

Unannounced Care Inspection Report 6 July 2016



Beverly Lodge

Type of Service: Nursing Home
Address: 186a Bangor Road, Newtownards, BT23 7PH
Tel No: 028 9182 3573
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Beverly Lodge took place on 6 July 2016 from 09.40 to 17.30.

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

Is care safe?

There was evidence of the competent delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice.

Staffing arrangements were satisfactory. Staff confirmed communication in the home was good and that there was a system of annual appraisal and supervision in place. Recommendations have been made in relation to establishing a more robust system for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) and the continued decoration of three lounge/dining rooms in accordance with dementia care guidelines.

Is care effective?

There was evidence of positive outcomes for patients through the delivery of safe and effective care. Recommendation have been made that the home establishes a system to seek the views of patients and representatives regarding the services provided by the home, the dining experience for patients and the care planning process.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. There was evidence of good communication in the home between staff and patients and patients and patients' representatives were very praiseworthy of staff.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. One recommendation has been made.

Is the service well led?

There was a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

There was evidence that effective management systems had been established in the home and that the services provided by the home were regularly monitored. Recommendations have been made in relation to safe and effective care. One recommendation has been made regarding the quality auditing system.

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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Janet Davison, 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 26 January 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered provider: Ashdon Care Ltd James Cole	Registered manager: Janet Davison
Person in charge of the home at the time of inspection: Janet Davison	Date manager registered: 22 April 2010
Categories of care: NH-DE	Number of registered places: 45

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 15 patients, four care staff, ancillary staff, two registered nurse and three relatives.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspectors.

Questionnaires for patients, relatives and staff to complete and return were left for the home manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- staff supervision and appraisal planner
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP of this inspection is validated in section 4.2.

4.2 Review of requirements and recommendations from the last care inspection dated 26 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.6 and 18.8 Stated: Second time	Care documentation should clearly identify the rational for the use of any restrictive practice. Risk assessments should identify why the particular restrictive practice is assessed as required.	Met
	Action taken as confirmed during the inspection: The review of three care records evidenced that a risk assessment and subsequent care plan for the use of a restrictive practice had been completed and developed. Evidence was present of the regular review of the risk assessment and care plan.	
Recommendation 2 Ref: Standard 21.6 Stated: First time	The registered person shall ensure a specific continence assessment has been completed for patients where a care plan for elimination needs has been written.	Met
	Action taken as confirmed during the inspection: The review of care records evidenced that where a care plan to meet the elimination needs of patients had been written a corresponding continence assessment that identified the type of continence product to be used, was present.	
Recommendation 3 Ref: Standard 4.9 Stated: First time	The registered person shall ensure registered nurses evidence the monitoring of patients bowel function in care records.	Met
	Action taken as confirmed during the inspection: Discussion with staff, a review of supplementary care records and patient care records evidenced that registered nurses and care staff were monitoring and reporting on patients bowel function.	

Recommendation 4 Ref: Standard 4.5 Stated: First time	The registered person shall ensure a system is implemented to evidence patients and/or their representative have been consulted regarding the planning of care and informed of any changes to the care plan.	Met
	Action taken as confirmed during the inspection: The registered manager and the deputy manager had commenced the process of evidencing patients and or their representatives had been consulted in relation to the planning of care. Evidence was present in the care records reviewed of communication with representatives regarding aspects of care delivery.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 4 to 17 July 2016, evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Records for three staff members were reviewed. The record for one member of staff did not evidence that all sections of the induction programme had been signed and dated by the staff member and inductor, however, the induction programme had been signed and dated on completion and validated by the registered manager. This was discussed with the registered manager who agreed to ensure induction training records will be completed in full, dated and signed appropriately, in future.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. For example, compliance had already been achieved in infection prevention and control procedures and adult safeguarding; other areas had not, as yet, attained full compliance levels. The registered manager had a system in place to inform staff of their outstanding training requirements. Staff consulted with and the observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

A review of three personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2. The registered manager stated that there arrangements in place for monitoring the registration status of registered nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). The review of the records maintained evidenced the process was robust for registered nurses. The process for monitoring the registration status of staff with NISCC was not robust. The records did not evidence that all care assistants were currently registered with NISCC. This was discussed with the registered manager who agreed there was a weakness in the monitoring process. A recommendation has been made that a robust system is established which verifies the registration status of staff with NISCC at any given time.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were also notified appropriately.

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of the Nursing Home Regulations (Northern Ireland) 2005. Review of accidents/incidents records confirmed that notifications were forwarded to RQIA appropriately.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Management and staff had invested in the environment to enhance it from a dementia perspective. A new attractive and comfortable seating area had been created in the entrance lobby and two lounges had been upgraded to reflect a more domesticated appearance, this had been achieved to good effect. The remaining three lounge/dining rooms now require the same level of attention as the appearance of these areas was not as comfortable and homely. A recommendation has been made that the environment in the three identified areas is furnished and appointed in accordance with guidance documentation in respect of best practice in dementia care.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

A robust system should be established which verifies the registration status of staff with NISCC at any given time.

The furnishings and décor of the three identified lounge/dining rooms should be in accordance with guidance documentation in respect of best practice in dementia care.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned evaluated and reviewed care. Risk assessments informed the care planning process. The review of the care records evidenced that patients had a substantial number of individual care plans, some of which were very similar and some which had been written in a 'in case' of scenario, for example; one patient had a care plan for the management of respiratory difficulties when the assessment of need did not identify this to be or may be a care need. The review and monitoring of care plans requires a significant amount of registered nurses time. This was discussed with the registered manager who agreed there was a need to review the care planning process in operation, and ensure the model in use adequately met the needs of patients. Registered nurses could complete and monitor the process in the most time effective manner. A recommendation has been made. Care records evidenced that registered nurses adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate, and included regular communication with representatives within the care records.

Discussion with staff confirmed that nursing and senior care staff were required to attend a handover meeting at the beginning of each shift. Senior care staff then cascade information to care assistants in tandem with a daily allocation sheet and a 'communication book.' Staff stated that communication in the home was good and that 'the nurses and the manager tell us anything we need to know.' Staff also confirmed that staff meetings were held, that they could contribute to the agenda and the minutes of the meetings were available. The registered manager stated that the frequency of staff meetings had decreased due to changes in the management structure of the home. The review of the minutes of staff meetings evidenced that staff meetings were overdue and a recommendation has been made that regular staff meetings are scheduled for the future.

Staff stated they knew they worked together effectively as a team and had strong communication skills. Comments such as, 'This is a good home and we all work together,' 'We can raise issues with senior staff at any time,' were received. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patient representatives knew staff and knew the registered manager. One representative commented, 'Anytime I ask for anything or have a query, it's sorted immediately.'

There was information available to staff, patients and representatives in relation to services in the home on a notice board in the entrance lobby of the home. There were 'pigeon holes' for

each patient/representative in the entrance lobby that facilitated communication between home staff and the patient's representative.

Discussion with the registered manager confirmed that relatives meetings took place. However, as with staff meetings the frequency of the meetings was not regular. The last relatives' meeting was held in November 2015 and meetings were generally held twice a year. The registered manager stated the meetings were not always well attended. Discussion took place with the registered manager as to how the views of patients and/or their representatives were garnered. The registered manager agreed that whilst the verbal communication channels with patients and their representatives were very good there was a need for a more systematic approach to ascertaining their views regarding the quality of nursing and services afforded in the home. A recommendation has been made.

We observed serving of the midday meal. There were three lounge/ dining rooms where patients had their meals. The majority of patients in the home did not come to the dining table/s and had their meal where they were sitting in the lounge area. Staff afforded assistance to those patients who required it. The presentation of the dining tables was not in keeping with best practice in dementia care. Dining tables were not set with tablecloths/place mats and a range of condiments on each table was not available. There were no visual cues for those patients who came to the dining table as to the purpose of being there. Meals were served directly to patients from a heated trolley and the quality of the meal was very good. A recommendation is stated that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.

Areas for improvement

Staff meetings should take place on a regular basis.

A system should be established to evidence the views of patients and their representatives have been sought in respect of the quality of nursing and services provided in the home.

The care planning process should be reviewed to ensure the process in operation meets the assessed needs of patients and is a clearly defined process for registered nurses to implement.

The dining experience for patients should be reviewed and enhanced in accordance with best practice in dementia care.

Number of requirements	0	Number of recommendations:	4
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. There was a calm atmosphere in the home in the morning. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were observed to respond to patients in a sensitive manner. We observed staff respond immediately to a patient who repeatedly coughed whilst sitting in a chair (specialised seating), staff made sure the patient was not at risk and saw to the patient's comfort before leaving them. A newssheet is available for patients on a weekly basis and contains articles of interest and quizzes and memory activities.

We observed a lack of attention to personal care regarding patients clothing and presentation. A number of female patients were observed to have no stockings on. Patients had socks or 'bedsock' type apparel. A number of patients were also observed not to have shoes or slippers on. When asked, staff had no specific reason for this. Staff need to be informed by the manager of the expected standard of personal care which is to be afforded to patients. The standard of personal care should be monitored by the manager and registered nursing staff on a daily basis and a recommendation has been made.

On this occasion the arrangements for the provision of activities in the home was not assessed. This will be reviewed at the next inspection. However the home employs two activities coordinators and evidence was present of the many and varied activities available for patients, for example, art and craft work.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. One relative confirmed that they knew they could approach any member of staff to discuss any issues or make a complaint but has never had to do so.

We met with three relatives during the inspection, all of whom were very happy with the care and attention afforded by staff in the home.

Comments received from relatives included:

'My (relative) is much more settled here, staff are very nurturing.'

'Staff always have a smile and are very friendly.'

'Always staff around whenever we come, we don't have to go looking for someone.'

'Very happy with the care given to my (relative).'

'Staff are all very good.'

We spoke with eight staff who commented:

'The staff team is brilliant here, can't speak highly enough of them.'

'The manager is second to none, always listens to what you have to say.'

'I love it here, great place to work.'

In addition 10 relative/representatives; eight patient and 10 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report none had been returned within the timeframe specified. Any questionnaires received will be dealt with under separate cover as required.

Areas for improvement

The standard of personal care afforded to patients, by staff, should be monitored by the manager and registered nursing staff on a daily basis.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was up to date and displayed appropriately. A valid certificate of public liability insurance was current and displayed. Discussion with the registered manager and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. Relatives were aware of who the registered manager was and referred to her as 'Janet'.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in January 2016 confirmed that these were managed appropriately.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to falls, care records, infection prevention and control, environment, complaints and incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified. However, the review of the frequency of the completion of the audits was unclear, for example infection prevention and control audits were not being undertaken on a regular/monthly basis. This was discussed with the registered manager who stated a deputy manager had recently been appointed and the responsibility for the completion of some quality audits, namely care records had now been delegated. The registered manager confirmed that due to this, auditing would presume on a monthly/regular basis. A recommendation has been made that evidence is present of a systematic and regular approach to quality auditing is established.

Discussion with the registered manager and review of records for April and May 2016 evidenced that Regulation 29 quality monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and Trust representatives. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

Evidence should be present that a systematic and regular approach to the auditing of the quality of services provided by the home has been established.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Davison, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk for review by the inspector.

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.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 38.3</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should detail and have documentary evidence of the registration of staff with the appropriate professional regulatory body. A robust system for the monitoring of the registration of staff must be in place and be regularly reviewed.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: A robust system has been implemented to ensure the monitoring and review of care staff on the NISCC register.</p>
<p>Recommendation 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the furnishings and décor of the three identified lounge/dining rooms should be in accordance with guidance documentation in respect of best practice in dementia care.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered provider detailing the actions taken: Environmental audit commenced and action plan being completed to ensure decorative alterations are in accordance with best practice guidelines.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, are minuted and the minutes are made available for those staff unable to attend the meeting</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: Staff meetings scheduled to be undertaken every three months</p>
<p>Recommendation 4</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that a system is established to evidence the views of patients and their representatives have been sought in respect of the quality of nursing and services provided in the home.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: Annual quality report completed by the registered provider (last completed December 2015 for the period January-December 2015). Numerous methods are used to review the quality of care including a suggestions box, relatives and residents meetings and quality monitoring questionnaires sent to all families and visiting health care professionals.</p>

<p>Recommendation 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that the care planning process is reviewed and that the process in operation meets the assessed needs of patients and is a clearly defined process for registered nurses to implement.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: A total review of the care planning process is currently being undertaken with an aim to condense the care plans into a simpler format.</p>
<p>Recommendation 6</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care.</p> <p>Ref: Section 4.4</p> <hr/> <p>Response by registered provider detailing the actions taken: A dining experience audit completed and an action plan has been devised highlighting changes required in order to create an enhanced dining experience.</p>
<p>Recommendation 7</p> <p>Ref: Standard 6.14</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider should ensure that patients' personal care and grooming needs are regularly assessed and met and patients are dressed appropriately.</p> <p>Ref: Section 4.5</p> <hr/> <p>Response by registered provider detailing the actions taken: Residents appearance audit completed daily.</p>
<p>Recommendation 8</p> <p>Ref: Standard 39.6</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that evidence is present of a systematic and regular approach to the auditing of the quality of services provided by the home has been established.</p> <p>Ref: Section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Unannounced monthly visits by an independent management consultant and an overall quality report by the registered provider is completed annually.</p>

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews