



# Unannounced Inspection Report 20 October 2020



## Colinvale Court

Type of Service: Nursing Home (NH)

Address: Glen Road, Belfast, BT11 8BU

Tel No: 028 9060 4314

Inspectors: Gillian Dowds and Helen Daly

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

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home which is registered to provide nursing care for up to 50 patients who are living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Raymond Liam Murphy  <b>Responsible Individual:</b> Mr Raymond Liam Murphy	<b>Registered Manager and date registered:</b> Ms Vincy Vincent - 3 June 2016
<b>Person in charge at the time of inspection:</b> Ms Vincy Vincent	<b>Number of registered places:</b> 50
<b>Categories of care:</b> Nursing Home (NH) DE – dementia	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38

### 4.0 Inspection summary

An unannounced care and medicines management inspection took place on 20 October from 10.00 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection was undertaken in order to determine if the areas identified for improvement with regards to care and medicines management at the last inspection (6 August 2020 and 11 August 2020) had been implemented and sustained.

As a result of the previous inspection RQIA identified concerns in relation to the fitness of the premises. At that time the home management were invited to a serious concerns meeting at which they presented an action plan to address the concerns identified. It was agreed that the home would be given a period of time to implement the improvements and embed them into practice and that a further inspection would be undertaken to validate sustained compliance. It was observed that the required improvements had been made.

The evidence seen during the last inspection also raised concerns that robust systems were not in place for all aspects of the management of medicines including care planning for distressed reactions, the disposal of medicines at expiry and the management of medication changes, eye preparations and inhaled medicines. The registered manager was requested to provide additional training for registered nurses and to implement a robust audit tool which covered all aspects of medicines management. It was decided that a pharmacist inspector would attend the follow up inspection to confirm if the improvements had been implemented and sustained. The findings of this inspection indicated that the areas identified for improvement had been addressed. There was evidence that patients were administered their medicines as prescribed.

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

## 4.1 Inspection outcome

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

\* The total number of areas for improvement includes two regulations and one standard stated for the second time.

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

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the last inspection
- the registration status of the home
- written and verbal communication received since the last inspection
- the returned QIP from the last inspection
- the last inspection report

During the inspection the inspector met with fourteen patients individually or in small groups and four staff.

Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients'/relatives/representatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received.

The following records were examined during the inspection:

- duty rotas from 12 to 25 October 2020
- a selection of quality assurance audits
- environmental audit
- three patients' care records
- two supplementary care records
- the governance and auditing systems in relation to medicines management
- the management of medication changes
- care planning in relation to distressed reactions
- the administration of inhaled medicines and eye preparations
- the disposal of medicines at expiry
- training in relation to inhaled medicines, eye preparations and medication changes

Areas for improvement identified at the previous inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from last inspection (6 and 11 August 2020)

Areas for improvement from the last inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 16 <b>Stated:</b> Second time	The registered person shall ensure that patient care plans regarding pressure relief and continence management are completed in a comprehensive, accurate and contemporaneous manner in accordance with legislative and best practice guidance to reflect patients' needs in respect of their health and welfare. This should be monitored and reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed evidenced that continence care plans and pressure relief care plans were detailed and kept under review. This area for improvement was assessed as met.	
<b>Area for improvement 2</b> Ref: Regulation 16 <b>Stated:</b> Second time	The registered person shall ensure that care plans in relation to pain, distressed reactions and covert administration contain sufficient detail to direct the appropriate care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care plans reviewed at the inspection in relation to pain, distressed reactions and covert administration contained sufficient detail to direct the appropriate care.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the environmental and IPC deficits identified in this report are addressed and the agreed action plan is followed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the environment evidenced that areas identified from the previous inspection had been attended to and an ongoing action plan is in place for the further refurbishment in the home.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)(d)(i)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the environment is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the internal environment evidenced that signage was in place on the bedroom doors however no baseline audit was available and further enhancement of the environment is ongoing.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirement, minimum standards and professional guidance.</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>An improvement in the wound care documentation was evident however one care plan was not reflective of the updated advice in regard to the dressing regime. Wound care will be discussed further in section 6.2</p>		



<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the stock control systems to ensure that medicines do not remain in use after their expiry date.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Systems were in place to ensure that medicines did not remain in use after their expiry date.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement a robust audit which covers all aspects of the management of medicines including the management of medication changes, care planning and the administration of eye preparations and inhaled medicines.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Daily audits were completed on the management of medicines. These were then discussed at each shift handover. The audits included the management of medication changes, care planning and the administration of eye preparations and inhaled medicines.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust systems are in place for the management of medication changes. Registered nurses must confirm the reason for the prescription and must ensure that the medicine is received into the home and commenced without delay.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Robust systems were observed for the management of medication changes which included discussion and any necessary follow up at each shift handover.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time	The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The evaluation of care was not fully reflective of the recorded care on the supplementary care charts. This will be discussed further in section 6.2	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the audits evidenced this area of improvement was met as stated.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure that registered nurses receive further training on the management of eye preparations, inhaled medicines and medication changes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager completed supervisions with all registered nurses on the management of eye preparations, inhaled medicines and medication changes. The findings of the inspection indicated that this had been effective in driving improvement.	



<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that the dining provision for patients is managed in such a manner so as to promote a compassionate and person centred dining experience at all times ensuring adequate stock of appropriate dining utensils.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the dining experience evidenced this area for improvement had been met as stated.	

## 6.2 Inspection findings

### 6.2.1 The internal environment and Infection Prevention and Control (IPC).

We reviewed the home's environment. We observed good examples of personalisation of some patients' bedrooms and some new decorative items such as throw rugs and lamps in others the manager discussed that this was ongoing throughout the home.

Following the previous inspection on 11 August 2020 a meeting was held via teleconference with the homes management in relation to deficits in the internal environment and an action plan was submitted to RQIA.

We observed that the inappropriate storage of items in various shower rooms and bathrooms had been removed. Chairs that had been torn had been removed and other chairs had been effectively cleaned.

Two baths were noted to have chipped enamel had been temporarily repaired and we are aware that during the COVID-19 pandemic removal of the baths would not be practical. This forms part of the ongoing action plan and will be reviewed at a future inspection.

Various pieces of equipment such as a shower chair, commodes had been replaced and the hand rails had been painted. Flooring to a communal shower room had been replaced.

We observed corridors and fire exits were clear of obstruction however, we did observe the propping open of two bedroom doors with furniture. This was discussed with the manager and an area for improvement was made.

We observed that some of the individual hoist slings needed laundered, the tops of some of the side tables were not cleaned effectively and also some hand soap dispensers that had not been cleaned effectively underneath. An area for improvement was identified.

We observed that new name plates were in place on the bedroom doors, however additional methods to promote and orientate patients to their surroundings were not in place and there was a lack of visual aids to assist patients to find their way from room to room in the course of their daily routines. This was identified at the previous inspection and had not been fully addressed. We discussed this with the manager who advised she would take advice from the

occupational therapist in relation to this. An area for improvement stated at the previous inspection was partially met and has been stated for a second time.

We considered infection prevention and control (IPC) practices. Personal protective equipment (PPE) was readily available throughout the home and that PPE donning (putting on) and doffing (taking off) stations were identified.

We observed that PPE was not worn in accordance with the regional guidance on every occasion. Staff were compliant with the wearing of masks, although, we observed at times they were not wearing gloves and aprons appropriately. We discussed the current guidance with the manager who agreed to address this. An area for improvement was made regarding staff's adherence to IPC measures and management oversight of this.

### **6.2.2 Staffing**

The manager confirmed the staffing levels for the home and that these levels were kept under review. A review of the staff rota from 12 to 25 October 2020 indicated that the staffing levels were generally well adhered to and short notice sick leave was managed appropriately. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that staff were attending to patients' needs.

Staff spoken to did not raise concerns about staffing levels and spoke positively about the teamwork within the home.

### **6.2.3 Care delivery**

We observed staff attending to patients' needs in a caring manner. Patients looked well cared for and were observed to be content in their surroundings and in their interactions with staff. Staff were aware of their patients' needs; staff were observed to display a warm and friendly attitude towards the patients.

We observed some patients were seated in the lounge and some patients were resting comfortably in their bedrooms.

The food on offer at lunchtime looked appetising and was well presented. Patients were offered assistance and staff demonstrated knowledge of their likes and dislikes. The dining experience had been reviewed since the last inspection and it was observed that there had been new crockery and utensils purchased.

Patients spoken with commented positively about their experience of living in Colinvale Court, they told us:

- "Wonderful."
- "(the food) is nice "
- "Food is very good."
- "It's good here"
- "I like it here."

#### **6.2.4 Care Records**

We reviewed the care records for three patients and evidenced that care plans were in place to direct the care for these patients.

We reviewed the care records for the management of a wound. We identified that the body map was completed and ongoing wound assessment was being maintained. However the care plan had not been updated to reflect the current dressing regime. One other care plan reviewed had a new wound added to a care plan for a different wound. This was discussed with the manager at the time of the inspection and the care plans were updated. Wound care documentation was identified as an area for improvement from the previous inspection and has been stated for a second time following these findings.

We reviewed the supplementary care records pertaining to food and fluid and repositioning. The records reviewed were completed in a timely manner. A new system was in place to incorporate the daily fluid intake into the handover. However, we observed a lack of oversight of this care by the registered nurses documented in the monthly and daily evaluation of care. An area for improvement identified at the previous inspection has been stated for a second time.

We observed some patients in their chair with their hoist sling underneath them. This was discussed with the manager who advised that these were "all day slings". We reviewed the care record for one patient and could not see evidence of discussion with the multi-disciplinary team such as the care manager or occupational therapist. There was no care plan or risk assessment in place either. An area for improvement was identified.

#### **6.2.5 Governance**

We reviewed a sample of the governance audits including those focused on IPC, wound care and the environment. These audits were in place to monitor the quality of the service provided. The development of further governance audits was also evident, for example audits for the use of restraint. A robust system of audits had been identified at the previous inspection and was therefore met.

#### **6.2.6 Medicines management - governance and auditing systems**

A revised audit tool was developed and implemented. It was completed during each shift and discussed at handover. The audit covered the management of medication changes, care planning, antibiotics, date checking, stock control and medicine refusals.

Running stock balances were maintained for all medicines which were not supplied in the monitored dosage system including liquid medicines and inhaled medicines.

The registered manager advised that she observes the medicine rounds and administers medicines to a number of patients each week in order to monitor the standard of record keeping.

The improvements noted at this inspection indicated that the auditing system was effective in identifying shortfalls and driving the necessary improvements. The registered manager was reminded that these improvements must be sustained.

### **6.2.7 The management of medication changes**

We found that the personal medication records were up to date. When a new medicine was prescribed, two registered nurses verified and signed the entry on the personal medication record. This is necessary to ensure the accuracy of the transcription. There was evidence that registered nurses had confirmed why the medicines were prescribed. The medicines had been received into the home promptly, commenced without delay and administered as prescribed.

When a medicine was discontinued the entry was cancelled and date of discontinuation recorded on the personal medication record. Records of disposal were maintained.

The management of medication changes was included in the shift handover checks to ensure ongoing compliance.

### **6.2.8 Care planning in relation to distressed reactions**

We reviewed the management of medicines prescribed on a “when required” basis for the management of distressed reactions for four patients. The care plans provided details on how the patient may express their distress, any potential triggers and activities that staff could engage in to prevent the need for medication. Records of prescribing and administration were maintained and the reason for and outcome of each administration was recorded. These medicines were used infrequently.

Patients were not prescribed more than one medicine to manage their distressed reactions. The registered manager was aware that if more than one medicine was prescribed, the care plan and personal medication records should provide clear directions on which medicine should be used first line.

### **6.2.9 Administration of medicines**

At the last inspection we observed significant audit discrepancies in the administration of eye preparations and inhaled medicines.

The audits carried out at this inspection were focused on eye preparations, inhaled medicines and liquid medicines. Satisfactory outcomes were observed indicating that these medicines were administered as prescribed.

The administration of eye preparations was monitored through the internal audits. Running stock balances were maintained for inhaled medicines when possible.

### **6.2.10 Disposal of medicines at expiry**

We observed that the date of opening had been recorded on all medicines to facilitate disposal at expiry. All eye preparations were observed to be in date.

### **6.2.11 Medicines management training**

Following the last inspection the registered manager carried out supervision with all registered nurses on the management of eye preparations, inhaled medicines and medication changes. Records were available for inspection.

## Areas of good practice

Areas of good practice were identified in relation to the staff interaction with patients, staff awareness of their patients and the improvement in the dining experience.

Areas of good practice were also noted in the auditing system for medicines management.

## Areas for improvement

Areas for improvement were identified in relation to fire safety precautions, IPC and correct usage of PPE. Further areas for improvement were identified in relation to care planning for the use all day slings

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

## 6.3 Conclusion

Patients looked well cared for, content and settled. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling throughout. Staff were knowledgeable of their patients' needs and were friendly in their approach to the patients.

The management team were requested to continue to closely monitor the management of medicines to ensure that the improvements are sustained.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Vincy Vincent, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 (2) (b)(d)(i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 January 2020</p>	<p>The registered person shall ensure that the environment is enhanced to provide an environment for persons living with dementia that is familiar and easy to understand. A baseline audit should be completed and thereafter at regular intervals, to ensure the environment is in keeping with best practice guidelines.</p> <p>Ref: 6.1 and 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Home Manager has introduced a new dementia audit which is familiar and easy to understand.</p> <p>New signage appropriate to our EMI Home has been introduced.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)(b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 16 December 2020</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirement, minimum standards and professional guidance.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Record keeping and care plans have been updated in relation to wound management to ensure compliance with current legislative requirements and minimum standards.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (d)(iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure the practice of propping open of doors ceases with immediate effect. Other measures must be implemented if the identified doors are to remain in an open position.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have been reminded to cease the propping open of doors inappropriately and to fully comply with Company Fire Policy Procedures..</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that in relation to infection prevention and control</p> <ul style="list-style-type: none"> <li>• a system is in place to ensure the regular laundering of hoist slings</li> <li>• attention to detail in the cleaning of the soap dispensers</li> <li>• ensure the effective cleaning of the side tables.</li> </ul> <p>Ref: 6.2.1</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	<p><b>Response by registered person detailing the actions taken:</b> The Nurse Manager has implemented a new protocol to ensure that hoist slings are regularly laundered as appropriate.</p> <p>We are currently replacing the existing soap dispensers.</p> <p>Side tables continue to be cleaned on a daily basis and after each meal.</p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 16 December 2020</p>	<p>The registered person shall ensure contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines. Registered nurses should have oversight of the supplementary care records.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Detailed records are kept in the daily evaluations to ensure contemporaneous nursing notes are maintained for each resident in accordance with NMC guidelines.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately and ongoing</p>	<p>The registered person shall ensure that the IPC training including the use of PPE is embedded in to practice.</p> <p>Ref:6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All staff have updated their online training for IPC and further supervision has been carried out in relation to the effective use of PPE.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2020</p>	<p>The registered person shall ensure in relation to the use of all day slings:</p> <ul style="list-style-type: none"> <li>• evidence of consultation with the multidisciplinary team is retained in the care records</li> <li>• a relevant risk assessment and care plan is in place</li> <li>• consultation with the patient and or next of kin is documented.</li> </ul> <p>Ref: 6.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Following a discussion with the OT, the care plan for those residents using all day slings is implemented and usage is retained in the care records.</p> <p>This standard will be discussed with the resident/NoK as required.</p> <p>The multi disciplinary team have advised the Home Manager that they do not require any further consultation other than the above.</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](https://twitter.com/RQIANews)