

# Unannounced Follow Up Care Inspection Report 17 April 2018



## Belmont

**Type of Service: Nursing Home (NH)**  
**Address: Parklands Close, 81 Tillyburn Park, Belfast, BT4 2PD**  
**Tel No: 028 9076 3408**  
**Inspector: Kieran McCormick**

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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 provider 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 nursing home registered to provide nursing care for up to 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> Gillian Finlay
<b>Person in charge at the time of inspection:</b> Gillian Finlay – Registered Manager	<b>Date manager registered:</b> 10 October 2017
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 48

### 4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 10.00 to 15.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

It is not the remit of RQIA to investigate complaints/whistleblowing/adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

Following receipt of information in relation to the management of wound care in Belmont and following discussion with the adult protection gateway team from the Belfast Health and Social Care Trust, it was determined that an unannounced focused inspection would be undertaken to provide assurances that the individual needs of those patients with wounds was being adhered to in accordance with the regulations, standards and best practice guidance.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Belmont were below the minimum standard expected. A decision was taken to hold an intention to issue a failure to comply notice meeting in relation to the care and treatment of patients. This meeting took place at RQIA on 23 April 2018.

During the intention meeting the responsible individuals acknowledged the failings and provided a full account of the actions and arrangements made to ensure the improvements necessary to

achieve full compliance with the required regulation. This included the completion of a detailed action plan that included the provision of relevant training for staff, review of medical devices within the home in accordance with individual need and a full review of patient weight management throughout the home. RQIA were satisfied with the action plan and assurances provided and a decision was made not to serve the failure to comply notice.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*4	3

\*The total number of areas for improvement include one which has been stated for a second time and which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gillian Finlay, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further inspection is planned to validate compliance and drive improvements.

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

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 23 November 2017. Other than those actions detailed in the QIP no further actions were required to be taken. 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:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection

- the previous care inspection report
- pre-inspection audit
- information received from the commissioning Trust

During the inspection the inspector met with two patients and two staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Five questionnaire responses were received from patients, each indicated that they were very satisfied across all four domains with the delivery of safe, effective, compassionate and well led care. Two questionnaire responses were received from relatives, one questionnaire indicated satisfaction across all four domains, however the other indicated being very unsatisfied across all domains of care, no contact information was provided for the inspector to explore this feedback further.

A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- staffing arrangements in the home
- five patient care records
- a review sample of patient care charts including food and fluid intake charts, reposition charts and weights records
- governance arrangements
- complaints record
- a selection of policies and procedures
- RQIA registration certificate
- certificate of employers liability
- training records

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 November 2017**

The most recent inspection of the home was an unannounced care inspection.

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

## 6.2 Review of areas for improvement from the last care inspection dated 23 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> Second time	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 12 (1) (a)(b), 16 (2) <b>Stated:</b> First time	The registered persons must ensure the following in relation to patients receiving wound care: <ul style="list-style-type: none"> <li>• That all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team.</li> <li>• That the delivery of care complies with the recommendations of the multiprofessional team and relevant care plans at all times. Any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale.</li> </ul>	<b>Not Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A review of patients care records did not provide consistent evidence that patients care plans reflected the care and treatment that should be delivered in accordance with recommendations of the multiprofessional team.</p> <p><b>This area for improvement has not been met and has been stated for a second time.</b></p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> First time</p>	<p>The registered persons must ensure that nursing staff carry out neurological observations of all patients following any actual or potential head injury in keeping with best practice guidelines. Such observations should be recorded within the patients' care records.</p> <p><b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p><b>Carried forward to the next care inspection</b></p>
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 19 (1) (b) <b>Stated:</b> First time</p>	<p>The registered persons must ensure that patients' care records are stored securely at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> Second time</p>	<p>The registered persons shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to flooring within the designated smoking lounge.</p> <p><b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	<p><b>Carried forward to the next care inspection</b></p>

<b>Area for improvement 2</b> <b>Ref:</b> Standard E8 <b>Stated:</b> First time	The registered persons shall ensure that patients have effective access to the nurse call system, specifically those patients seated within communal lounge areas and those patients being cared for in bed.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 27 November 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

### 6.3 Inspection findings

On the day of inspection there were 40 patients in the home. Nine patients were in receipt of wound management care. A number of concerns were identified in relation to the following:

#### 6.3.1 Management of pressure relieving equipment

Care records examined did not evidence a systematic approach to the management of wound care including recording the use of pressure relieving equipment. Care records failed to consistently evidence the correct type of pressure relieving equipment used or the setting at which the equipment should be set. All nine patients who had wound care management arrangements in place were nursed on an airflow mattress. The inspector noted that for three of the nine patients the mattress had been set for a patient of weight between 130-150kg. None of the patients were of this weight. The care plans for all three patients did not reflect the required setting for each patient in accordance with their weight. The incorrect setting of pressure relieving equipment significantly increased risks of further pressure damage for patients or could also lead to a delay in wound healing. There were no governance arrangements in the home to ensure that settings were appropriately set to patient need. An area for improvement under the regulations, was made.

Concerns were also identified in regards to staff knowledge of how to identify if pressure relieving equipment is indicating a fault/requiring service. An area for improvement under the standards, was made.

#### Areas for improvement

Two areas for improvement have been made regarding the management of pressure relieving equipment relevant to individual patient need and the training needs of staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1



### 6.3.2 Weight management

Records reviewed on the day of inspection evidenced that 19 of the 40 patients in the home were required to have weekly weights completed. A review of records evidenced that weekly weights had not been completed in April 2018 for any of the 19 patients. The inspector reviewed the care records for five of the nine patients in receipt of wound management care. Of these five patients three required weekly weights, as before there was no evidence that any of these patients were weighed from the beginning of April 2018 to the day of inspection 17 days later, there were also gaps of up to three weeks evidenced for March 2018. An area for improvement under the regulations was made.

#### Areas for improvement

One area for improvement has been made regarding the completion and recording of patient's weights in accordance with individual care plan and need.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.3.3 Wound Care Records

The inspector reviewed the care records for five of the nine patients receiving wound management care within the home. The care records in the case of one patient had not been updated to reflect the change in dressing regime as per the prescription of the podiatrist. Three of the five patients had evidence of conflicting care plans for wound care on file. The availability of two care plans for the same wound, risks confusion and increases the risk of the patient receiving the wrong treatment. An area for improvement under the standards, was made.

A review of repositioning records evidenced that in the case of two patients their prescribed repositioning requirements were not consistently adhered to:

Patient one – to be repositioned 1 hourly in chair/2 hourly in bed, records evidenced that between the 11 to 15 April 2017 there were nine occasions where the bed repositioning routine had not been adhered to, this included durations of up to 3hrs and 50mins. A similar pattern was also identified for another patient who also required 2 hourly repositioning. It was noted that within a 24 hour period between the 13 and 14 April 2018 there were three occasions where the repositioning routine had not been adhered to, this included durations of up to 3hrs and 18mins. An area for improvement under the regulations, was made.

Two patient care records reviewed had not been appropriately updated following a change of dressings. One patient continued to receive wound dressings when the podiatrist had changed the dressing prescriptions a number of days previously. For another patient the care records did not reflect the tissue viability nurse (TVN) assessment completed in March 2018 for a sacral wound, a subsequent care plan completed in April 2018 by nursing staff in the home recommended a dressing regime different to that prescribed by the TVN, there was no evidence of discussion or approval from the TVN. An area for improvement has been stated for a second time.

## Areas for improvement

Three areas for improvement have been made regarding the duplication of care records, timely completion and recording of patient repositioning as per individual need and adherence to multiprofessional recommendations.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.3.4 Governance Arrangements

A review of completed audits for week beginning the 9 to 15 April 2018, identified ongoing concerns within the home however no action plan was devised to evidence how and when issues would be addressed. An area for improvement under the standards, was made.

## Areas for improvement

One area for improvement has been made regarding governance arrangements within the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Gillian Finlay, 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 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 Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

## 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p><b>Response by registered person detailing the actions taken:</b> Staff supervision on COSHH carried out. Key pad lock placed on domestic store. Door weights put in place to ensure closure and reduce the risk of stores being accessible to residents.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 December 2017</p>	<p>The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p><b>Response by registered person detailing the actions taken:</b> Items inappropriately stored in the laundry store have been removed. Dining room is scheduled to be redecorated and deep cleaning has taken place. Table clothes are placed into a laundry cart following use to be taken to be washed.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that nursing staff carry out neurological observations of all patients following any actual or potential head injury in keeping with best practice guidelines. Such observations should be recorded within the patients' care records.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>

	<p><b>Response by registered person detailing the actions taken:</b> Supervision carried out with nursing staff in relation to carrying out CNS observations following any actual or potential head injury. Home Manager is monitoring via Datix incident reports to make sure this is imbedded into practice.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 19 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons must ensure that patients' care records are stored securely at all times.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> <li>• That all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team.</li> <li>• That the delivery of care complies with the recommendations of the multiprofessional team and relevant care plans at all times. Any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale.</li> </ul> <p><b>Ref: Section 6.3.3</b></p> <p><b>Response by registered person detailing the actions taken:</b> Staff to ensure that following any visit from MDT that they check the MDT written notes to ensure that current Care plan in place meets current recommendations, where changes have been made to prescribed care the relevant care plan and associated assessments will be updated within 24 hours. Staff are to ensure that they evidence by record, changes of prescribed care that have been received over the telephone. Monthly Wounds TRACAs to be carried out by Manager and Support Manager and reviewed by RM to ensure compliance with management of MDT directions on care prescribing in wound care. Support Manager will complete Daily Home Checklist which will support and evidence that care changes and new MDT recommendations in relation are made and evidenced. This will be reviewed in 2 months. Written communication has been placed in the Care Files for the attention of the podiatrist to ensure that they verbally inform the nurses of any dressing change and/or any change of dressing regime. Home Manager/Nurse in charge receives a hand over report from TVN following each visit. Changes are to be recorded in the 24 hour shift report.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 12 (2) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patients care records accurately reflect the type of mattress required and the prescribed setting for individual patients. Governance arrangements should be established to ensure ongoing compliance with the prescribed settings.</p> <p><b>Ref: Section 6.3.1</b></p> <p><b>Response by registered person detailing the actions taken:</b>  Care plans have been reviewed and where required updated with mattress settings.  Guidance has been sought from BHSCT NHST regarding Trust supplied autologic Mattress.  Supervision has been carried out will all nursing staff to ensure they fully understand what information is required in the Plan of care.  The mattress settings are now being checked and documented as meeting plan of care twice daily at each visual hand over report. The Manager or Support Manager will review the governance process daily Monday - Friday and providing a more robust approach to managing changes in mattress type or mattress settings by overarching governance review which will be completed on a Monday, Wednesday and Friday.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the weight monitoring requirements for all patients are contemporaneously completed and maintained in accordance with individual care needs.</p> <p><b>Ref: Section 6.3.2</b></p> <p><b>Response by registered person detailing the actions taken:</b>  The weight of all residents has been reviewed and are recorded in line with the nutrition policy and MDT recommendations.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the repositioning needs of each individual patient is accurately carried out and recorded in accordance with their individual plan of care.</p> <p><b>Ref: Section 6.3.3</b></p> <p><b>Response by registered person detailing the actions taken:</b>  A reference document is in place which reflects the current repositioning needs of each resident. Supervision has been carried out with each member of nursing and care staff on the importance of adherence with repositioning schedules. Spot checks are being</p>

	carried out by the HM and RM and recorded.
<b>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44 <b>Stated:</b> Second time <b>To be completed by:</b> 29 December 2017	<p>The registered persons shall ensure that the home environment is well maintained and fit for purpose, specifically in relation to flooring within the designated smoking lounge.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p><b>Response by registered person detailing the actions taken:</b>  New flooring has been fitted.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard E8 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered persons shall ensure that patients have effective access to the nurse call system, specifically those patients seated within communal lounge areas and those patients being cared for in bed.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p> <p><b>Response by registered person detailing the actions taken:</b>  Maintenance person has carried out a full audit of all residents rooms and communal areas any missing nurse call leads have been replaced. Additional leads have been ordered for standby purposes.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2018	<p>The registered person shall ensure that training is provided to all relevant staff on the use of specialist pressure relieving mattresses and pumps.</p> <p><b>Ref: Section 6.3.1</b></p> <p><b>Response by registered person detailing the actions taken:</b>  All types of mattress have now been reviewed and pictorial details are now available within the staff resource file.  Supervision has been carried out with each member of staff on how set each mattress type and how to identify if there is a fault.  Information is available for all staff to reference if required.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that patients care records must only contain the current and live plan of care for the identified area of need.</p> <p><b>Ref: Section 6.3.3</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> All wound Care and Pressure area care Files were reviewed to ensure no duplicates were in the file. Supervision sessions are being held with RN staff to re-enforce the importance of only keeping relevant documentation in the Care Files. 2 careplan identified at inspection on 23<sup>rd</sup> May 2018 have been fully addressed, a Resident TRACA has been conducted and any deficits identified have been actioned. A matrix is now in place to assist the Manager to oversee the monthly reviews are completed.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that following completion of any audit that where a shortfall/action has been identified a corresponding action plan is implemented to address this.</p> <p><b>Ref: Section 6.3.4</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Using the QoL system if any deficit or short fall is identified by audit this automatically generates an action to be addressed. The Manager must input the action taken to improve/fix the shortfall before it can be closed. Audits held on hard copy will have an action plan agreed and and will be actioned within a proportionate time frame depending on the complexity of the actions required and reviewed within 2 weeks.</p>

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



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