

Unannounced Care Inspection Report 28 June 2018



Hillcrest Care Facility

Type of Service: Residential Care Home
Address: 23 Old Mountfield Road, Omagh, BT79 7EL
Tel No: 028 8225 1222
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with seventeen beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Knockmoyle Lodge Ltd Responsible Individual: Linda Beckett	Registered Manager: Julie Ann Elizabeth Taylor
Person in charge at the time of inspection: Julie Ann Elizabeth Taylor	Date manager registered: 20 March 2018
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 17 – RC – DE

4.0 Inspection summary

An unannounced care inspection took place on 28 June 2018 from 10.30 to 18.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, the home's environment, care reviews and communication between residents, staff and other interested parties, the culture and ethos of the home, management of incidents and maintaining good working relationships.

Areas requiring improvement were identified relating to supervision for staff, infection prevention and control measures, auditing accidents and incidents, fire safety, risk assessments and care plans completed for any resident who smokes, written consent to be maintained within care records, individual agreements and review and updating of the homes complaints procedure.

Residents said they felt safe, the staff were very good and that the food was lovely.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	7

Details of the Quality Improvement Plan (QIP) were discussed with Julie Taylor, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, ten residents and two staff.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives and staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four staff files
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints records
- Audits NISCC registration
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire safety check records
- Individual written agreements
- Policies and procedures

Areas for improvements identified at the pre-registration care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 April 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the pre-registration inspection dated 11 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.6 Stated: First time	The registered person shall ensure the statement of purpose is reviewed and updated. Ref: 6.1	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the home’s statement of purpose confirmed that this had been reviewed and updated.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Review of supervision information showed omissions in relating to completion rates. This was identified as an area for improvement to comply with the standards. Records reviewed showed all staff had an annual appraisal in 2017, the registered manager confirmed a plan was in place for all appraisals to be completed in 2018.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This identified the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the Adult Safeguarding Champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed there had been no recent safeguarding referrals but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems and pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Consideration should be given regarding increasing hand sanitisers/alcohol gel outlets throughout the home. In addition observation of mealtimes showed care staff did not wear aprons when supporting residents. Infection prevention and control procedures were identified as an area for improvement to comply with the standards.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

“The Falls Prevention Toolkit” was discussed with the registered manager and advice was given on the benefits of using this or a similar toolkit. The benefits of undertaking an audit of accidents/incidents on a systematic basis and analysed for themes and trends was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. It was noted a fire door hold open device within the front sitting room was broken. This was identified as an area for improvement to comply with the regulations.

The registered manager advised that the home’s policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The registered manager provided confirmation that the home had an up to date Legionella risk assessment in place dated 2 August 2017 and all recommendations were being addressed.

It was established that two residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had not been completed in relation to smoking. The assessment needs to take account of contributing factors pertaining to the risk such as medical conditions and subsequent prescribed interventions, as well as current safety guidance. Action was required to ensure compliance with the regulations.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager provided confirmation that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 29 August 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. The need to ensure fire drills were completed on a regular basis was discussed with the registered manager. Records should be made available to confirm all staff participate in at least one fire drill per annum. This was identified as an area for improvement to comply with the standards. Fire safety records identified that fire alarm systems were checked weekly and were regularly maintained. Personal Emergency Evacuation Plan (PEEP) information was in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, adult safeguarding, and the home's environment.

Areas for improvement

Six areas for improvement were identified during the inspection these related to the completion of supervision sessions for staff, reviewing infection prevention and control measures, auditing accidents and incidents, addressing the broken hold open device, ensuring risk assessments and care plans are completed for any resident who smokes and ensuring all staff participate in at least one fire drill per annum.

	Regulations	Standards
Total number of areas for improvement	2	4

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with General Data Protection Regulation (GDPR). Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The need to ensure written consent from residents is obtained and maintained regarding the holding and where appropriate sharing of information and use of photography was discussed with the registered manager. This was identified as an area for improvement to comply with the standards.

Review of two individual agreements setting out the terms of residency showed these had not been signed or dated by residents and/ or their representative. This was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents may have preferred rising and retiring times. Some residents prefer to have their meals in their room and this is facilitated.

A varied and nutritious diet was provided for residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately.

Discussion with the registered manager confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Staff confirmed that body mapping was used to identify and record any identified skin issues.

The registered manager advised arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals included the reports of the visits by the registered provider and residents meetings. The registered manager confirmed an annual quality review report would be completed for the residential home for the fourth coming year following registration in March 2018.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift

handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports were available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

Areas for improvement

Two areas for improvement were identified during the inspection these related to ensuring written consent was obtained and maintained within care records, and individual agreements to be signed and dated by the resident and/or their representative.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 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.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected for example ensuring privacy when completing the daily handover.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home, for example visits from ministers and local lay groups are encouraged.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example,

residents were given a daily choice of meals and the menu was clearly displayed which included the choices available.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

The registered manager confirmed arrangements were being put in place to consult with residents, at least annually, about the quality of care and environment. The findings from the consultation would be collated into a summary report and an action plan made available for residents and other interested parties to read.

Discussion with the registered manager confirmed arrangements were in place to recruit a new member of staff to provide activities for residents. The registered manager and staff confirmed that an additional member of staff was added to the rota on a weekly basis to support residents with activities in the mean time until an activities therapist has been recruited.

Staff and residents confirmed that residents were enabled and supported to engage and participate in meaningful activities for example quizzes, games, supported with short walks, daily newspapers and encouraged to relax in the outdoor area. Arrangements were in place for residents to maintain links with their friends, families and wider community. Activities provision shall be reviewed in greater detail during a future inspection.

Residents and staff spoken with during the inspection made the following comments:

- "I just love it here, I really do. I feel safe as a bug in a rug. The staff are lovely. I was just thinking today we are so lucky and have so much to be grateful for!" (resident)
- "I couldn't say enough about this place. It is awful good. The staff are just great. The food is lovely, you can get whatever you want. I like to have my dinner in my own room, and I can do that it's no bother." (resident)
- "Oh yes, it is nice here. There is always staff about they are nice." (resident)
- "Perfectly satisfied, the home is clean, the food palatable, well cared for, the staff are very kind." (resident)
- "I feel safe for sure, there is always people about. It would be nice to get out to the shop or for coffee more often." (resident)
- "All the girls are very good and empathetic. It's how you would want someone in your own family treated. That is very important." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

The need to ensure a full range of policies and procedures was in place to guide and inform staff in the residential home was discussed with the registered manager. Policies available were centrally indexed. The registered manager stated that plans were in place to systematically review all policies and procedures every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Review of this showed that it should be reviewed and updated to reflect the legislation and Department of Health (DoH) guidance on complaints handling. This was identified as an area for improvement to comply with the standards. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. RQIA's complaint poster was available and displayed in the home.

Review of the complaints information showed there had been no complaints recorded since the home was registered in March 2018.

Compliments received, e.g. thank you letters and cards were displayed in the home the registered manager confirmed a system would be put in place to review and share this information with staff and others.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager advised a staff member had recently completed relevant training and was "dementia champion" for the home. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The need to ensure these reports reflected specific information relevant to the home for

example examining the number of accidents, incidents, recording residents and representatives views clearly, and include an action plan to address any issues identified was discussed with the registered manager as much of the information was of a more general perspective.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents. The registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting equality data.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection this related to the review and updating of the homes complaints procedure.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Taylor, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: 3 July 2018	The registered person shall ensure adequate precautions against the risk of fire, including provision of suitable fire equipment - this includes mending the fire door hold open device situated in the front sitting room. Ref: 6.4 Response by registered person detailing the actions taken: Fire door hold open device repaired
Area for improvement 2 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: 10 July 2018	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance. Ref: 6.4 Response by registered person detailing the actions taken: Risk assessments completed
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 24.2 Stated: First time To be completed by: 26 July 2018	The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than six monthly for staff who are performing satisfactorily. Ref: 6.4 Response by registered person detailing the actions taken: Supervision completed
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 26 July 2018	The registered person shall ensure infection prevention and control measures used throughout the home are reviewed taking into consideration availability of hand sanitisers throughout the home and care staff use of PPE. Ref: 6.4 Response by registered person detailing the actions taken: Infection control precautions adhered to - hand sanitisers limited due to risk assessment

<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2018</p>	<p>The registered person shall ensure a system is introduced to regularly audit accidents and incidents in the home, these should be analysed for themes and trends.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Monthly accident audit introduced</p>
<p>Area for improvement 4</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2018</p>	<p>The registered person shall ensure all staff participate in a fire evacuation drill at least once a year. Action taken on problems or defects should be recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Fire drill programme commenced</p>
<p>Area for improvement 5</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2018</p>	<p>The registered person shall ensure completed written consent forms are maintained within individual case records.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Written consents completed</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2018</p>	<p>The registered person shall ensure that the individual written agreements are signed by residents or their representative and the registered person within five working days of admission. Where a resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Written agreements for each resident are available and being signed accordingly</p>
<p>Area for improvement 7</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 26 August 2018</p>	<p>The registered person shall ensure the complaints procedure is reviewed and updated so that it meets the requirements of the HSC Complaints Procedure and is in accordance with relevant legislation and DHSSPS guidance.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Complaints procedure updated</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews