being an effective and progressive regulator - forward-facing, outward-looking and constantly seeking to develop and improve our services

This comes together in RQIA's Culture Charter, which sets out the behaviours that are expected when employees are living our values in their everyday work.

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1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulator in Northern Ireland. We provide assurance about the quality of care, challenge poor practice, promote improvement, safeguard the rights of service users and inform the public through the publication of our reports.

RQIA's programmes of inspection, review and monitoring of mental health legislation focus on three specific and important questions:

Is Care Safe?

- Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them

Is Care Effective?

- The right care, at the right time in the right place with the best outcome

Is Care Compassionate?

- Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support

2.0 Purpose and Aim of this Inspection

To review the ward's progress in relation to recommendations made following previous inspections.

To meet with patients to discuss their views about their care, treatment and experiences.

To assess that the ward physical environment is fit for purpose and delivers a relaxed, comfortable and safe environment.

To evaluate the type and quality of communication, interaction and care practice by the use of direct observation and using a Quality of interaction Schedule (QUIS).

2.1 What happens on inspection

What did the inspector do?

- reviewed the quality improvement plan sent to RQIA by the Trust following the last inspection(s)

- talked to patients, carers and staff
- observed staff practice on the days of the inspection
- reviewed different types of documentation

At the end of the inspection the inspector:

- discussed the inspection findings with staff
- agreed any improvements that are required

After the inspection the ward staff will:

- send an improvement plan to RQIA to describe the actions they will take to make any necessary improvements

3.0 About the ward

Ross Thompson Unit is an 18 bedded acute admission ward set within Causeway Hospital. The purpose of the ward is to provide care and treatment in an acute psychiatric environment. Patient sleeping accommodation is provided in two and four bedded dormitories and single bedrooms.

On the day of the unannounced inspection there were seven patients admitted to the ward in accordance with the Mental Health (Northern Ireland) Order 1986. Patients on the ward received support from a multidisciplinary team which incorporated psychiatry, nursing, occupational therapy, physiotherapy and social work. A patient advocacy service was also available.

4.0 Summary

Progress in implementing the recommendations made following the previous inspection carried out on 15 and 16 December 2015 were assessed during this inspection. There were a total of 14 recommendations made following the last inspection.

It was good to note that 12 recommendations had been met.

One recommendation had been partially met and one recommendation had not been met. These recommendations require to be restated for a second time following this inspection.

On the day of the inspection the inspector evidenced the ward to be relaxed, clean and the atmosphere was welcoming. Patients were at ease in their surroundings and noted to be moving freely throughout the ward. Staff maintained a continued presence in the main ward areas and patient/staff interactions were observed as supportive and positive.

The ward's environment was well aired and fresh smelling. The garden and dining area was maintained to a good standard and inviting. The inspector

observed that the ward's ligature risk assessment required updating. Information regarding the ward's multi-disciplinary team, including the doctor on duty, was not displayed. Recommendations regarding both these issues have been made.

Five sets of patient care documentation reviewed by the inspector evidenced that a comprehensive assessment of each patient's circumstances and needs had been completed. Care plans detailed the type of restrictions used and the rationale for each restriction. Patient progress records demonstrated that nursing staff and the multi-disciplinary team continued to monitor each patient closely and involved patients and, where appropriate, the patient's carer/relative in decision making regarding the patient's care and treatment.

Patients who met with the inspector reported no concerns in their ability to speak with nursing staff as required. It was good to note that patients were involved in planning the ward's weekend activity plan. Activity planning was facilitated through the patient/staff meeting.

Staff who met with the inspector reflected positively on the support they received from the ward manager and deputy manager. Staff were also positive about the multi-disciplinary team and the care and treatment provided to patients. Staff expressed concerns that the ward would be relocated to the Holywell hospital site. The Trust's senior management team had taken action to address staff concerns.

4.1 Implementation of Recommendations

Three recommendations which relate to the key question "**Is Care Safe?**" were made following the inspection undertaken on 15 and 16 December 2014.

These recommendations related to patients' personal property, patient finances and staff access to the Trust's electronic patient information system. The inspector was pleased to note that all three recommendations had been fully implemented. The ward had introduced appropriate recording to oversee the safeguarding of patient property and finances. The inspector was informed that all trained nursing staff could access the Trust's EPEX patient information system as required.

Six recommendations which relate to the key question "**Is Care Effective?**" were made following the inspection undertaken on 15 and 16 December 2014.

These recommendations concerned patient care plans, access to psychological services, staff training and the availability of ward based low intensity psychological interventions.

The inspector was pleased to note that four recommendations had been fully implemented. The inspector evidenced that patients care plans were individualised and based on the assessed needs of the patient, care plans were being reviewed in accordance to the time scale set and each patient had a discharge plan. The Trust had also provided staff with training and supervision in a range of low intensity psychological interventions.

However, despite assurances from the Trust, two recommendations had not been fully implemented. Patients on the ward did not have access to the appropriate level of clinical psychological service and clinical psychology services were not involved with the multi-disciplinary team.

Five recommendations which relate to the key question “**Is Care Compassionate?**” were made following the inspection undertaken on 15 and 16 December 2015.

These recommendations concerned recreational activity for patients, patients’ involvement in care planning, patients’ rights, restrictive practices and patient access to the ward’s gym.

The inspector was pleased to note that all five recommendations had been fully implemented.

The detailed findings regarding previous recommendations are included in Appendix 1.

4.2 Serious Adverse Incident Investigation

A serious adverse incident (SAI) occurred on this ward on 21 September 2014. The inspector reviewed the Trust’s progress in addressing recommendations made relating to the ward following the Trust’s investigation of the SAI.

The Trust made five recommendations. The recommendations related to the management of patients and the Trust’s EPEX electronic records, Trust admission protocols and the management of patients presenting with significant risk factors and the reduction of beds within the ward. The review also recommended that the Trust relocate the RossThomson ward to the Holywell hospital site.

The inspector evidenced that the Trust had actioned each of the five recommendations made as a result of the SAI investigation. This included a reduction in the ward’s beds from 21 to 18 and the introduction of a plan and timeline within which to relocate the ward to the Holywell hospital site. The inspector was informed by the Director of Mental Health and Disability services that following the SAI review a Trust working group was established. The group was convened to examine the issue of the relocation of the ward to Holywell hospital and to consider the advantages and disadvantages of

maintaining the ward in its current location. A decision regarding the ward's future has not been taken pending the findings of the review.

5.0 Ward Environment

“A physical environment that is fit for purpose delivering a relaxed, comfortable, safe and predictable environment is essential to patient recovery and can be fostered through physical surroundings.” Do the right thing: How to judge a good ward. (Ten standards for adult-in-patient mental health care RCPSYCH June 2011)

The inspector assessed the ward's physical environment using a ward observational tool and check list.

Summary

The ward's patient information booklet and notice boards provided up to date information about the ward. This included information on the wards routine, philosophy of care and a description of the service provided. However, the inspector noted that information regarding the names and roles of the multi-disciplinary team, including medical staff on duty, were not recorded on the ward' patient information board. A recommendation has been made.

The inspector noted that the ward's environment was clean and clutter free. There was good natural lighting, appropriate ventilation and neutral odours. Ward furnishings were comfortable and well maintained. The inspector observed the ward to be welcoming and relaxed. A ligature risk assessment in relation to the ward's environment had previously been completed. The inspector was concerned that some of the ward's door handles and television cables could present as a ligature risk. The inspector was assured by a senior manager that a further risk assessment was scheduled to be completed by the end of August 2015. A recommendation supporting the completion of an up to date ligature risk assessment has been made. A further recommendation to ensure that each patient's individual risk assessment considers the ligature risks has also been made.

The ward environment promoted patients' privacy and dignity. Patients could access their bedrooms as required and the ward provided a varied range of side and activity rooms. Private rooms were available for patients to meet with their visitors and to make phone calls. The ward's main entrance and exit door was locked from the outside. Patients could leave the ward by typing in a key code. The key code was displayed above the main entrance door's keypad.

Patient care records reviewed by the inspector demonstrated that patient care plans were individualised. The records evidenced patient involvement in their care plan and patient signatures were available as required. The use of restrictive practices had also been individually assessed and any restrictive

practices used had been agreed with the patient. The use of restrictive practices were subject to ongoing review by the ward's multi-disciplinary team.

There were no areas of overcrowding. There were appropriate spacious communal areas and the furniture was arranged in a way that encouraged social interaction. The inspector observed that staff were present in the communal areas and available throughout the ward and at patient's request. Staffing levels appeared adequate to support the assessed needs of the patients. Staff were observed to be attentive and assisted patients promptly when required.

The ward provided up to date and relevant information which was displayed on the wards notice board. This included information regarding the ward's performance and contact details for the advocacy service. Information on recreational and therapeutic activities was also displayed. A range of appropriate activities was noted by the inspector and included activities provided by the hospitals day care services.

The detailed findings from the ward environment observation are included in Appendix 2.

6.0 Observation Session

Effective and therapeutic communication and behaviour is a vitally important component of dignified care. The Quality of Interaction Schedule (QUIS) is a method of systematically observing and recording interactions whilst remaining a non-participant. It aims to help evaluate the type of communication and the quality of communication that takes place on the ward between patients, staff, and visitors.

The inspector completed direct observations using the QUIS tool during the inspection and assessed whether the quality of the interaction and communication was positive, basic, neutral, or negative.

Positive social (PS) - care and interaction over and beyond the basic care task demonstrating patient centred empathy, support, explanation and socialisation

Basic Care (BC) – care task carried out adequately but without elements of psychological support. It is the conversation necessary to get the job done.

Neutral – brief indifferent interactions

Negative – communication which is disregarding the patient's dignity and respect.

Summary

Observations of interactions between staff and patients/visitors were completed throughout the day of the inspection. Three interactions were recorded in this time period. The outcome of these interactions were as follows:

Positive	Basic	Neutral	Negative
100%	0%	0%	0%

On the day of the inspection patient and staff interactions observed by the inspector evidenced that staff were attentive and caring towards patients. The inspector witnessed continued positive interactions between staff and patients. Staff appeared to know the patients well and staff communicated in a manner appropriate to the individual needs of each patient.

The atmosphere within the ward was welcoming, warm and relaxed. Patients were witnessed moving freely throughout the ward and could access the garden as required. The inspector evidenced that communication and conversations between patients and staff were informal and friendly. It was positive to note that nursing staff demonstrated a high level of care and skill whilst interacting with patients.

Patients who met with the inspector reported no concerns in being able to approach staff. Patients also reflected that they had been involved in their care and treatment plans.

The detailed findings from the observation session are included in Appendix 3

7.0 Patient Experience Interviews

Five patients agreed to meet with the inspector to talk about their care, treatment and experience as a patient. A further two patients agreed to complete a questionnaire regarding their care, treatment and experience as a patient.

Patients who met with the inspector reported that they had been given the opportunity to be involved in their care and treatment. Six of the patients detailed that they could meet with nursing staff as required and that they felt safe on the ward. One patient reported that they did not feel safe and they did not agree with their care and treatment plan. The patient reflected that they felt their experience of the ward had not been helpful and that services for people with an eating disorder were limited. The patient stated that it would have been more beneficial for her to receive care and treatment in a specialist facility. The patient stated that they felt nursing staff on the ward have not been specifically trained to provide care and treatment to patients suffering

from an eating disorder. It was positive to note that the patient had discussed their concerns with their consultant and that the patient understood their rights.

It was good to note that patient comments regarding the ward staff were positive and that patients had been given the opportunity to attend the patient/ staff meeting. Patients who spoke with the inspector commented that:

“I feel safe here”;

“I feel this is a very good ward”;

“Meals can be very similar”;

“Standard of staff generally very high”;

“My named nurse is 100%”;

“Staff are very professional and provide a high standard of care”;

“Staff are good...easy to approach”;

“Foods good”;

“The ward’s relaxing”.

The detailed findings are included in Appendix 4

8.0 Other areas examined

During the course of the inspection the inspector met with:

Ward Staff	5
Other ward professionals	0
Advocates	0

Ward staff told the inspector that the ward was in a period of transition. Staff explained that they had been informed that the ward would be relocated to the Holywell hospital site in the near future. Staff reflected concerns regarding the proposed move and the impact this would have on travel and shift patterns. It was positive to note that the Trust’s Director of Mental Health services had recently attended the ward to discuss the Trust’s plans with staff.

Staff who met with the inspector reflected positively on the support they received from their colleagues and their line managers. The inspector was informed that the ward’s multi-disciplinary team (MDT) worked well together.

The inspector noted that the ward's occupational therapist (OT) and social worker were on long-term leave. Although there had been some disruption to the delivery of these services, the inspector was satisfied that the Trust had taken appropriate steps to ensure that patients received the required OT and social work support.

Staff comments included:

"The ward manager and deputy ward manager are very supportive";

"There's a lot of good will between the nursing staff";

"It's very unsettled at the moment...regarding the future of the ward";

"It's all change";

"The staff work well together and the consultant is very supportive".

9.0 Next Steps

A Quality Improvement Plan (QIP) which details the areas identified for improvement has been sent to the ward. The Trust, in conjunction with ward staff, must complete the QIP detailing the actions they will take to address the areas identified and return the QIP to RQIA by **11 September 2015**.

The lead inspector will review the QIP, and if satisfied with the actions and timelines detailed in the QIP, it will be published alongside the inspection report on the RQIA website.

The progress made by the ward in implementing the agreed actions will be evaluated at a future inspection.

Appendix 1 – Follow up on Previous Recommendations

Appendix 2 – Ward Environment Observation

This document can be made available on request

Appendix 3 – QUIS

This document can be made available on request

Follow-up on recommendations made following the unannounced inspection on 15 and 16 December 2014

No.	Reference.	Recommendations	No of times stated	Action Taken (confirmed during this inspection)	Inspector's Validation of Compliance
1	6.3.2 (g)	It is recommended that the ward manager develops a structured recreational activity schedule for weekends which will consider the individual needs and views of the patients.	2	<p>The inspector reviewed the structured recreational activity programme available for patients at weekends. Ward staff recorded activities provided to patients at weekends. The inspector reviewed the activities provided to patients during weekends from January 2015. It was good to note that staff had provided activities every weekend.</p> <p>The provision of weekend activities was discussed with patients at the patient/staff meeting which was convened every two weeks. Minutes of the meetings reviewed by the inspector evidenced that patients provided continued input and suggestions regarding weekend activities.</p>	Met
2	5.3.1 (c)	It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.	2	<p>The ward's patient property book evidenced that all valuable items brought into the ward by the patient were recorded. In circumstances where a relative removed items this was discussed with the patient, the relative and the multi-disciplinary team (as required). The removal of items registered in the patient property book was recorded.</p> <p>The inspector noted posters displayed on the wall opposite the ward's main entrance advising patients, relatives and visitors of their responsibility to inform staff should items of property be removed from the ward. This included clothing being removed for laundry.</p>	Met
3	5.3.1 (c)	It is recommended that the ward manager ensures that records of purchases made, and change returned to	2	Purchases made by staff on behalf of a patient were recorded on a patient monies receipt form. The form was retained on the patient's file and included a record of the money spent and associated receipts. Entries onto the form	Met

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		patients are maintained along with appropriate receipting processes.		were signed by two members of staff and the patient. Patient money receipt forms reviewed by the inspector had been completed in accordance to Trust policy and procedure.	
4	8.3 (f)	It is recommended that the nursing services manager ensures that all ward based staff are provided with access to the Epex system.	1	All ward based trained nursing staff could access the Trust's EPEX system as required. Untrained nursing staff could access the system through request to the nurse in charge.	Met
5	5.3.1 (a)	It is recommended that the ward manager ensures that all patients care plans are person centred and incorporate the holistic and individualised needs of the patient.	1	The inspector reviewed five sets of patient records including care plans. Care plans were noted to be hand written and based on the individual assessed needs of each patient. Patients had signed their care plans. The inspector evidenced that the ward's multi-disciplinary team reviewed each patient's circumstances on a weekly basis. This included a review of the restrictive practices used to support the patient's care and treatment.	Met
6	5.3.1 (a)	It is recommended that the ward manager ensures all patients' care plans are reviewed in accordance with the time scale set. A record of this review should be included in the patient's notes.	1	Care plans examined by the inspector evidenced that each patient's care and treatment was reviewed on a regular basis. It was good to note that timescales agreed regarding reviews of the patient's integrated care plan had been adhered to.	Met
7	5.3.3 (b)	It is recommended that the ward manager ensures that all patients are provided with an ongoing opportunity to review their care plans as their mental state improves	1	The inspector met with seven patients on the day of the inspection. All seven patients reported that they had been provided with an ongoing opportunity to review their care plan. One patient informed the inspector that they did not agree with their treatment plan. The patient reported no concerns in being able to discuss this with their consultant	Met

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		and that this is recorded and/or signed by the patient.		<p>psychiatrist.</p> <p>Four of the five care plans reviewed by the inspector had been signed by the patient. Patients had also signed the subsequent care plan reviews. One patient's care plan and set of reviews had not been signed. Staff had recorded that the patient did not wish to sign their care records. The patient's progress records evidenced that staff had taken time to discuss this patient's care plan with them.</p>	
8	5.3.1 (a)	It is recommended that the ward manager ensures that patients care plans reflect consideration of the Human Rights Act, particularly for those patients that are subject to any form of restrictive practice.	1	Care plans reviewed by the inspector evidenced that each patient's human rights had been considered. It was good to note that the care records of a patient who had recently been admitted to the ward, in accordance to the Mental Health(Northern Ireland) Order 1986, had been informed of the article five (right to liberty) rights. This included reference to ongoing review, the patient's right to appeal and adherence to the use of least restrictive practices.	Met
9	5.3.1 (a)	It is recommended that the ward manager ensures that a care plan is in place and regularly reviewed for any patient subject to any individual restriction, blanket restriction or deprivation of liberty. This should be discussed, agreed with the patient and documented accordingly.	1	<p>The inspector reviewed two sets of patient care records relating to patients who were subject to restrictive practices. The need for and use of a restrictive practice was clearly documented in the patient's care plan. The rationale for the restriction was based on the patient's assessed need. The continued requirement for the restriction was reviewed daily at the zoning meetings and weekly by the multi-disciplinary team.</p> <p>The inspector evidenced that both care plans had been completed in accordance to deprivation of liberty standards. Patients had signed their plans and patient progress notes evidenced that the need for the restriction remained under continued review.</p>	Met
10	5.3.1 (a)	It is recommended that the	1	Patient care records reviewed by the inspector evidenced	Met

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		ward manager ensures that all patients have a person centred discharge care plan that indicates the actions to support and prepare patients for discharge.		each patient had a discharge plan. Each plan detailed the treatment goals and the patient's discharge arrangements. Discharge plans were reviewed on a daily basis during the zoning meetings and weekly by the multi-disciplinary team.	
11	6.3	It is recommended that the Trust ensures that access to the appropriate level of clinical psychology service, in terms of seniority and available sessions. Advice regarding this should be accessed via the Head of Psychological Services and/or professional body.	1	<p>The inspector was informed that the Trust was in the process of recruiting a consultant psychologist to oversee psychological interventions within the Trust's acute mental health services. A senior manager informed the inspector that it was hoped that the consultant psychologist would be available as soon as possible.</p> <p>Clinical psychology support to patients (on an inpatient basis) was not available on the day of the inspection. This recommendation will be restated in the quality improvement plan accompanying this report.</p>	Partially met
12	6.3	It is recommended that the trust ensures that Clinical Psychology services are involved within the MDT, not only to provide specialist psychotherapy, but also to assist in the training and supervision of low and high intensity interventions.	1	<p>The ward's multi-disciplinary team could access psychology services for patients as part of a patient's discharge plan. Clinical psychology services were not available as part of the ward's multi-disciplinary team.</p> <p>This recommendation will be restated in the quality improvement plan accompanying this report.</p>	Not met
13	6.3	It is recommended that the Trust ensures that training and supervision in the range of low intensity psychological interventions is made available to nursing and	1	Nursing staff had completed wellness recovery action plan (WRAP) training. Nursing staff could also access depression and anxiety management self-help work books to support patients. One nurse was in the process of completing their cognitive behavioural therapy training. The application of low intensity psychological interventions was	Met

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		other appropriate mental health staff.		discussed with nursing staff during supervision sessions.	
14	7.3	It is recommended that the ward manager ensures that patients are facilitated to access the gym, in keeping with their care plan and to promote physical and psychological well-being.	1	Patients could access the ward's gym Monday to Friday with support from the ward's physiotherapist and occupational therapy assistant. Patients who met with the inspector reported no concerns at being able to access sessions in the gym.	Met



Quality Improvement Plan

Unannounced Inspection

Ross Thomson Unit, Causeway Hospital

23 July 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 deputy ward manager and a senior manager on the day of the inspection visit.

It is the responsibility of the Trust to ensure that all recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
Is Care Safe?					
1.	5.3.1 (a)	It is recommended that the Trust completes an up to date ligature risk assessment of the ward's environment	1	31 August 2015	Ligature audit has been organised by the nursing services manager Rosie Mooney for Thursday 3rd September 2015.
2.	5.3.1 (a)	It is recommended that the ward manager ensures that risk assessments completed for each patient, admitted to the ward, considers the ligature risks. This should include an associated risk management plan where a patient has been assessed as at risk from using a ligature point.	1	Immediate and ongoing	Medical and nursing staff review risk assessments and management plans which include ligature risk on admission. Patient property is checked on admission and dangerous items are removed. Risk assessments are updated on a weekly basis at the MDT meetings or as often as necessary .
Is Care Effective?					
3.	6.3	It is recommended that the Trust ensures that access to the appropriate level of clinical psychology service, in terms of seniority and available sessions.	2	31 October 2015	A referral is completed to the appropriate clinical psychology service as soon as a patients need is identified.

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

No.	Reference	Recommendation	Number of times stated	Timescale	Details of action to be taken by ward/trust
		Advice regarding this should be accessed via the Head of Psychological Services and/or professional body.			
4.	6.3	It is recommended that the trust ensures that Clinical Psychology services are involved within the MDT, not only to provide specialist psychotherapy, but also to assist in the training and supervision of low and high intensity interventions.	2	31 October 2015	Funding has been approved for a senior Psychologist to be employed ,this is currently with the recruitment department.
Is Care Compassionate?					
5.		It is recommended that the ward's multi-disciplinary team (MDT) ensures that information regarding all members of the ward's MDT is available on the patient information board.	1	Immediate and ongoing	This deficit has now been addressed and the names of all the MDT members on duty on each day are highlighted on the patients information board.

Recommendations are made in accordance with The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.

NAME OF WARD MANAGER COMPLETING QIP	[GERALDINE MCQUILLAN]
NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	[TONY STEVENS]

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Alan Guthrie	7 September 2015
B.	Further information requested from provider				