

Unannounced Care Inspection Report 20 May 2016



611 Ormeau Road

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Belfast
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Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 611 Ormeau Road, a residential care home for adults with a learning disability, took place on 20 May 2016 from 09:20 to 15:55.

The inspection sought to assess progress with any issues raised since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were stated in regard to the delivery of safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were stated in regard to the delivery of effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Catherine Major, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust/Dr Michael McBride	Registered manager: Catherine Major
Person in charge of the home at the time of inspection: Catherine Major	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 13

3.0 Methods/processes

Prior to inspection the following records were analysed: the report from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with eight residents, three care staff, a domestic, the cook and the registered manager. No resident's visitors/representatives or visiting professionals were present. Ten resident views, six resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Nine resident views questionnaires, four resident representative views and eight staff views questionnaire were returned to RQIA. The information contained within the questionnaires reflected a very high level of satisfaction with the services provided by the home.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- sample of competency and capability assessments
- staff training schedule/records
- three resident's care files
- the home's Statement of Purpose and Residents' Guide
- minutes of recent staff meetings
- complaints and compliments records
- audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- infection control register/associated records
- equipment maintenance / cleaning records
- accident/incident/notifiable events register
- annual Quality Review report
- minutes of recent residents' meetings / representatives' / other
- evaluation report from annual service user quality assurance survey
- monthly monitoring report
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- individual written agreement
- programme of activities
- policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 8 December 2015

The most recent inspection of 611 Ormeau Road was an announced estates inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 2 September 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these 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, residents' representatives and staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x residential worker
- 2 x care assistants
- 1 x cook
- 2 x domestic staff

One residential worker and two care assistants were due to be on duty later in the day. One residential worker and one care assistant were scheduled to be on duty overnight.

The registered manager reported that no new staff had commenced employment within 611 Ormeau Road over the past two years. Any new staff would receive a corporate induction and an in-house induction relevant to their specific roles and responsibilities. A review of completed induction records evidenced that a comprehensive induction programme was in place and that this was clearly linked to the Northern Ireland Social Care Council (NISCC) code of practice for social care workers.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for staff training was available for inspection. Staff were regularly provided with mandatory training and the trust also provided training in Epilepsy and the administration of epilepsy medication (Buccal Midazolam), Mental Health Awareness, Dysphagia and Autism. The registered manager confirmed that a schedule for staff supervision and annual staff appraisals was maintained. These were available for inspection. The registered manager and residential workers had also undertaken training in delivering professional supervision to staff and each staff member had a supervision contract.

The registered manager and staff 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; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments confirmed that the assessments were structured and comprehensive. The registered manager, who is also a registered nurse, completed a competence and capability assessment in the administration of emergency epilepsy medication annually. This ensured that staff received thorough preparation to deliver the highest standards of safe care.

A review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager advised that the trust viewed

Enhanced Access NI disclosures for all staff prior to the commencement of employment and that the registered manager received confirmation of this.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager advised that the registration status of all staff was discussed during staff supervision. The trust also alerted the registered manager of any impending lapses of registration so that this could be addressed immediately with staff.

The registered manager advised that the adult safeguarding policies and procedures were being updated to reflect the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The current policy and procedures contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed 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 premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and in pictorial formats. Staff described how they used gentle encouragement to remind residents of the importance of hand hygiene and how infection prevention was often discussed with residents during residents' meetings.

The registered manager described how a suspected outbreak of infection was managed in accordance with trust procedures and was reported to the local Consultant in Communicable Disease Control and to RQIA. Staff within the home maintained good communication with residents' families and with day care centres if any concerns about illness or infection arose and records were retained.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met.

Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). Discussion with the registered manager confirmed that, in the unlikely event that individual restrictive practice was to be employed, the appropriate persons/bodies would be informed.

The registered manager confirmed that no areas of restrictive practice were employed within the home. Residents were given the option of having a key to their own bedroom and some had chosen to hold their own keys. If a resident was away from the home, perhaps in hospital or on holiday, the bedroom was locked to ensure security of the residents' personal belongings. On the day of the inspection no obvious restrictive practices were observed to be in use.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that when behaviour management plans were in place, these were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety. The Trust also maintained the Belfast Risk Assessment and Audit Tool (BRAAT) which identified risks and ensured that they were effectively managed.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and maintenance records confirmed this.

A general inspection of the home was undertaken to examine a number of residents' bedrooms communal lounges and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place. 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. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 22 July 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 3 May 2016, and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarms were checked weekly and that fire-fighting equipment; emergency lighting and means of escape (including fire evacuation chairs) were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

All of the nine resident views questionnaires returned to RQIA indicated that residents felt safe and secure within the home. One resident commented "I feel safe because of the staff."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of a person centred care and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice; for example, if there was tension between two residents, as identified through an audit of incidents, appropriate action could be taken to ensure that difficult situations did not arise and that suitable strategies for managing residents' reactions were put in place. Further confirmation of the completion of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. Staff confirmed that they had received training in written communication.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

All of the nine resident views questionnaires returned to RQIA indicated that residents were highly satisfied with the effectiveness of the services provided by the home. The four returned resident representative questionnaires described the safety of the home as excellent. A representative commented "The staff are very diligent about all aspects of care. Family members are closely involved in all of this."

The eight returned staff views questionnaires also indicated a high degree of satisfaction with the effectiveness of care. A staff member commented "Service users receive treatment in a timely manner and records are maintained and updated to reflect any changes in care. Regular staff meetings take place and there are detailed daily handovers."

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

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

A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, staff and residents confirmed that consent was sought in relation to care and treatment. Staff were able to describe how consent was sought on a daily basis, for example, knocking on bedroom doors and asking for permission to enter. Observation of interactions between residents and staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. The registered manager advised that confidentiality was explained to new staff during induction and regularly formed part of discussions during staff meetings.

Discussion with staff and residents and a review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents and observation of practice

confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that 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.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually and was available in pictorial format to capture the views of those residents who found difficulty with verbal or written communication. For those residents who needed support to complete the survey, arrangements were made for day centre staff to assist with this; this ensured, as far as possible, that resident's views were obtained without being influenced by staff within the home. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where changes or improvements were identified; for example, one resident expressed an interest in having a bedroom with an en-suite bathroom. Although all options were carefully considered, it was established that physical alterations to the home were not possible without excessive costs.

The residents who met with the inspector expressed positive views about the home. Some comments included:

- "It's good here."
- "The staff are very helpful and residents are very helpful. Every time the staff come to my bedroom, they knock and ask if it's all right to come in. Staff give me a warm welcome when I come here for respite and they help me by showing me around the building and telling me about meals and what choices I could have. I would usually ask staff about who is on duty and I am also able to see on the notice board who is on duty. The staff are fantastic people and I couldn't ask for better, especially Catherine, the manager. All the residents here are treated really well."
- "It's all going well for me here."
- "They are absolutely marvellous to me!"
- "The staff are good to me and they take me out everywhere. I would tell Catherine (Manager) if I was worried about anything. I always have a good time when I come here on respite."
- "It's good here. I like it."
- "I like my bedroom."
- "It's not too bad."

Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home. All of the nine resident views questionnaires returned to RQIA indicated that residents felt that they were treated with dignity and respect and involved in decisions affecting their care. One resident commented "I love the way staff treat me."

The four returned resident representative questionnaires described compassionate care in the home as excellent. One representative commented “All of (my relative’s) needs, physical, spiritual and other needs or worries are handled with respect and care.” Another representative commented “(My relative) can sometimes be frustrated and sound off somewhat, however the staff always treat (my relative) with understanding and dignity and respect.”

The eight returned staff views questionnaires reflected a high degree of satisfaction with the delivery of compassionate care. A staff member commented “Residents are listened to well; and I feel staff and management respond immediately if a service user is showing signs of pain, distress or discomfort.” Another comment was “All service users are treated with dignity and respect. Staff evidence this through giving choice, giving clear explanations and supporting service users to meet their needs where required.

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and to their families. For example, staff members would routinely make trips, in their own time and at their own expense, to collect family members of residents who did not live close to the home or who were reliant on infrequent public transport. Staff would take the residents’ relatives to the home in order that they could spend quality time with the resident, especially at times when a resident might be unwell.

There was evidence that the staff team worked very closely with residents and their families to ensure that their wishes were carried out in relation to funeral arrangements. Specific arrangements were made in consultation with the other residents in the home and with their full consent. Following the death of a resident, staff provided a high level of support to the other residents, many of whom had not had previous experience of dying and death.

In anticipation of the potential difficulties for residents in coming to terms with loss, staff arranged for specialist bereavement support for the residents of the home. They also arranged, with the consent of the remaining residents, for momentous of deceased residents to be displayed within the home; this contributed to therapeutic discussion and reminiscence of deceased residents.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that no complaints were received throughout 2015 and one was received in 2016 to date. There were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and this was available for inspection. The registered manager confirmed that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice, where necessary; there was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and these were shared during staff meetings.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The trust had also put structures in place to ensure that the staff team completed the Knowledge and Skills Framework (KSF) which health and social care staff need to apply in their work in order to deliver quality services. Staff also completed a Personal Development Plan (PDP) to identify areas of interest and enable them to take charge of their own learning. Both KSF and PDP were completed annually and were built into the supervision and appraisal schedules.

A monthly monitoring visit 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, trust representatives and RQIA.

There was evidence of managerial staff being provided with additional training in governance and leadership, for example, the registered manager was currently involved in the development of a regional hospital admission passport for people with learning disability. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement; staff were able to provide examples of how this was achieved.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that her line manager was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's RQIA certificate of registration certificate was displayed.

A review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered persons responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

All of the nine resident views questionnaires returned to RQIA indicated that residents felt the service was managed well. One resident commented "Catherine is a good manager." The four returned resident representative questionnaires described the management of the home as excellent. A resident's representative commented "This is an excellent home with a manager and staff team who are always there for their residents and their families; they provide care, respect and support within a very well run home." Another representative commented "The staff are, in my estimation, dedicated in their work, work as a team and have the residents' best interests at heart. I think that the residents are like a second family to them. I couldn't speak highly enough of them."

All eight returned staff views questionnaires reflected a high degree of satisfaction with the management of the home.

A staff member commented “The manager keeps staff well informed and up to date on any changes to the care of service users or the home. The manager is very approachable and listens to staff issues.” Another staff member commented “The manger is approachable, helpful and supportive.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



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