

# Inspection Report

26 May 2021



## Brooklands Healthcare Dunmurry

**Type of Service: Nursing Home (NH)**

**Address: Nursing Unit, 42e Cloona Park, Dunmurry, Belfast  
BT17 0HH**

**Tel no: 028 9060 1020**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Brooklands Healthcare Ltd  <b>Responsible Individual:</b> Mr Jarlath Conway	<b>Registered Manager:</b> Miss Telma Pinto – not registered
<b>Person in charge at the time of inspection:</b> Miss Telma Pinto - Manager	<b>Number of registered places:</b> 55
<b>Categories of care:</b> Nursing Home (NH) TI – Terminally ill PH(E) - Physical disability other than sensory impairment – over 65 years PH – Physical disability other than sensory impairment I – Old age not falling within any other category DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 55 persons. The home is divided in two units; the first floor unit provides care for people with dementia and the ground floor provides general nursing care.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 May 2021, from 9.05am to 5.15pm by a care inspector.

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

Evidence of good practice was found in relation to teamwork and delivery of compassionate care.

Areas requiring improvement were identified in relation to control of substances hazardous to health, infection prevention and control measures and practices (IPC), care planning for the management of behaviours that challenge, bed rail assessment, staff meetings and IPC audit.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are detailed in sections 5.2.1, 5.2.5 and 5.2.7.

RQIA were assured that the delivery of care and service provided in Brooklands Healthcare Dunmurry was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Brooklands Healthcare Dunmurry. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with 13 patients, two relatives and seven staff. No questionnaires were returned and we received no feedback from the staff online survey.

Patients spoke highly of the care that they received and on their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the difficulties of working through the COVID – 19 pandemic but all staff agreed that Brooklands Healthcare Dunmurry was a good place to work. Staff were

complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

Relatives told us the care was very good and spoken in positive terms about the staff in the home.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 September 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard 41.2 Stated: First time	The registered person shall review the staffing level on the first floor dementia unit to ensure there are sufficient staff to appropriately engage with and supervise patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> Ref: Standard 4.8 Stated: First time	The registered person shall ensure that care plans are updated to reflect when wounds have healed or when the dressing regime has changed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records confirmed this area for improvement has been met.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 4.8 <b>Stated:</b> First time	<p>The registered person shall ensure that the bedrail assessment is reviewed to ensure that it clearly identifies if bedrails are a suitable intervention.</p> <p>Where the outcome of a bedrail assessment identifies that bedrails may pose a hazard, alternatives should be tried and records maintained of what alternatives were considered.</p>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Review of care records evidenced improvement in the detail recorded if bedrails were assessed as a suitable intervention. However, records did not consistently record what alternatives to bedrails were considered or implemented by the nursing staff.</p> <p>This area for improvement is partially met and has been stated for a second time.</p>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	<p>The registered person shall ensure that where risks with patients' safety whilst in bed are identified a clear plan of care to manage this risk is in place.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Review of care records confirmed this area for improvement has been met.</p>	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. Staff consulted with confirmed they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC), adult safeguarding and fire safety. The majority of training during the COVID-19 pandemic had been completed electronically. Review of records confirmed high levels of compliance.

Staff said there was good team work and that they felt well supported in their role. They told us there was a good level of communication between staff and management. Staff spoken with in the ground floor nursing unit expressed concerns with the staffing levels. They told us that during late morning and early afternoon they could be very busy. It was noted that staff were busy during these times and were not always available to attend to patients needs in a timely manner. This was discussed with the manager who told us they were aware of this and that the number of staff on duty was being reviewed to ensure the needs of the patients were met without delay.

There was no evidence that staff meetings were held on a regular basis. To ensure staff meetings are held on at least a quarterly basis, an area for improvement was identified. The manager, who has recently been appointed, confirmed a staff meeting had been planned and further staff meetings would be diarised for the rest of the year.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said staff were always available and responded promptly to call bells. Patients commented positively on the care they received. One patient told us the care was "very good." Other patients told us the staff were "brilliant" and "great".

The evidence reviewed provided assurances that staffing was safe.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The regional manager was identified as the safeguarding champion for the home.

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual yearly basis. Staff told us they were confident about reporting concerns about patients' safety and poor practice.

Patients told us that they would have no issues in raising concerns with the home's staff. Complaints were monitored monthly in the home.

At times some patients may be required to use equipment that can be considered to be restrictive, such as bed rails or alarm mats. Review of patient records and discussion with the deputy manager and staff confirmed that the correct procedures were followed if restrictive equipment was required. It was good to note that patients who had capacity were actively involved in the consultation process and could give informed consent. This was good practice.

Bedrail risk assessments clearly identified if bedrails were a suitable intervention however records did not consistently record what alternatives to bedrails were considered or implemented by nursing staff. An area for improvement has been stated for the second time.

Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. This was evident when staff were assisting patients with mobilising and at mealtimes.

This review of processes and staff knowledge demonstrated that appropriate safeguards were in place to support patients to feel safe and be safe.

### **5.2.3 Is the home's environment well managed to ensure patients are comfortable and safe?**

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, the kitchen, and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained and was found to be clean, warm and tidy. Any equipment in use was clean and well maintained.

Patients' bedrooms were personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. The lounges and dining areas were arranged in such a way that patients could safely socially distance.

Patients were complimentary in relation to the environment and with the cleanliness in the home.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 26 April 2021; any recommendations made by the assessor had been addressed.

It was noted that thickening agents, which could be harmful to patients if ingested and cleaning chemicals were accessible to patients. For example, patients could easily access the laundry and cleaning trolleys were left unsupervised. An area for improvement was identified.

Generally the home's environment was well managed. Addressing the area for improvement will further enhance this to ensure patients are safe.

### **5.2.4 How does this service manage the risk of infection?**

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check when they arrived. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE; however they were not always displayed in the appropriate area. The manager agreed to review this. There was an adequate supply of PPE and hand sanitiser.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. While the majority of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. An area for improvement was identified.

It was noted that a number of external clinical waste bins were overfilled. This was discussed with the manager who agreed to review if additional bins are required.

Overall the risk of infection was managed well but some staff require further training.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time?**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. It was good to see staff being respectful and aware of how to preserve patients dignity.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Patients who required this care or who had wounds had this clearly recorded in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations they had made. The manager agreed to audit wound care to ensure evaluations of care are patient centred and all patient's wounds are measured or photographed to show progress or decline. This is discussed further in 5.2.8.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed. Review of care records for one identified patient's fall evidenced that appropriate actions were taken following the fall in keeping with best practice guidance. Although clinical and neurological observations were taken, the nurse had yet to record these in the patient's chart. This was discussed with the manager who agreed to address this with the registered nurse.

Examination of one identified patient's care records confirmed their plan of care had been updated detailing their behaviours that challenge; although it lacked detail as to how these behaviours would be managed. Daily progress notes reviewed commented on the patient's behaviours but not on staff actions to support the patient. The patient's plan should be kept under review and daily progress notes should accurately record actions taken. An area for improvement was identified.

There was a system in place to ensure accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, during lunch staff were seen to support patients in a respectful manner. Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure mistakes about modified food and fluids were not made.



Lunch was a pleasant and unhurried experience for the patients. The food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Patients told us they enjoyed the food in the home. One patient said, "The food is very good". Patients' needs were clearly identified and communicated to staff. Evidence confirmed that care was being delivered effectively to meet the needs of the patients.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans should be developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. We saw evidence of this in the care records examined.

Minor gaps in record keeping were identified; this was discussed with the manager who agreed to address this with staff as required. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could go out outside to the garden when they wanted, remain in their bedroom or go to a communal room when they requested.

During the inspection patients were observed enjoying listening to music, reading newspapers and watching TV. Other patients were painting or playing card games with the activity co-ordinator who was very enthusiastic. Patient spoken positively about activities delivered in the home. One patient said "we do a lot of singing and there is a girl who comes in and does things with us," while another said, "I love doing the activities".

A weekly schedule of activities was available. Patients' needs were met through a range of individual and group activities, such as movies, board games, music, cooking, physical activity and bingo. One to one activities were tailored to meet individual preferences such as hair and beauty. The manager agreed to review the provision of an activity board in a suitable format in the dementia unit to ensure patients were aware of the planned activities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff told us they assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients. One relative said. “the care partner arrangement is brilliant”.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day and patients were afforded choice.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been a change in the management of the home since the last inspection. Miss Telma Pinto was appointed as manager since 19 May 2021. RQIA were notified appropriately.

Auditing systems were in place to monitor the quality of care and other services provided to patients. Given the inspection findings the manager needed time to assess their effectiveness of the current audit systems. The manager or members of the team completed regular audit of accidents/incidents, complaints, wounds, care records, the home environment, hand hygiene and staff registrations. Given the deficits identified in 5.2.4 and 5.2.5, the manager should enhance the current governance systems about infection prevention and control measures and practices and wound care. An area for improvement relating to the IPC audit process was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly. Review of records identified two incidents which had not been notified, details were discussed with the new manager and these were submitted to RQIA retrospectively.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

Systems were in place to monitor the quality of services and drive improvements.

## 6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. Patient's needs were met by the number and skill of the staff on duty although management committed to reviewing staffing levels. Systems were in place to ensure the effective running of the home; the new manager should review the current systems to ensure their effectiveness.

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing care in a safe, effective and compassionate manner; and that the service is well led by the manager/management team. Areas for improvement were identified to enhance the safe and effective care in the home.

## 7.0 Quality Improvement Plan/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 Care Standards for Nursing Homes (2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	3*

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Telma Pinto, manager, and Mr Jarlath Conway, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of cleaning chemicals and thickening agents.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A domestic staff meeting and supervision has been held with the manager. The agenda included a review of daily cleaning routine, supervision of trolley, documentation, infection prevention control (7 Steps of hand washing, Donning and Doffing/ PPE) and the safe storage of chemicals. A lockable domestic trolley has also been requested from Head office.</p> <p>2 Lockable storage units for thickening agent is in place in both dining areas/kitchennette for staff to ensure safe storage away from 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> From the date of the inspection onwards</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p>Ref: 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>New staff complete Donning/doffing and hand hygiene competencies during induction.</p> <p>All staff complete EVO e learning modules on infection prevention control during induction and on an annual update basis.</p> <p>Donning/doffing and Hand Hygiene competencies have been completed with all existing staff approx 6 months ago and is currently being repeated again with all staff.</p> <p>Staff are monitored each shift regarding the importance of infection prevention and control to minimise risk of infection by the nurse in charge.</p> <p>Hand hygiene/ donning and doffing of protective equipment audits are completed weekly.</p> <p>Donning/Doffing posters are renewed and present at each Danicentre as a prompt to staff.</p> <p>Hand hygiene posters are situated around the home as a prompt to staff and Care partners.</p>
--	---

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure care plans for the management of behaviours that challenge accurately reflect assessed patient need and any recommendations from the multidisciplinary team if required.</p> <p>Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken in keeping with best practice guidance.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>There has been a series of Nurses meetings which has focused on care planing and the standards expected.</p> <p>There has also been ongoing work by staff to enhance the standard of care planning on Epicare particularly in relation to challenging behaviour which was addressed during the latest inspection.</p> <p>All nurses are fully aware that any changes or recommendations from the multidisciplinary team must be reflected in the residents Care plan.</p> <p>A new named Nurse audit is in placed to ensure all nurses have updated residents assessments and care plans on (at least) a monthly basis.</p> <p>Daily progress notes are audited on a monthly basis within the care plan audit. The Regional manager will complete random care file reviews during the Regulation 29 visit each month.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the bedrail assessment is reviewed to ensure that it clearly identifies if bedrails are a suitable intervention.</p> <p>Where the outcome of a bedrail assessment identifies that bedrails may pose a hazard, alternatives should be tried and records maintained of what alternatives were considered.</p> <p>Ref: 5.1 &amp; 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Use of bedrails were reviewed on 21/07/2021 and alternative management is being implemented in accordance with latest bedrails risk assessment result.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2021</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff meeting completed and arranged as follows: 30/04/21- Nurses Meeting with Regional Manager and Training and Compliance Manager. 28/05/21- Nurses Meeting with Regional Manager and New Home Manager. 30/07/21- Domestic/ Laundry Staff Meeting 02/08/21- Nurses Meeting 23/08/21- Care Assistant Meeting 26/08/21- Kitchen Staff Meeting</p> <p>Regular team meetings have been scheduled in for the next year.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure a robust system is in place to ensure compliance with infection prevention and control measures and practices and wound care.</p> <p>Ref: 5.2.8</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Donning and doffing, hand hygiene competencies and e-learning was completed by all staff. Donning/doffing and hand hygiene weekly audits are in place, the home also carries out an array of standard audits including IPC audits, monthly Care and environment audits.</p> <p>Infection control is a standard agenda item on the homes staff meetings. A wound tracking audit is in place to be completed with each new wound. A Pressure Ulcer Prevention and Wound Management Training is also scheduled for the nursing team on 09/09/21 with the Community Nurses.</p>

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



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**📍** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care