

# Unannounced Nursing Agency Inspection Report 26 July 2016



## Jark Healthcare

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**Inspector: Amanda Jackson**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Jark Healthcare took place on 26 July 2016 from 09.30 to 16.00 hours.

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

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008 and previous inspection outcomes and any information we have received about the service since the previous inspection

### **Is care safe?**

The agency operates robust recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. The agency's provision for the training needs of staff has been assessed to be in compliance with the minimum standards. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users.

### **Is care effective?**

The inspector saw evidence of the implementation of quality monitoring in accordance with minimum standards and guidance issued by RQIA. The agency has in place a system for review and monitoring the quality of care in conjunction with service users. There are systems in place to effectively communicate with service users; this was verified by service users who spoke to the inspector.

### **Is care compassionate?**

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from discussions with one staff member and service users that the agency seeks to obtain and value the views of service users. This feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users.

## Is the service well led?

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and manager fulfil their responsibilities in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. Evidence of effective working partnerships with service users, HSC Trust representatives and other external stakeholders was evident during the inspection. Service users provided satisfactory feedback regarding the manner in which issues and concerns are addressed.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the registered person Mrs Searlain McCormick and the manager Mrs Celene Patterson (registration pending) as part of the inspection process and can be found in the main body of the report.

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

### 1.2 Actions/enforcement taken following the most recent care inspection

In addition to those actions detailed in the previous QIP the agency attended a concerns meeting at RQIA on 15 October 2015. The concerns meeting reviewed the agencies non-compliance with regulation Regulation 20(1) regarding the registered person introducing and maintaining a system for reviewing at appropriate intervals the quality of services provided by the agency, Standard 1.12 regarding the registered person monitoring the quality of service on a monthly basis and completing a monthly quality monitoring report and Standard 1.13 the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.

The meeting outcome confirmed a Failure to comply notice would not be issued in respect of Regulation 20 (1). Other areas of concern raised during the meeting were confirmed by the agency within a detailed action plan assuring RQIA that all matters were being reviewed and addressed in an appropriate timeframe. Monthly quality monitoring reports were requested for submission to RQIA ongoing at this time and subsequently signed off in January 2016 due to the progress undertaken by the agency.

## 2.0 Service details

<b>Registered organisation / registered person:</b> Jark Healthcare/Mrs Searlain McCormack	<b>Registered manager:</b> Mrs Celene Mary Patterson (registration pending)
<b>Person in charge of the agency at the time of inspection:</b> Mrs Celene Mary Patterson	<b>Date manager registered:</b> Registration pending

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

Specific methods/processes used in this inspection include the following:

- Discussion with the registered person and manager (registration pending)
- Consultation with one staff
- Examination of records
- File audits;
- Evaluation and feedback.
- Consultation with three service users

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met the agency registered person and manager (registration pending) and spoke with the three service users (two nursing home managers and one trust professional).

During the day of inspection the inspector spoke with one nurse employed by the agency to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The manager (registration pending) was provided with five questionnaires to distribute to all staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. One staff questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report.

Feedback received by the inspector during the course of the inspection and from the returned questionnaire is reflected throughout this report.

The following records were examined during the inspection:

- Five staff training records
- Five staff supervision records
- Staff quality monitoring reports/members assessments for April, May and June 2016
- Annual Quality report 2015/16
- Service user guide
- Training and Development policy and procedure
- Protection of Vulnerable adults policies and procedures
- Safeguarding children policy and procedure;
- Whistleblowing policy and procedure
- Three monthly monitoring reports completed by the registered person (April, May and June 2016)
- Recruitment policy and procedure
- One staff recruitment and induction information
- Policy on 'matching skills and expertise of nurses to the requirements of placements'
- Policy on 'supply and placement of nurses'
- Template for service referrals
- Monthly NMC checks for three staff
- One incident notification
- Staff handbook
- Policy on data protection
- Statement of purpose
- Policies on 'Management, control and monitoring of the agency'
- Three compliments
- Three complaints
- Supervision and appraisal policy
- Policy and procedures on 'Matching skills and expertise of nurses to the requirements of placements' and 'Supply and placement of nurses'
- Reporting of notifiable events policy and procedure

#### **4.0 The inspection**

Jark Healthcare Ltd nursing agency operates from premises on the Lisburn Road in Belfast. The agency currently supplies five registered nurses into nine nursing homes and the Northern Health and Social Care Trust (NHSCT).

The inspector would like to thank the registered person, manager (registration pending) service users, and agency staff for their support and co-operation throughout the inspection process.

#### **4.1 Review of requirements and recommendations from the most recent inspection Dated 14 September 2015**

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 14 September 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 12(1)(b) <b>Stated:</b> First time	The registered person shall ensure that no nurse is supplied by the agency unless – (b) he has the qualifications, knowledge, skills and competence which are necessary for the work which he is to perform.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of five staff files confirmed compliance with staff mandatory training in all areas.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 14(2)(a) <b>Stated:</b> First time	The registered person shall ensure that each employee of the agency receives appropriate supervision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of five staff files confirmed compliance with staff supervision in line with the agency policy timeframes of quarterly.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 20(1) <b>Stated:</b> First time	The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of members assessments (staff quality monitoring reviews) for April, May and June 2016 supported a consistent process in place in obtaining feedback on staff during placements.  Review of the annual quality report for 2015/16 provide information from returned members assessments received on a rolling monthly basis for all staff and service users. Evidence of the surveys returned each month were also available and reviewed during inspection in support of the 2015/16 report.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 1.10 <b>Stated:</b> Second time	The registered manager should ensure that the service user guide is developed to include information as detailed in Appendix 1.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the service user guide dated May 2016 confirmed compliance with the specified areas.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 2 and appendix 3 <b>Stated:</b> First time	Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in place and in accordance with statutory requirements.  (regarding the training and development policy for nursing staff).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the training and development policy dated March 2016 was found to be compliant and in accordance with Standard 2 and appendix 3.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 9.1 and 9.2 <b>Stated:</b> First time	Policies and procedures for protecting vulnerable adults and children are in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Policies on 'Suspecting alleged or confirmed instances of abuse dated March 2016 and 'Safeguarding of vulnerable adults' dated March 2016 together with a policy on 'Safeguarding children and young people' dated March 2016 were available for review during inspection.  Revision to the adult safeguarding policy post inspection and submission to RQIA confirmed the policy had been updated in line with the DHSSPS 2015 guidance.	



<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 2 and Appendix 3</p> <p><b>Stated:</b> First time</p>	<p>Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in place and in accordance with statutory requirements.</p> <p>(regarding the whistleblowing policy for nursing staff).</p> <p><b>Action taken as confirmed during the inspection:</b> The agency whistleblowing policy updated post inspection and dated August 2016 included relevant contact details as requested at the previous inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 1.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person monitors the quality of services in accordance with the nursing agency's written procedures and completes a monitoring report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or registered manager to ensure that the nursing agency is being managed in accordance with minimum standards.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of three monthly monitoring reports for April, May and June 2016 confirmed compliance with standard 1.12.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 1.13</p> <p><b>Stated:</b> First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow up action taken. Key stakeholders are involved in this process.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the annual quality report for 2015/16 provided information on returns received on a rolling monthly basis for all staff and service users. Evidence of the surveys returned each month were also reviewed during inspection together with the letter issued to all stakeholders regarding the report findings.</p>	<p><b>Met</b></p>



### 4.3 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the manager (registration pending) stated that nurses are not provided until all required checks have been completed.

The manager (registration pending) stated that a skills profile is completed during the interview process to identify skills and experience of individual staff. The agency's induction policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; review of induction records for one recently commenced staff member outlined the training provided during the induction period. One staff questionnaire returned indicated that staff had received appropriate training for their job role.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. The agency maintains a record of staff supervision; records viewed indicated that they are completed in accordance with the agency's policies and procedures. The agency undertakes staff appraisals on an annual basis and this was confirmed within four staff files during inspection, the fifth staff member had commenced employment within the previous year. One staff who completed a questionnaire indicated that they receive supervision and appraisal.

The inspector examined the agency's provision for the welfare, care and protection of service users. The manager (registration pending) described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; and submitted the revised policy post inspection which confirmed compliance with the guidance.

The inspector was unable to review records maintained in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the manager (registration pending) indicated that they had knowledge of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Service users who spoke to the inspector stated that issues or concerns reported to the manager in relation to staff provided are handled appropriately and in a timely manner.

Discussions with the manager (registration pending) indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. It was discussed that staff have yet to be provided with information and support regarding NMC revalidation. The registered person and manager (registration pending) discussed their plans to support staff in this process ongoing. The staff member spoken with during the inspection process confirmed they would liaise with the agency regarding support to revalidate.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies (within the staff handbook) during their induction.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's registered premises includes a range of offices which is suitable for the operation of the agency as described in the Statement of Purpose. The registered person and manager (registration pending) confirmed the agency computers are password protected and this was detailed within the agency policy on 'Disclosure of patient information and data protection'.

The manager (registration pending) could describe the process for assessing the needs and requirement of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency retain records of such assessments which are completed during the interview process with the staff member. The template for accepting referrals for staff was reviewed during inspection however the agency have not received any recent referrals as all service users are long standing placements. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for each staff member employed; records maintained were viewed by the inspector.

Service users stated that they are requested by the agency to complete members assessments in relation to staff provided; the inspector viewed a number of those returned.

**Service users' comments:**

- 'Jark would be my preferred agency for supply of staff.'

**Staff comment:**

- 'Risk assessments and care plans are revised monthly or earlier if there is a need.'

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's policy on 'Disclosure of patient information and data protection' which was viewed by the inspector clearly details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

From discussions with one staff and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this include a review of training, complaints, incidents and safeguarding referrals. The inspector noted that the agency requests that service users complete a 'Members assessment'/quality monitoring record for each staff nurse provided. Records of audits viewed included the views of service users. The manager (registration pending) stated that they are in regular contact with service users to obtain their views on the service provided.

Service users are not requested to complete an annual satisfaction survey as the ongoing process of quality monitoring through members assessments provides feedback which is incorporated into the annual report. This process is implemented on an ongoing monthly basis by the agency and was reviewed during inspection. The inspector reviewed the letter which accompanies the annual report issued to service users each year.

Service users stated that they are provided with details of the agency's complaints procedure and indicated that any matters arising are handled appropriately.

There was evidence of systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders. Discussions with service users confirmed appropriate communication processes are in place with exception to one service user who stated communication with the office is often difficult. This feedback was shared with the agency following inspection.

The manager (registration pending) stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competency of staff provided. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency issues with staff.

The manager (registration pending) confirmed, when concerns relating to a staff member are identified the agency will address the concerns with the individual immediately. Whilst this process is ongoing the manager (registration pending) confirmed the staff member would not be provided to work.

**Service users commented:**

- ‘Communication with the agency office can often prove difficult.’

**Staff comment:****Areas for improvement**

- ‘The family are involved in the care planning of care needs of residents who are not able to be involved.’

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is care compassionate?**

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction, the handbook includes details on confidentiality. The agency has a policy on confidentiality ‘Disclosure of patient information and data protection’ and this was revised post inspection and resubmitted to the inspector.

The agency has a process for obtaining the views of service users in relation to staff performance; the manager (registration pending) described the process for engaging with the relevant service users in order to obtain feedback; it was noted from records viewed that this process involves issuing a members assessment for each staff member provided on an ongoing monthly basis.

The inspector noted that the agency incorporates feedback received in the agency’s monthly quality monitoring report.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff member spoken with stated that they receive training specific to their role. Staff confirmed that they receive effective supervision and appraisal.

Discussions with service users and agency staff indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. One service user stated the staff member attends the home on a block booking to ensure continuity for residents.

The manager (registration pending) stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training and the staff handbook which details such information.

The agency has in place a 'Supervision and appraisal Policy'; it was noted that staff are required to complete an annual appraisal and quarterly supervision. The manager (registration pending) stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The manager stated that staff are encouraged to liaise at any time with the manager in relation to training needs; this was confirmed by the staff member spoken with at inspection.

It was confirmed by the manager (registration pending) that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. This was confirmed by the staff member spoken with during inspection.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. It was identified that reference is made as to the role of RQIA in relation to whistleblowing.

The agency maintains a record of all incidents of suspected, alleged or actual abuse identified. One matter arising since the previous inspection was reviewed and evidenced appropriate action taken by the agency; this matter remains ongoing.

It was noted that the agency has in place systems to ensure that the views and opinions of service users are sought and taken into account. A range of relevant agency documentation viewed, recorded the feedback received from service users. Formal processes to record and respond to service users are maintained through the complaints process, monthly quality monitoring and annual service user satisfaction surveys.

The manager (registration pending) described the range of processes for receiving feedback from service users following the provision of staff. The inspector viewed the accompanying letter issued to service users alongside the annual quality survey in providing feedback.

#### **Service users commented:**

- 'The staff we receive from the agency are skilled and competent.'

#### **Staff Nurses' comments:**

- The staff nurse spoken with during the inspection discussed respect and dignity and had a clear knowledge around confidentiality and raising concerns to their line manager as appropriate.

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed and in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained in paper format stored within the agency's office, which all staff have access to.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received three complaints for the period 01 April 2015 to 31 March 2016. Review of the complaints supported a robust approach to review and resolution. All records were centrally contained and evidenced staff retraining, reflective practice and follow up quality monitoring were necessary. Discussion with the manager (registration pending) and documentation viewed indicated that the agency had dealt with complaints received in accordance with their policy and procedures. The manager (registration pending) discussed sharing of learning from complaints with the staff team.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the registered person. Records viewed provided evidence of staff supervision and appraisal in accordance with the agency's policy and procedure.

The agency delivers all mandatory training through external agencies. The manager (registration pending) stated that staff are required to complete training during their induction and ongoing update in line with mandatory requirements. It was confirmed by the manager that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of one new staff members file, who had commenced employment with the agency since the previous inspection confirmed compliance with the recruitment and training procedures.

The agency has an electronic system in place for recording training completed by staff and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. The manager (registration pending) could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the roles and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record that staff have signed to indicate that they have read and understood the agency's information provided to them during their induction programme and this was reviewed during inspection.

The registered person has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the manager (registration pending) and service users indicated that there are good working relationships with external stakeholders, including where appropriate HSCT representatives. Service users could describe the process for contacting the agency’s staff in relation to issues or concerns and indicated that the agency responds effectively to any issues highlighted.

The agency has a process for requesting feedback from service users on each occasion a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a number of positive comments in relation to the service provided.

**Service users’ comments:**

- ‘Good standard of staff.’

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered manager</b>		<b>Date completed</b>	
<b>Registered person</b>		<b>Date approved</b>	
<b>RQIA inspector assessing response</b>		<b>Date approved</b>	

Please provide any additional comments or observations you may wish to make below:





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