

Inspection Report

23 September 2022



Cherryvalley

Type of service: Nursing
Address: 14-24 Kensington Drive, Belfast, BT5 6NY
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Ltd	Registered Manager: Mr Ricardo Pontes
Responsible Individual: Mrs Carol Cousins	Date registered: 29 April 2022
Person in charge at the time of inspection: Mr Ricardo Pontes	Number of registered places: 46
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 29
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 46 patients. Patient bedrooms are located over the two floors. There are communal lounges, dining rooms and garden space.	

2.0 Inspection summary

An unannounced inspection took place on 23 September 2022, from 10.10 am to 5.40 pm 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.

Patients looked well cared for in that attention had been paid by staff to patients' personal care and dressing needs. Patients spoke in positive terms about their experiences living in Cherryvalley and said that while they saw staff to be very busy at times and that this would sometimes lead to a delay in care delivery, patients still said that they were happy with the overall care and services. 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, relatives and staff members are included in the main body of this report.

The home was found to be generally clean and staff members were observed to be compassionate in the delivery of care.

Areas for improvement were identified in relation to infection prevention and control (IPC), levels of supervision and/or assistance to patients at meal times, dietary notification records, choice and availability of communal spaces, personalisation of patient bedrooms and décor in communal areas, provision of activities, and temporary storage arrangements.

RQIA were assured that the delivery of care and service provided in Cherrryvalley was effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

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.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Eight patients, five relatives, and six staff were spoken with during the inspection. No questionnaire or survey responses were received within the allocated timeframe.

Patients said that they were happy with the care provided and with the level of cleanliness in the home. Patients said that staff worked hard and that sometimes if staff were very busy they would have to wait five or ten minutes longer for assistance. Patients described staff as “very helpful”, “lovely”, and “good...when I can get them”.

The majority of patients said that the food was very good. One patient expressed frustration that they were routinely given food that they disliked, despite informing staff of their preferences. This is discussed further in section 5.2.2.

Patients said that they enjoyed receiving visitors in the comfort of their bedrooms and that they mostly occupied their time outside of visits by watching television or reading. Patients said that there were organised activities on occasion but not often. This is discussed further in section 5.2.4.

Relatives expressed mixed views about the services provided in the home; overall relatives said that visiting arrangements were working well, they were kept informed of changes to their loved ones needs, and that they found the staff to be friendly and welcoming. Some relatives said that staff were often “very busy...seem short staffed”, or that more attention could be paid by staff to personal care and dressing needs. Relatives said that there was a lack of choice offered to patients in relation to where they could have their meals and that the communal lounges and dining rooms are rarely used. Relatives also said that there was a lack of organised activities or social events. Relatives concerns were shared with the management team and this is discussed further in the body of this report.

Staff members told us that the home was busy but that they were happy working in Cherryvalley. Staff said that there was good teamwork and that they were provided with the necessary training to do their jobs.

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 16 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) Stated: First time	<p>The registered person shall ensure the following in regards to the repositioning of patients:</p> <ul style="list-style-type: none"> • that patients are repositioned in keeping with their prescribed care • that repositioning records are accurately and comprehensively maintained at all times • pressure relieving mattresses are effectively managed in keeping with the assessed needs of patients. 	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	<p>The registered person shall review the management of thickening agents to ensure that care plans are in place and records of prescribing and administration are accurately maintained.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 4.1 Stated: First time	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for Improvement 2 Ref: Standard 35 Stated: First time	<p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 3 Ref: Standard 18 Stated: First time	<p>The registered person shall review the management of distressed reactions to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions.</p>	Carried forward to the next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Governance records showed that all required staff members were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC), and there was a system in place for monthly review by the Manager.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had oversight of staffs' compliance with essential training courses and records showed recent additional face to face training sessions included the topics of diabetes, and recognising the deteriorating patient. Staff said that they were satisfied that they were provided with adequate training to conduct their roles in a safe and effective manner.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The Manager's hours and capacity worked were stated on the duty rota and the person in charge of the home in the absence of the Manager was highlighted. An on-call duty rota for senior management cover was available to the person in charge to escalate any issues or concerns.

Staff told us that they felt more staff were required during peak busy times such as mornings and meal times, but also said that there was good teamwork and that patients' needs were met. It was observed during the inspection that staff members were busy and spent a lot of time going between patients' bedrooms to deliver care. It was noted that almost all patients spent their day in their own bedrooms and communal spaces were underutilised. This is discussed further in sections 5.2.2 and 5.2.3.

Patients had access to a nurse call bell system and said that staff were available to them when needed. Some patients said that on occasions they had to wait longer periods before staff could attend but that staff members were overall helpful and polite in manner.

Relatives commented that staff members were often busy but friendly, helpful, and informative. Some relatives felt that more care and attention could be paid by staff to ensure all aspects of patients' needs were met before leaving the room. For example ensuring a patient's hearing aid is in place. Some relatives also questioned the accuracy of daily care records maintained by staff in each patient's bedroom. No issues with daily records were identified during the inspection. This was discussed with the management team and assurances were given that this would be reviewed with staff and records would be included in the Manager's daily spot checks.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

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 members were knowledgeable of individual patients' needs, and their daily routine. 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.

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

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.

Patients who are less able to mobilise require special attention to their skin care.

These patients were assisted by staff to change their position regularly and records were maintained. Patients who were assessed as being at risk of skin breakdown had care plans in place directing staff on the recommended frequency of repositioning and detailing any specialist pressure relieving devices in place, such as air flow mattresses.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patient areas were kept free from clutter or obstacles, and equipment such as alarm mats was used.

Examination of records confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral to specialist services such as the Trust falls team, occupational therapy, or orthotic services.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and/or alarm mats. It was established that safe systems were in place to manage this aspect of care and all relevant documentation including best interest decisions and consent were in place.

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 may include simple encouragement through to full assistance from staff. The dining experience should be seen as an opportunity for patients to socialise, and should be a relaxing and unhurried event.

It was observed during the serving of lunch that the majority of patients consumed food in their bedrooms and staff were not heard to offer a choice to patients of where they would wish to eat their meals. Patients, staff and relatives consulted confirmed that patients taking meals in their rooms had become custom and practice following a temporary reduction in available communal spaces (this is discussed in section 5.2.3), and with the encouragement of social distancing during periods of outbreak in the COVID-19 pandemic. Relatives said that since the start of the pandemic "meals are automatically brought to the bedrooms".

Staff members were seen to rush between the serving point and patients' bedrooms to ensure all meals was served promptly.

Patients who had swallowing issues or were assessed as being at risk of choking had care plans in place. Some of these patients had been assessed by the speech and language therapist (SALT) and recommendations to reduce the risk of choking had been made, such as, the patient should be seated in an upright position and supervised during all meals. It was evident during the serving of lunch that patients identified as being at risk of choking were unsupervised in their bedrooms when having lunch and some were not appropriately positioned. An area for improvement was identified.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. One patient said that despite complaining several times to staff they continued to be served a food that they disliked.

Review of this patient's records showed that there were two versions of a dietary notification form in place; one detailed the dislike for a particular food and the other form did not. The form which detailed the patient's preferences was not shared with the kitchen. An area for improvement was identified.

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.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of patient bedrooms, bathrooms, storage spaces and communal areas such as lounges, dining areas, and corridors.

The home was generally clean and warm, with a welcoming atmosphere.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Communal bathrooms and toilets were clean and accessible. Some commodes which had been used, emptied, and returned to be stored had not been sufficiently cleaned and were visibly dirty. Infection prevention and control (IPC) standards were not met. An area for improvement was identified.

Corridors were wide and well-lit and had strategically positioned stations with a good supply of personal protective equipment (PPE). Corridor walls were very plain with little or no art or things of interest to look at. A tea towel with local Northern Ireland dialect was pinned to the wall at the entrance to the ground floor dining room. And while staff said that the content stimulated conversations with patients as they passed, the tea towel itself was visibly dirty and was not framed.

Patients' bedrooms were clean and warm. Some bedrooms were well personalised with items of importance to each patient, however the majority of bedrooms showed little personalisation and had no pictures or art on the walls. An area for improvement was identified.

Two communal lounges (one on each floor) had been temporarily repurposed during the COVID-19 pandemic to accommodate additional supplies of PPE and for socially distanced visiting as per the Department of Health (DOH) guidance at the time. The identified rooms had not been reverted back to their original purpose and RQIA had not received written notification to approve this variation. An area for improvement was identified.

Observations during the inspection and consultation with staff, patients, and relatives confirmed that there was insufficient communal space that was inviting for patients to use. In addition to the issues already identified in relation to repurposed rooms, and missed opportunities for social interaction during mealtimes through custom and practice; the communal spaces that were available had no signage to indicate that patients could use. For example the doors to communal rooms are numbered rather than given a descriptive word such as 'lounge'. An area for improvement was identified.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. All visitors to the home were required to wear face coverings and were encouraged to complete lateral flow tests before arriving at the home. Visiting arrangements were managed in line with DOH and IPC guidance.

Environmental infection prevention and control audits had been conducted monthly and included monitoring of staffs' compliance with hand hygiene practices and use of PPE.

Staff members were seen to practice hand hygiene at key moments and to use PPE appropriately during the inspection.

Patients told us that they were happy with the level of cleanliness in the home and said that domestic staff cleaned their bedrooms daily.

Domestic staff said that they were adequately staffed, had ample supply of cleaning product and materials, and had received training demonstrations in the use of individual cleaning products as well as training in Control of Substances Hazardous to Health (COSHH).

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff responded in a calm, warm, and polite manner.

As discussed in sections 5.2.2 and 5.2.3, due to the culmination of measures taken during the COVID-19 pandemic and the reduced availability of communal space, the majority of patients spent most of their time in their bedrooms. Through observation and consultation with patients, relatives, and staff, it was evident that patients were not routinely offered choice of where they spent their time and the environment did not lend itself to encourage or promote socialising as part of daily life.

Staff recognised the importance of social and recreational activities for patients and discussed how providing stimulation and promoting patients' interests can bring meaning to a patient's day. Care staff said that they were unable to spend enough 'social' time with patients due to other workload demands and that they saw the benefits of having a designated activities coordinator to lead on this aspect of life in the home.

Staff marked special occasions with patients such as birthdays by presenting a birthday cake and singing.

Patients told us that outside of visits from family and friends, and chats with staff, they occupied their own time by watching television or reading. The Manager informed us that an activities coordinator was appointed but had been on a period of leave. There was no activities programme on display and relatives confirmed that they had not seen an activities planner in some time. An area for improvement was identified.

5.2.5 Management and Governance Arrangements

There had been a change in management and senior management since the last inspection with the home now being operated by Beaumont Care Homes Ltd.

Mr Ricardo Pontes was registered as Manager on 29 April 2022. During the inspection the Manager confirmed that there were plans for him to transfer to another home operated by Beaumont Care Homes Ltd. There was no confirmed date of transfer or start date for the new Manager and it was agreed that the relevant notification would be submitted to RQIA once known.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by 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 Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Patients and relatives spoken with said that they knew how to report any concerns. Staff members 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. It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. Records showed that formal complaints were followed up by the Manager and there was evidence that the findings of these complaints were seen as an opportunity to learn and improve. For example, issues identified in a recent complaint resulted in face to face training sessions being arranged for staff on the topic of recognising the deteriorating patient. Staff found this training to be beneficial to their everyday practice.

It was unclear if all expressions of dissatisfaction were being managed through the complaints process as some relatives said that minor issues were not always addressed. Some relatives expressed frustration in relation to recent changes in management and said that this impacted on the continuity of resolving issues. This was discussed with the management team who gave assurances that any outstanding complaints would be immediately followed up and addressed. The management of complaints will be reviewed again at the next inspection.

Staff did not express any concerns in relation to the management of the home and said that management were approachable and available for support and guidance.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	3*	6*

*The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ricardo Pontes, Manager, Eileen Dunlop, Regional Manager, and Stephanie Flack, Regional Support Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of inspection (16 June 2022)	<p>The registered person shall review the management of thickening agents to ensure that care plans are in place and records of prescribing and administration are accurately maintained.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
Area for improvement 2 Ref: Regulation 14 (c) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that systems are in place to provide patients with the correct level of supervision during meal times, and that patients are positioned safely as per SALT recommendations.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The registered nurse in charge of each unit is now supervising and directing staff at mealtimes. Supervision will be conducted with all Care staff to reinforce their knowledge of the correct levels of supervision and the Patients' positioning as per SALT recommendations. Staff will position those residents who are nursed in bed safely in an upright position prior to meal and snack times. Compliance will be monitored through the Daily Walkabout carried out by the Manager and during the Reg 29 audit carried out by the Ops Manager.</p>
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that systems are in place for the effective cleaning of shared equipment before and after each use. This is with specific reference to commodes.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Decontamination records are in place for each commode and shower chair, which have been numbered. Staff are recording the cleaning of commodes following each use and decontamination. General decontamination records are in place for all other equipment. As part of the compliance oversight The Home Manager will review and sign the decontamination records weekly.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: From the date of inspection (16 June 2022)	The registered person shall review the management of distressed reactions to ensure that care plans are in place and the reason for and outcome of administration are recorded on all occasions. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 12.1 and 12.6 Stated: First time To be completed by: 30 September 2022	The registered person shall ensure that patients' dietary preferences are recorded accurately on dietary notification records and shared with relevant departments such as catering in a timely manner. Ref: 5.2.2
	Response by registered person detailing the actions taken: All residents dietary preferences are now recorded on the dietary notification records and were updated in September. There is evidence that the catering department have received a copy of each dietary record and they sign the form upon receipt. The dietary notifications are diarised forward in 2023 diary. The Home Manager will ensure new patients dietary notifications are completed on admission and shared with the kitchen who will sign to evidence receipt. Compliance will be monitored through the completion of the Regulation 29 Report carried out by the Ops Manager.
Area for improvement 3 Ref: Standard 44.3 and 44.11 Stated: First time To be completed by: 7 October 2022	The registered person shall review the arrangements for the two identified communal rooms being used for storage Consideration must be given to the overall availability of communal spaces for patients Further variation from the original purpose of these rooms should be formally submitted to RQIA in writing. Ref:5.2.3
	Response by registered person detailing the actions taken: Equipment and surplus PPE have now been removed from communal rooms. The appearance of each of these rooms will be made more homely to encourage use of communal spaces by the residents and their families.

<p>Area for improvement 4</p> <p>Ref: Standard 9.1 and 9.6 and Standard 43.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patients are provided with adequate variety in where they spend their time and are routinely offered the choice to use communal spaces in addition to the privacy of their bedrooms.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 43.2 and 43.6</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2022</p>	<p>Response by registered person detailing the actions taken: Residents are being encouraged on a daily basis to make use of dining room and communal lounges. Two lounges are being refurbished adding a variety of different space for residents to relax in addition to the privacy of their bedrooms. The RN staff will document in their daily progress notes that choice has been offered and as to where the Residents wish to spend their day.</p> <hr/> <p>The registered person shall review the aesthetics of the home's environment and address the décor to promote more homely spaces with some visually stimulating pictures / art.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> - the personalisation of some patients' bedrooms - wall art / décor in bedrooms - wall art / décor in communal spaces such as corridors. <p>Ref: 5/2.3</p> <p>Response by registered person detailing the actions taken: The Home Manager is reviewing the environment of the home in order to make it more homely and aesthetically pleasing. Residents bedrooms will be reviewed in terms of décor to make them more personalised. Some wall art has been purchased and there is a plan to purchase more for bedrooms and communal areas.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the provision of activities within the home and ensure that person centred activities are provided to patients in a consistent manner.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: Cherryvalley Care Home has a job share arrangement between 2 PAL's. 1 PAL has returned from maternity leave on 7th November 2022, this provides 3 days a week. The provision of activities is being reviewed to ensure that suitable activities are planned and delivered on weekly basis. Life stories have been updated and residents are being asked for their opinions on the choice of activities provided and this will be completed by Friday 25th November 2022. This information will inform a new activities programme. The PAL is booked to attend the BHSCT ECHO Care Home Activity Co-Ordinator Network.</p>

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



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