



The Regulation and
Quality Improvement
Authority

Enforcement Monitoring Announced Inspection

Name of Establishment:	Our Lady's Home (General Nursing Unit)
Establishment ID No:	1277
Date of Inspection:	15 September 2014
Inspector's Name:	Sharon McKnight & Lorraine Wilson
Inspection ID	IN020558

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Our Lady's Nursing Home (General Unit)
Address:	68 Ardnava Road Falls Road Belfast BT12 6FF
Telephone Number:	(028) 9032 5731
E mail Address:	maureen.munster@ourladyshome.org
Registered Organisation/ Registered Provider:	Diocese of Down and Connor Ms Maureen Munster (Acting)
Registered Manager:	Mrs Charlene Parkin (Acting)
Person in Charge of the Home at the Time of Inspection:	Mrs Charlene Parkin
Categories of Care:	NH-I ,NH-PH ,NH-PH(E) ,NH-TI
Number of Registered Places:	67
Number of Patients Accommodated on Day of Inspection:	67
Scale of Charges (per week):	£572.00 - £597.00
Date and Type of Previous Inspection:	22 July 2014 Enforcement monitoring announced inspection
Date and Time of Inspection:	15 September 2014 09 35 – 16 40 hours
Name of Inspector:	Sharon McKnight Lorraine Wilson

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 nursing homes. A minimum of two inspections per year are required.

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

1.1 Purpose of the Inspection

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

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 METHODS/PROCESS

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

- Discussion with the acting manager and operations manager
- review of recruitment records
- review of training records
- review of policies regarding recruitment
- evaluation and feedback.

1.3 Inspection Focus

The focus of this inspection was to assess the progress made in moving to compliance with the two notices of failure to comply with regulations of The Nursing Homes Regulations (Northern Ireland) 2005:

- **FTC 1 – FTC/NH/ 1277/01/2013-14(E) Regulation 14(4)**
- **FTC 2 – FTC/NH/ 1277/02/2013-14(E) Regulation 21 (1) (a) (b) (c) and Regulation 21 (5) (a) (b) and (d)**

The Failure to Comply notices were issued on 17 June 2014. Full compliance with the notices was required to be achieved by 14 September 2014, the day prior to the inspection.

2.0 Profile of Service

Our Lady's Nursing home is a purpose built, two storey home situated on an elevated site in the Beechmount area in west Belfast. Many rooms within the home have panoramic views of the south, west and central Belfast. It is centrally located within the local community and is convenient to shops, public transport facilities and community services. There is ample car parking space at the front and to the side of the building.

The General Wing of Our Lady's Nursing home is managed within two suites, Beechwood and Elmwood. The two suites comprise of four units and can accommodate up to 67 patients in single rooms with en-suite toilets. There are a range of day rooms, dining rooms, bath/shower rooms and W/C's which are accessible to all communal and bedroom areas.

The home is owned and managed by the Diocese of Down and Connor and Ms Maureen Munster is the current acting responsible person. Ms Charlene Parkin is the acting manager. The general unit of the home is registered to accommodate 67 patients within the categories of NH-I old age not falling within any other category, NH-PH physical disability under 65 and NH-PH(E) physical disability over 65 and NH-TI terminal illness.

3.0 Summary

This summary provides an overview of the progress made in moving to compliance with the two notices of failure to comply with regulations of The Nursing Homes Regulations (Northern Ireland) 2005. The inspection was undertaken by inspectors, Sharon McKnight and Lorraine Wilson on 15 September 2014 from 09 35 hours to 16 40 hours.

The inspectors were welcomed into the home by Ms Charlene Parkin, acting manager and Mr Pat McAuley, operations manager, who were available throughout the inspection. Mr Paul Shevlin, acting chairperson of Our Lady's Management committee also met with the inspectors during the inspection.

During the course of the inspection, the inspectors examined a selection of recruitment records and spoke with the acting manager, operations manager and administration staff within the home.

Verbal feedback of the inspection outcomes and issues identified was given to Ms Parkin and Mr McAuley at the conclusion of the inspection. Mr Paul Shevlin, acting chairperson of Our Lady's Home management committee was informed of the outcome of the inspection via telephone on 16 September 2014 by Sharon McKnight.

As a result of the previous inspections conducted on 5 and 10 December 2013, 2 June 2014 and 22 July 2014 nine requirements and seven recommendations were issued. Three of the requirements, subsumed into two failure to comply with regulation notices, and the requirements in regard to recruitment policies, the governance arrangements of the recruitment process and staff training in recruitment were reviewed as part of this inspection. The outcomes of the action taken is detailed in the inspection findings. Due to the focus of this inspection the other previous requirements and recommendations were not reviewed but have been carried forward for review at a future inspection.

Inspection findings

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notices issued on 17 June 2014. The following records were examined:

- A list of all checks completed by ACCESS NI for Our Lady's Home
- staff rotas for the week of the inspection
- staff list of all staff currently employed in the home
- twenty one staff recruitment files
- policies and procedure in regard to recruitment.

Details regarding the inspection findings for these areas are available in the main body of the report.

Post inspection

The outcome of the inspection was discussed with the Head of Programme for Nursing Homes, Independent Healthcare and Pharmacy Regulation and the senior inspector for the nursing team on 16 September 2014. The failure to comply notices expired on 14 September 2014, and this inspection found that there was sufficient evidence available to demonstrate compliance with both failure to comply notices.

The inspector spoke with Mr Paul Shevlin, acting chairperson of Our Lady's Home management committee on 16 September 2014 and informed him of the outcome of the inspection.

Conclusion

Nine requirements are made as a result of the previous inspection. Two of the requirements relating to the selection and recruitment of staff and their fitness to work in a nursing home were subsumed into one of the Failure to Comply Notices issued by RQIA on 17 June 2014. One requirement regarding arrangements to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse, was subsumed into the second Failure to Comply Notice issued by RQIA on 17 June 2014. These three requirements and the requirements in regard to the recruitment policy, governance arrangements of the recruitment process and staff training in recruitment are now assessed as compliant. The remaining three requirements and seven recommendations are carried forward for review at a future inspection.

The inspectors would like to thank Mr Shevlin, Ms Parkin, acting manager, Mr McAuley, operations manager and administration staff for their assistance and co-operation throughout the inspection process.

4.0 Inspection findings

4.1 Failure To Comply Notice 1 – FTC/NH/ 1277/01/2013-14 Regulation 14(4) of The Nursing Homes Regulations (Northern Ireland) 2005

(4) The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.

Findings:

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notice. The following are the inspectors' findings:

- **The acting responsible individual must ensure that the use of the form entitled "Access NI Disclaimer" must cease immediately.**

Assurances were given to RQIA by the acting manager and two representatives of Our Lady's Home management committee during a formal meeting with RQIA on 16 June 2014 that this form had been removed from use with immediate effect following the inspection on 2 June 2014.

During this inspection the acting manager and operations manager gave further assurance that no disclaimer forms were in use and that prospective employees were not permitted to commence employment in the home prior to the receipt of a satisfactory ACCESS NI check.

- **the acting responsible individual must ensure that staff are recruited and employed in accordance with statutory legislation and mandatory requirements. A satisfactory Access NI enhanced disclosure certificate must be received for all staff prior to commencement of employment**
- **the acting responsible individual must confirm to RQIA that all staff currently employed, after 1 April 2008, in Our Lady's Home have had an Access NI enhanced and barred list certificate issued as part of the homes recruitment process**

A record of ACCESS NI checks, requested and completed as part of Ours Lady's Home recruitment processes, had been provided to the home by ACCESS NI. The inspectors reviewed the ACCESS NI list and staffing rotas for the week of the inspection.

Review of these records evidenced that all staff had an ACCESS NI certificate number recorded as part of Our Lady's Home recruitment process.

The inspectors reviewed the recruitment file of an employee waiting to commence employment. The recruitment records contained an Access NI certificate number and the date the certificate was received.

- **the acting responsible individual must ensure that a record of the date of receipt of Access NI certificates into the home is maintained**

The date of the receipt of ACCESS NI checks received by the home since the previous inspection was available in the home.

- **the acting responsible individual must implement monitoring systems to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements**

The inspectors reviewed the procedure drawn up by the acting manager to ensure that the recruitment process within the home was compliant with statutory legislation and mandatory requirements. The procedure included the review of recruitment records by the acting manager and monitoring of adherence to regulation as part of the regulation 29 visits.

- **the acting responsible individual must ensure that all staff involved in the recruitment process receive training in selection and recruitment**
- **the acting responsible individual must ensure that selection and recruitment training is embedded into practice and individuals' competency assessed. Records must be retained to evidence this assessment.**

The acting manager and operations manager informed the inspectors that training in selection and recruitment had taken place on 12 September 2014. The inspectors reviewed the content of the training which included the recruitment process from advertising to appointment, equality of opportunity and the records and checks required to be completed to comply with The Nursing Homes Regulations (Northern Ireland) 2005.

Review of training records evidenced that seven staff had attended the training. The inspectors were informed that there were three members of staff who had not been available to attend the training on 12 September 2014. Mr. Shevlin assured the inspectors that the identified staff would not be involved in the recruitment of staff until they had attended training. Further reassurance was given to RQIA by Mr. Shevlin via electronic mail on 16 September 2014 that staff would not be involved in any aspect of recruitment until they had attended training and that a further date had been arranged for 30 September 2014.

The trainer's qualifications and experience were available in the home and reviewed by the inspectors.

Staff who attended the training completed a written assessment at the conclusion of the session to check their understanding of the course content. Staff peer reviewed the completed assessments and discussed the answers provided. The inspectors reviewed the completed assessments and were satisfied that it was an effective tool to assess competency of staff knowledge. The inspectors discussed the training with three members of staff who were knowledgeable regarding the recruitment process and the records required to be maintained to comply with The Nursing Homes Regulations (Northern Ireland) 2005.

The home is evidenced to have fully complied with the requirements of this Failure to Comply Notice.

4.2 Failure To Comply Notice 2 – FTC/NH/ 1277/02/2013-14, Regulation 21 (1) (a) (b) (c) and Regulation 21 (5) (a) (b) and (d) of The Nursing Homes Regulations (Northern Ireland) 2005.

(1) The registered person shall not employ a person to work at the nursing home unless –

- (a) the person is fit to work at the nursing home;**
- (b) subject to paragraph (5), he has obtained in respect of that person the information and documents specified in paragraphs 1 to 7 of Schedule 2;**
- (c) he is satisfied on reasonable grounds as to the authenticity of the references referred in paragraph, 3 of Schedule 2 in respect of that person**

(5) For the purposes of paragraphs (1) and (4), a person is not fit to work at a nursing home unless –

- (a) he is of good integrity and character;**
- (b) he has qualifications or training suitable to the work that he has to perform, and the skills and experience necessary for such work;**
- (c) he is physically and mentally fit for the purpose of the work he is to perform at the nursing home;**
- (d) full and satisfactory information is available in respect of the following matters –**
 - (i) each of the matters specified in paragraphs 1 to 7 of Schedule 2;**

Findings

The inspectors reviewed each action required to be completed to comply with regulation as detailed in the failure to comply with regulation notice. The following are the inspectors' findings:

- **The acting responsible individual shall, ensure that at all times staff are recruited and employed in accordance with statutory legislation and mandatory requirements**

The acting responsible individual must ensure that for all staff, recruited since 2005 and currently employed in Our Lady's Home, they have obtained in respect of each person the information and documents specified in Regulation 21(1)(b) Schedule 2, The Nursing Homes Regulation (Northern Ireland) 2005

The inspectors observed that the recruitment file for each employee had been reviewed by the management of the home and a checklist completed to identify any non-compliance with the records.

The inspectors reviewed the selection and recruitment records of twenty one staff currently employed in the home. Five of these files had been reviewed during the previous inspection. Eighteen of the twenty one files were fully compliant with The Nursing Homes Regulations

(Northern Ireland) 2005. One file reviewed did not contain a reference from the staff member's previous employer. Two references had been received for the employee. The recruitment file contained clear evidence of the action taken by the home to obtain the required reference. The most recent employer was not in the caring profession. The evidence obtained during the inspection with discussed with the Head of Programme for Nursing Homes, Independent Healthcare and Pharmacy Regulation and the senior inspector with the nursing team on 16 September 2014. Following this discussion it was agreed that the home had taken reasonable steps to obtain the required references.

Two of the files reviewed related to staff who were on maternity leave at the time of the inspection. Review of these files evidenced that they had been quality assured by the operations manager and any gaps in the required documentation identified. The files contained evidence of correspondence with the employees regarding documentation required to be received prior to their return to work. The inspectors were satisfied that reasonable steps had been taken to ensure that the information and documents specified in Regulation 21(1)(b) Schedule 2 would be received prior to the staff returning to work.

- **the acting responsible individual must ensure that there is a robust policy and procedure in place which details the recruitment process. The policy and procedure must comply with legislative and DHSSPS guidance**

The inspectors reviewed the policy for employing staff within the home. The policy had been updated to reference the requirement that successful candidates would be required to have an enhanced disclosure with barred list check completed.

- **the acting responsible individual must ensure that records are kept of all the documentation relating to the recruitment process in the home. Details of the ACCESS NI or other relevant checks should be handled in keeping with DHSSPS guidelines.**

As previously discussed the acting manager and operations manager had completed an audit of the recruitment files for all staff currently employed and had requested records to ensure that the required documentation relating to the recruitment process was available in the home.

Review of the records pertaining to ACCESS NI evidenced that all staff had an ACCESS NI check completed and certificate number recorded as part of Our Lady's Home recruitment process.

- **the acting responsible individual must implement monitoring systems to ensure that the recruitment process with the home is compliant with statutory legislation and mandatory requirements**

As previously discussed the inspectors reviewed the procedure drawn up by the acting manager to ensure that the recruitment process within the home is compliant with statutory legislation and mandatory requirements. The procedure included the review of recruitment records by the acting manager and monitoring of adherence to regulation as part of the regulation 29 visits.

- **the acting responsible individual must ensure that all staff involved in the recruitment process receive training in selection and recruitment**

- **the acting responsible individual must ensure that selection and recruitment training is embedded into practice and individual competencies assessed. Records must be maintained of this assessment.**

As previously discussed the acting manager and operations manager informed the inspectors that training in selection and recruitment had taken place on 12 September 2014. The inspectors reviewed the content of the training which included the recruitment process from advertising to appointment, equality of opportunity and the records and checks required to be completed to comply with The Nursing Homes Regulations (Northern Ireland) 2005.

Review of training records evidenced that seven staff had attended the training. The inspectors were informed that there were three members of staff who had not been available to attend the training on 12 September 2014. Mr. Shevlin assured the inspectors that the identified staff would not be involved in the recruitment of staff until they had attended training. Further reassurance was given to RQIA by Mr. Shevlin via electronic mail on 16 September 2014 that staff would not be involved in any aspect of recruitment until they had attended training and that a further date had been arranged for 30 September 2014.

The trainer's qualifications and experience were available in the home and reviewed by the inspectors.

Staff who attended the training completed a written assessment at the conclusion of the session to check their understanding of the course content. Staff peer reviewed the completed assessments and discussed the answers provided. The inspectors reviewed the completed assessments and were satisfied that it was an effective tool to assess competency of staff knowledge. The inspectors discussed the training with three members of staff who were knowledgeable regarding the recruitment process and the records required to be maintained to comply with The Nursing Homes Regulations (Northern Ireland) 2005.

The home is evidenced to have fully complied with the requirements of this Failure to Comply Notice.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Parkin and Mr McAuley, 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:

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



Quality Improvement Plan

Enforcement Monitoring Announced Inspection

**Our Lady's Home
General nursing unit**

15 September 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 acting manager Charlene Parkin, either during or after the inspection visit.

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

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

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

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

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	16(1)	<p>Carried forward for review at a future inspection.</p> <p>It is required that a care plan must be in place for all assessed needs.</p> <p>Ref Section 4</p>	One	On admission, using information received beforehand, the admitting nurse completes initial care plans with the patients and or their representative in order to meet immediate care needs. Within two weeks a named nurse completes further informed care plans. All plans are reviewed and updated monthly or as needs change as necessary.	From the date of inspection
2	19(1)(a), schedule 3, 2(k)	<p>Carried forward for review at a future inspection.</p> <p>The registered person shall maintain contemporaneous notes of all nursing provided to the patient.</p> <p>Repositioning charts must be accurately maintained to evidence care delivered.</p> <p>Repositioning charts must also contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning.</p> <p>Ref Section 4</p>	One	Nursing records are kept electronically for all interventions procedures and nursing needs in accordance with NMC guidelines. Each individual, who requires repositioning is provided a repositioning booklet. Staff record all aspects of any interventions relation to repositioning which includes written evidence that a skin inspection has taken place. Booklets are currently being piloted in two of the general nursing units with a view to	From the date inspection.

				rolling throughout the home in September 2014.	
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3	29(5)(a)	<p>Carried forward for review at a future inspection.</p> <p>A copy of the report of the unannounced monthly visit must be forwarded to RQIA until further notice.</p> <p>Ref section 4</p>	One	Once completed, all unannounced monthly provider visit documentation is now forwarded to RQIA. This was commenced July 2014	From the date of inspection
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Recommendations					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	3.4	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that any documents from the referring Trust are dated and signed when received into the home.</p> <p>Ref section 4</p>	Two	<p>The home has now employed a receptionist, who is responsible for sorting, dating and signing for the receipt of all mail. All qualified staff have been advised through meetings and informal discussion that all documents hand delivered to them require signing and dating on receipt.</p>	From the date of inspection.
2	25.12	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that the action plan from the previous visit should be reviewed at the next visit and all areas commented on.</p> <p>Ref section 4</p>	One	<p>Previous inspection paperwork is now viewed prior to the commencement of the forthcoming provider visits/inspections. Records are now held centrally for ease of use.</p>	From the date of inspection.

3	13.6	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that further training is provided for all registered nurses in the regional procedure for the protection of vulnerable adults. The training must be reflective of their role and responsibility as the nurse in charge of the home.</p> <p>The acting manager must ensure that training is embedded into practice.</p> <p>Ref section 4</p>	One	<p>All staff, including all registered nurses are currently updating mandatory training which included Protection of Vulnerable Adults.</p> <p>The Acting Nurse Manager has contacted the Safeguarding Team at the referring trust who have informed her a qualified Nurse will be joining their team in October 2014 and will be able and willing to provide more nurse specific training within the home.</p>	From the date of inspection.
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4	10.7	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> • the need for an alarm mat is fully assessed and that care plans are developed • the use of restraint is discussed with the patient, where appropriate, and if the patient is unable to give their consent then consultation with relatives and healthcare professionals, if required, in regard to best interest decisions for the patient, should be undertaken and records maintained of the outcome of these discussions. <p>Ref section 4</p>	One	<p>Use of alarm mats is assessed in conjunction with falls risk assessments.</p> <p>Care plans are updated at the time of assessment and on completion of the consent form in relation to the use of restraint, all discussions are added to the electronic care records in addition to any paper records held.</p>	From the date of inspection.
5	5.1	<p>Carried forward for review at a future inspection.</p> <p>It is recommended that all patients have a baseline pain assessment completed and an ongoing pain assessment where indicated.</p> <p>Ref section 4</p>	One	<p>Baseline pain assessments have been completed for all current residents and this now forms part of the admission process.</p> <p>Where indicated, pain assessments are evaluated monthly or more often as needs change by a qualified nurse.</p>	From the date of inspection.

6	25.1	<p>Carried forward for review at a future inspection.</p> <p>Given the new management structure it is recommended that the acting responsible individual review the roles of management and provide guidance to staff on each managers areas of responsibilities.</p> <p>Ref section 4</p>	One	<p>The organisational structure is now displayed on all nursing units and in communal areas. Individual managers areas of responsibility have been and continue to be discussed at staff meetings and informal discussions.</p> <p>In addition, the profiles of the most senior managers have also been displayed throughout the home which includes how they can be contacted.</p>	From the date of inspection.
7	26.5	<p>It is recommended that policies and procedures are dated when issued, reviewed or revised.</p> <p>Ref section 4, 4.1</p>	One	<p>All policies are dated and signed when issued, reviewed or revised.</p>	From the date of inspection.

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 and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Mrs Charlene Parkin
Name of Responsible Person / Identified Responsible Person Approving Qip	Mr Paul Shevlin

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Sharon Mcknight	14-10-14
Further information requested from provider			