



**RESIDENTIAL CARE HOME  
UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**THE BROOK**

**14 JUNE 2010**

**INSPECTION FINDINGS  
SONIA MCGRATH - PHARMACIST INSPECTOR**

**REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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## **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 Residential Care Homes. A minimum of two inspections per year is required, one of which is an unannounced inspection.

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

## **2.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the service provided to users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements and current minimum standards, through a process of evaluation of available evidence.

The 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 management of medicines in the home, and to determine and assess the home's implementation of the following:

The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The Residential Care Homes Regulations (Northern Ireland) 2005.

The Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards.

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

### 3.0 METHODS/PROCESS

Discussion with staff on duty and registered manager  
Audit trails carried out on a sample of randomly selected medicines  
Review of medicine records  
Observation of storage arrangements  
Spot-check on policies and procedures  
Evaluation and feedback

This unannounced inspection was undertaken to examine the arrangements for the management of medicines within the home, and to examine the steps being taken to improve the standards in place for the management of medicines since the previous inspection.

### 4.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection. The codes as seen below in Table 1 were used to score the home's achievement against all the relevant criteria.

#### **Standards inspected:**

##### **Standard 30: Management of Medicines**

Standard Statement - Medicines are handled safely and securely

##### **Standard 31: Medicine Records**

Standard Statement - Medicine records comply with legislative requirements and current best practice

##### **Standard 32: Medicines Storage**

Standard Statement - Medicines are safely and securely stored

##### **Standard 33: Administration of Medicines**

Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions

**Table 1: Levels of Achievement**

<b>Level of Achievement</b>	<b>Definition</b>
<b>Not Applicable</b>	The criterion is not applicable to this service setting. (A reason must be clearly stated in the service response).
<b>Unlikely to be Achieved</b>	The criterion is unlikely to ever be achieved. (A reason must be stated clearly in the service response).
<b>Not Achieved</b>	The criterion is unlikely to be achieved in full in this inspection year. For example, the service has only started to develop a policy and implementation will not take place until after the inspection year.
<b>Partially Achieved</b>	Work has been progressing satisfactorily and the service is likely to have achieved the criterion within the inspection year. For example, the service has developed a policy and will have completed implementation within this inspection year.
<b>Substantially Achieved</b>	A significant proportion of action has been completed to ensure the service performance is in line with the criterion. For example, a policy has been developed and implemented but a plan to ensure practice is fully embedded has not yet been put in place.
<b>Fully Achieved</b>	Action has been completed that ensures the service performance is fully in line with the criterion. For example, a policy has been developed, implemented, monitored and an ongoing programme is in place to review its effectiveness.

## 5.0 GENERAL INFORMATION

<b>Name of home</b>	The Brook
<b>Type of home</b>	Residential Care Home
<b>Address</b>	Brook Street, 6 Brook Green, Coleraine, BT52 1QG
<b>Telephone number</b>	028 7034 4495
<b>E-mail address</b>	karen.mccaughern@northerntrust.hscni.net
<b>Registered Organisation/Registered Provider</b>	Northern HSC Trust Mr Colm Donaghy (Acting)
<b>Registered Manager</b>	Ms Karen McCaughern
<b>Categories of care</b>	RC-DE
<b>Number of registered places</b>	6
<b>Number of residents accommodated on day of inspection</b>	6
<b>Person in charge of the service at the time of inspection</b>	Ms Karen McCaughern
<b>Date and time of current medicines management inspection</b>	09 June 2010 11:45 - 15:10
<b>Name of inspector</b>	Sonia McGrath
<b>Date and type of previous medicines management inspection</b>	09 July 2007 Announced

## **6.0 PROFILE OF SERVICE**

The Brook Statutory Residential Home is a purpose built ground floor home set within the boundaries of Coleraine. The Brook is situated within a complex which includes offices, attached to a day care facility and sheltered accommodation.

The Northern Health and Social Care Trust in partnership with Fold Housing Association and the Northern Ireland Housing Executive, manage The Brook.

The home was registered on 1 August 2005 and accommodates a total of 25 adults with a diagnosis of dementia.

This current inspection focused on the assessment of the care provided to the six beds registered with The Regulation and Quality Improvement Authority as residential care. The remaining 19 adults are accommodated under the auspices of Supported Living with Care.

There are six single bedrooms with en-suite bathrooms, which include an electric shower for the residents. All of the bedrooms are carpeted and have a small open plan kitchen area. There is an open plan lounge, dining and kitchen area for use by the six residents, which is separate from the tenants.

The six residents are able to mix with the other supported living tenants in other parts of the home.

## **7.0 EXECUTIVE SUMMARY**

The main focus of the inspection was to examine the arrangements for the management of medicines within the home.

The medicines standards were examined using the criteria outlined in Standards 30 - 33 in the DHSSPS Residential Care Homes Minimum Standards (January 2008) Document.

The previous requirements and recommendations were also examined. One requirement and one recommendation are re-stated in the Quality Improvement Plan.

Improvements are necessary in some of the arrangements for the management of medicines in this home. Medicine records are not always being adequately maintained and some additional auditing of medicines is necessary.

Medicines are stored safely and securely, however the fridge temperatures, maximum/minimum must be monitored on a daily basis when in use.

Control drug balances were checked and were correct, however the management of controlled drugs records and reconciliation checks should be reviewed.

The inspection attracted three requirements and two recommendations. The requirements and recommendations are addressed in the Quality Improvement Plan.

The inspector would like to thank the manager and staff for their assistance and co-operation throughout the inspection.

## 8.0 FOLLOW UP ON PREVIOUS ISSUES

### REQUIREMENTS

The following requirements were made at the previous medicines management inspection on, 09 July 2007:

NO.	REQUIREMENT	ACTION TAKEN
1.	Medication administration records must be accurately maintained.	<b>Substantially addressed.</b> However further attention must be paid to the administration of non-blistered medicines as unexplained gaps in administration were observed.
2.	Personal medication records must be maintained appropriately.	<b>Partially addressed.</b> This requirement has been re-stated in the Quality Improvement Plan, as a number of records were incomplete.

### RECOMMENDATIONS

The following recommendations were made at the previous medicines management inspection on, 09 July 2007:

NO.	RECOMMENDATION	ACTION TAKEN
1.	The date of opening should be recorded on all medicine containers to facilitate audit.	<b>Not addressed.</b> This practice had not been implemented. This recommendation has been re-stated in the Quality Improvement Plan.
2.	Written confirmation of the current medicine regime should be obtained from a healthcare professional for all new admissions.	<b>Fully addressed.</b> The registered manager advised that written confirmation of the current medicine regime is obtained from a healthcare professional for all new admissions.

## **RESIDENTIAL CARE HOMES – MANAGEMENT OF MEDICINES UNANNOUNCED INSPECTION FINDINGS**

### **9.0 Standard 30: Management of Medicines**

**Standard Statement - Medicines are handled safely and securely.**

**Criterion Assessed:**

**30.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.**

**Inspection Findings:**

The system for the management of medicines is generally maintained in accordance with legislative requirements, professional standards and DHSSPS guidance, however further improvement is necessary in the standard of record keeping.

Staff advised that written confirmation of current medicine regimes is obtained from a healthcare or social care professional for all new admissions to the home. Prescriptions are received and checked before dispensing.

Staff have access to appropriate reference sources.

**Level of Achievement: Substantially achieved**

**Criterion Assessed:**

**30.2 The policy and procedures cover each of the activities concerned with the management of medicines.**

**Inspection Findings:**

Written policies and procedures for the management of medicines are in place.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**30.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training completed by staff.**

**Inspection Findings:**

A record is kept of all medicines management training completed by staff.

Staff who manage medicines are trained and competent. A record is kept of all medicines management training, including induction.

The registered manager advised that a list of the names, signatures and initials of staff authorised to administer medicines is in place, this was not observed during the inspection.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**30.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.**

**Inspection Findings:**

There is regular staff appraisal and competency assessment with respect to medicines management. The registered manager confirmed that a record is kept of all staff appraisals and competency assessments; these were not observed on the day of the inspection.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**30.5 When necessary, in exceptional circumstances, training in specific techniques (e.g. the administration of medicines using invasive procedures; the administration of medicines through a PEG-tube; the administration of medicines in treating a life threatening emergency) is provided for named staff by a qualified healthcare professional in accordance with legislative and professional guidelines.**

**Inspection Findings:**

Staff have been trained to administer insulin by a diabetic nurse specialist in January 2010.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**30.6 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.**

**Inspection Findings:**

One medication incident has been reported to RQIA following the inspection; it was dealt with in an appropriate manner.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**30.7 Pharmaceutical waste is disposed of in accordance with legislative requirements and DHSSPS guidelines.**

**Inspection Findings:**

Medicines no longer in use are returned to the community pharmacy for disposal.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**30.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the home's policy and procedures, and action is taken when necessary.**

**Inspection Findings:**

A system to audit the management of medicines is in place. Audit trails are performed on a regular basis, by the registered manager and nursing staff and any discrepancies are investigated and discussed. The need to increase the current level of audit activity on all non blistered medicines, such as creams, inhalers, liquids and nutritional supplements was discussed and agreed with the registered manager.

Dates of opening were not routinely recorded on all medicines examined on the day of inspection. This is recommended best practice and should be implemented to prevent administration after expiry and to facilitate audit.

**Level of Achievement: Substantially achieved**

## **10.0 Standard 31: Medicine Records**

**Standard Statement - Medicine records comply with legislative requirements and current best practice.**

### **Criterion Assessed:**

**31.1 Medicine records are constructed and completed in such a manner as to ensure that there is a clear audit trail.**

### **Inspection Findings:**

The records of medicines received, prescribed, administered, and disposed of were generally well-maintained, in a manner that facilitates audit activity.

During the inspection a number of completed medication administration records could not be located, therefore the majority of audits could not be concluded. Staff are reminded that records should be readily available for audit.

**Level of Achievement: Substantially achieved**

**Criterion Assessed:**

**31.2 The following records are maintained:**

- **Personal medication record**
- **Medicines administered**
- **Medicines requested and received**
- **Medicines transferred out of the home**
- **Medicines disposed of.**

**Inspection Findings:**

A sample of each of the above records was examined, the majority of which were found to be satisfactory.

The following further attention needs to be given to the maintenance of personal medication records:

- When new medicines are added to a personal medication record, the entries should be signed by two designated members of staff, if the prescriber is unable to sign the entry.
- The frequency of administration of "as required" medicines must be indicated by clear and definitely stated minimal intervals and a maximum daily dose.
- The allergy status of the resident should be recorded.

Records of medicines administered are generally well-maintained. However, records of the administration of non-blistered medicines are sometimes incomplete and this must be addressed. In addition, staff must record if a medicine is refused or omitted.

Records of medicines requested and received are well-maintained.

A sample of records of medicines transferred out of the home and disposed of was reviewed during the inspection; these records are well-maintained.

**Level of Achievement: Substantially achieved**

**Criterion Assessed:**

**31.3 The receipt, administration and disposal of all Schedule 2 controlled drugs are recorded in a controlled drug register.**

**Inspection Findings:**

Controlled drugs transferred out of the home are currently documented in the medicines disposed of/transferred book. An entry should also be made in the controlled drug record book and the balance brought to zero. All entries should be signed by a member of staff and the person receiving the controlled drug.

**Level of Achievement: Partially achieved**

## **11.0 Standard 32: Medicines Storage**

**Standard Statement - Medicines are safely and securely stored.**

**Criterion Assessed:**

**32.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements.**

**Inspection Findings:**

On the day of inspection, all medicines were stored safely and securely and in accordance with the manufacturer's instructions. However, out-of-date bisoprolol suspension was stored in the medicines trolley and this had been administered to a resident. This was removed for disposal during the inspection. Staff are reminded to check the expiry date on all medicines before they are administered to a resident.

Fridge temperatures are not routinely recorded on a daily basis, this should be reviewed to ensure that the maximum and minimum temperature are recorded on a daily basis.

**Level of Achievement: Substantially achieved**

**Criterion Assessed:**

**32.2 The key of the controlled drug cabinet is carried by the person-in-charge. Keys to all other medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff. The safe custody of spare keys is the responsibility of the registered manager.**

**Inspection Findings:**

There is appropriate key control within the home.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**32.3 Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled on each occasion when responsibility for safe custody is transferred.**

**Inspection Findings:**

Quantities of Schedule 2 controlled drugs and Schedule 3 controlled drugs subject to safe custody requirements are reconciled twice a day but not on each occasion when responsibility for safe custody is transferred. This should be reviewed.

**Level of Achievement: Partially achieved**

**12.0 Standard 33: Administration of Medicines.**

**Standard Statement - Medicines are safely administered in accordance with the prescribing practitioner's instructions.**

**Criterion Assessed:**

**33.1 Residents self-administer their own medicines where the risks have been assessed and the competence of the resident to self-administer is confirmed. Any changes to the risk assessment are recorded and the arrangements for self-administering medicines are kept under review.**

**Inspection Findings:**

The registered manager stated that at present no residents self-administer medicines.

**Level of Achievement: Not applicable**

**Criterion Assessed:**

**33.2 When a resident self-administers his or her medicines, these are kept in a locked storage space and the resident holds the key. The safe custody of the spare key is the responsibility of the registered manager.**

**Inspection Findings:**

The registered manager stated that at present no residents self-administer medicines.

**Level of Achievement: Not applicable**

**Criterion Assessed:**

**33.3 Staff ensure that all medicine labels specify full dosage directions. Labelling enables staff to positively identify each medicine.**

**Inspection Findings:**

A random selection of medicine labels was examined. The full dosage directions were specified on each medicine label. The labelling enabled staff to identify each medicine with the exception of the one insulin pen in current use, it was acknowledged that only one resident is prescribed insulin in this home.

Staff advised that medicines issued for temporary leave are supplied, labelled and packaged appropriately.

**Level of Achievement: Substantially achieved**

**Criterion Assessed:**

**33.4 Prescribed medicines are only administered to the resident for whom they are prescribed.**

**Inspection Findings:**

The results of medicine audits undertaken during the inspection indicate that prescribed medicines are only administered to the resident for whom they are prescribed.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**33.5 Medicine doses are prepared immediately prior to their administration, from the container in which they are dispensed.**

**Inspection Findings:**

There was no evidence of any pre-dispensing of medicines.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**33.6 The administration of a Schedule 2 controlled drug is recorded and signed in the controlled drug register by the member of staff administering the drug and the witness who is present at its administration.**

**Inspection Findings:**

The administration of a Schedule 2 controlled drug is recorded and signed in the controlled drug register by the member of staff administering the drug and the witness who is present at its administration.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**33.7 Any omission or refusal likely to have an effect on the resident's health or wellbeing is reported to the prescribing practitioner.**

**Inspection Findings:**

The registered manager advised that any omission or refusal of medicines, which may have an effect on a resident's health or wellbeing, is reported to the prescribing practitioner.

**Level of Achievement: Fully achieved**

**Criterion Assessed:**

**33.8 The act of administering medication in disguised form is discouraged but, when necessary, is undertaken in accordance with current best practice as defined by professional bodies and national standard setting organisations. The assessment process and outcomes are documented in the resident's notes.**

**Inspection Findings:**

At the time of inspection no resident required the covert administration of any medicines.

**Level of Achievement: Not applicable**

**Criterion Assessed:**

**33.9 Non-prescribed medicines are administered in accordance with qualified medical or pharmaceutical advice, which is formalised in an agreed protocol.**

**Inspection Findings:**

The use of non-prescribed medicines (home remedies) is currently under review in the home. If non-prescribed medicines are to remain in use in the home, staff are reminded that the administration must be recorded on the resident's medicine administration record and on the non-prescribed medicines record.

**Level of Achievement: Fully achieved**

### **13.0 ADDITIONAL AREAS EXAMINED**

#### Blood Glucometers:

Blood glucometers are in use in the home; control checks on glucometers are not performed. It was advised that blood glucometers must be maintained as specified by the manufacturer. Control checks should be performed on a weekly basis and a record should be kept of the checks. The date of opening must be recorded on all opened control solutions as they have a 90 day expiry once opened.

#### 14.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Karen McCaughern, Registered Manager and Ms Gillian McPeake, Deputy Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Sonia McGrath  
Pharmacist Inspector  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**

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**Sonia McGrath  
Pharmacist Inspector**

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**Date**

**QUALITY IMPROVEMENT PLAN**

**UNANNOUNCED MEDICINES MANAGEMENT INSPECTION**

**THE BROOK RESIDENTIAL CARE HOME**

**14 JUNE 2010**

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan.

The details of the Quality Improvement Plan were discussed with Ms Karen McCaughern, Registered Manager and Ms Gillian McPeake, Deputy Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

- **Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005 and must be met.**
- **Recommendations are statements based on the Residential Care Homes Minimum Standards (2008), research or recognised sources which if adopted by the registered person may enhance service quality and delivery.**

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 Residential Care Homes Regulations (NI) 2005

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1.	13(4)	<p>The registered manager must monitor the completion of personal medication records and medication administration records and to ensure that these records are fully and accurately maintained.</p> <p><b>Ref: Criteria 30.1 &amp; 31.2</b></p>	Two	<p>Medication records and administration has been discussed within supervision sessions with senior staff and also at the last senior staff meeting on 27/7/10. Audits have been carried out by the pharmacist providing the medications and Deputy Manager since the pharmaceutical inspection took place. These will continue to be carried out on a regular basis by the pharmacist and 2-4 weekly by Deputy Manager or Manager. Awaiting date for medication training update for all senior staff. Facilitator has been contacted and date to be arranged when manager returns from annual leave mid August.</p>	Immediate and ongoing
2.	13(4)	<p>The necessary arrangements must be made to ensure that blood glucometers are maintained in accordance with the manufacturer's instructions.</p> <p><b>Ref: Section 13</b></p>	Two	<p>Weekly glucometer checks have been put in place. Representative from glucometer manufacture have carried out training with some of the senior staff group. A further date will be arranged when he returns from annual leave to train the remainder of the senior staff. Staff record the glucometer checks in a booklet provided by the representative.</p>	Immediate and ongoing
3.	13(4)	<p>Suitable arrangements must be in place to ensure that fridge temperatures are appropriately recorded.</p>	One	<p>Night senior records the fridge temperatures and lowest and highest readings. Fridge temperature has been</p>	Immediate and ongoing

		Ref: Criterion 32.1		altered accordingly.	
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**RECOMMENDATIONS**

These recommendations are based on The Residential Care 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.	30	<p>The management of controlled drugs records and reconciliation checks should be reviewed.</p> <p><b>Ref: Criteria 31.3 &amp; 32.3</b></p>	One	Controlled drug audit is carried out at the end of each shift change over. Senior staff have updated the controlled drugs records to show zero balances for those tenants who were recorded as having moved to other accommodation and medication transferred with them.	Immediate and ongoing
2.	30	<p>The auditing arrangements for medicines should be further developed to:</p> <ul style="list-style-type: none"> <li>• Increase the frequency of auditing of non-blistered medicines.</li> <li>• Ensure the date of opening is routinely recorded for medicines containers in use to prevent administration after expiry and to facilitate audit processes.</li> <li>• Ensure insulin pen in use is labelled.</li> </ul> <p><b>Ref: Section 8 &amp; Criteria 30.8 &amp; 33.3</b></p>	One	<p>2-4 weekly audits will be carried out of non-blister medication</p> <p>Senior staff have been advised to record the date of opening on all medicine containers</p> <p>Insulin pens now have labels insitu.</p>	Immediate and ongoing

The registered provider/manager is required to detail the action taken in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

Sonia McGrath  
Pharmacist Inspector  
The Regulation and Quality Improvement Authority  
9th floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

SIGNED: *O J Donnelly*

NAME: *Oscar Donnelly*  
Registered Provider

DATE *20/8/10*

SIGNED: *K McCaughern*

NAME: *KAREN MCCAUGHERN*  
Registered Manager

DATE *29/7/10*

DATE APPROVED	SIGNATURE OF INSPECTOR
<i>1/9/10.</i>	<i>SMcGrath.</i>