

Unannounced Care Inspection Report 3 June 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency
Address: Kilns Court, 2 Kilns Road, Ballycastle, BT54 6RY
Tel No: 02820763610
Inspector: Joanne Faulkner

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

Triangle Housing Association, 10902, is a domiciliary care agency supported living type located in Ballycastle. The agency’s staff provide care and support to a number of service users who have a learning disability or complex needs and are living in their own flats or bungalows. Staff are available to provide 24 hour support and to assist the service users with personal care, meal preparation, medication, housing support and accessing the local community. The care is commissioned by the Northern Health and Social Care Trust (HSCT).

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Harold Alexander	Registered Manager: Marie Colette Sheppard
Person in charge at the time of inspection: Service Manager	Date manager registered: 5 May 2009

4.0 Inspection summary

An unannounced inspection took place on 3 June 2019 from 10.00 to 15.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, training and adult safeguarding and risk management. There were effective governance and management systems in place. Care records were comprehensive, person centred and well maintained. There was evidence of effective communication with service users and relevant stakeholders. The culture and ethos of the organisation promoted treating service users with dignity and respect with an emphasis on their safety and maximising their independence. There was evidence that care and support was provided in an individualised manner.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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

The inspector would like to thank the person in charge, the service users and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 23 May 2018

No further actions were required to be taken following the most recent inspection on 23 May 2018.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with service users and staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; four responses were received prior to the issuing of this report. Responses received indicated that three staff were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led. One respondent indicated that they were undecided if they felt care was safe or effective. One comment received indicated that staff lacked knowledge regarding funding models.

This was discussed with the service manager prior to the issuing of the report; who stated that the issue raised would be discussed with staff at the next staff meeting and a record retained.

Ten questionnaires were provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the agency's premises.

During the inspection the inspector spoke with the person in charge, four staff members and two service users. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the process for ensuring that required staff pre-employment checks are completed. It was identified that staff recruitment is managed and co-ordinated by the organisation's Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the person in charge indicated that they had an understanding of the recruitment process and the need for robust systems to be in place. They stated that staff are not provided to service users until all required pre-employment checks have been satisfactorily completed.

It was identified from discussions with the person in charge, staff and personnel records viewed that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency for a minimum of two weeks. It was identified that staff are required to complete an induction workbook during their probationary period; it is linked the Northern Ireland Social Care Council's (NISCC) Standards. Staff talked positively about their induction and indicated that it had provided them with the

knowledge and skills to meet the needs of service users. The reports of quality monitoring audits viewed indicated that an audit of staffing arrangements is completed monthly.

Staff complete a six month probationary period with reviews at one, three and six months. Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care on a one to one basis. It was felt that this was beneficial for both service users and staff.

The system for ensuring that staff provided at short notice have the knowledge and skills for their job roles was discussed with the person in charge. The person in charge stated that all staff provided are employed by the organisation and must complete an induction prior to providing care; this is to ensure that continuity of care is achieved and to promote the safety, dignity and respect of service users.

The agency provides quarterly supervision/ appraisal to staff in the form of a performance review; a record is maintained. The process includes a medication and financial management competency assessment. The records of four staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff indicated that they are supported in developing individual development plans as part of the performance review process. It was positive to note that records relating to performance and reviews completed were retained in a well organised manner.

One staff member stated that they felt that the performance review was a paper exercise as the paperwork is completed by the manager; this was discussed with the person in charge. The person in charge stated that this would be discussed at the next staff meeting to ensure that all staff could be supported to be actively involved in the process.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency has an electronic record of the registration status and expiry dates of staff required to be registered with NISCC. The person in charge provided assurances that staff are not supplied for work if they are not appropriately registered and stated that the registration status of staff is monitored monthly by the organisations HR department. Records viewed indicated that all staff were registered appropriately.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. The inspector suggested that an abbreviation list be added to the agency's rota information.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. There were no concerns raised with the inspector in relation to the service users' needs being met.

Staff could describe the procedure for identifying individual training needs and their responsibility for ensuring that training updates are completed. It was noted that staff are required to complete mandatory training in a range of areas and in addition training specific to

the individual needs of service users. Staff stated that their training had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives. Staff commented: "Training is very good, we speak to the manager if we need any extra training."

The agency has a system for recording staff training; it is reviewed by the inspector. Training records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, medication and safeguarding. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights, professional boundaries and whistleblowing.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); staff were aware of the process for liaising with the ASC.

Discussions with the person in charge and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner and out of hours arrangements.

Staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

The Adult Safeguarding Position report for the agency has been formulated and was reviewed at the previous inspection.

Discussions with the person in charge and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that no adult safeguarding investigations had been initiated from the date of the last inspection.

Staff had an understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff described how they are introduced to service users prior to providing care and stated that this was necessary to ensure that all staff provided had the required knowledge of the care and support they required and that service users felt valued in terms of their dignity. Service users spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency; they indicated that they could speak to staff if they had any concerns in relation to safety.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. It was noted that clear details of the incident were recorded and of the actions taken.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge and staff could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

Staff who spoke to the inspector were knowledgeable regarding the individual needs of service users'. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are respected. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Observations of service user and staff interactions indicated that they had choice and that staff listened to them. Staff who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they are familiar with the needs of the service users and observe them closely, identifying any change in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency's office accommodation is located in a building adjacent to the home of the service users. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner and that computers were password protected. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

Comments received during inspection process.

Staff comments

- "Service users are very safe."
- "It is the service users' choice."
- "Good staff team."
- "We are out with the service users supporting them with banking, lunch etc."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, performance review, adult safeguarding and management of risk.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in an organised and secure manner. Staff stated that they had received information relating to record keeping and confidentiality during their induction programme. The person in charge stated that service users had been provided with information relating to GDPR and confidentiality of their care records.

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives; they included risk assessments and care plans. The review of the individual service user care records identified that they were person centred and contained a range of assessments including those for any practices deemed to be restrictive and comprehensive care plans.

Care plans viewed were noted to be comprehensive, providing a detailed account of care and support required. In addition, they contained details of specific choices made by service users and made reference to their human rights and any practices deemed to be restrictive. It was identified that the agency retains a register of all practices deemed to be restrictive and it was noted that this was regularly reviewed in conjunction with the service users and any HSCT representatives. It was noted that some of the information had been presented in a pictorial format. Service users who met with the inspector indicated that they were supported to make choices in relation to the care they received.

The person in charge and staff could describe the methods used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. It is noted that service users had signed their individual care plans.

The agency contributes to reviews involving the service users' HSCT keyworkers normally on an annual basis; the person in charge described examples of when more frequent review meetings are completed to meet the needs of the service users. Staff felt that this was beneficial to ensure the needs of service users were being appropriately met. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, staff and observations made evidenced that staff communicate appropriately with service users.

The person in charge stated that the communication needs of each individual service user is considered as part of the referral and assessment process.

The person in charge and staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Staff could describe the ongoing engagement and support received from the HSCT community team in relation to a number of service users.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff discussed the methods used to ensure information is communicated and shared in a timely manner. Staff who spoke to the inspector indicated that they were very knowledgeable regarding the care and support required by each service user.

The agency facilitates quarterly staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. From the minutes of meetings viewed it was noted that a range of matters are discussed such as safety, incidents, and service users' needs.

Service user meetings are held bi-monthly and a record of matters discussed is retained; records viewed included details of comments and choices made by service users.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

The agency has contingency arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans.

Comments made by service users:

- "I like it here."
- "Staff are good."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of the care records and the agency's communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

Staff indicated that they had received information in relation to equality, human rights and confidentiality during their induction programme. It was good to note that during the inspection staff were receiving training from the HSCT behavioural support team. Discussions with staff and service users, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding in an easy read format. The inspector observed service users making choices in relation to their daily routine.

Service users who met with the inspector indicated that they have choice and that staff respect them; they indicated that they can make their own choices. Staff who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

Service user care records viewed in the agency office were noted to outline the information relating to the needs of service users and their individual choices and preferences.

Staff described the methods used to ensure that care and support is provided in an individualised manner; and the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- "The staff are good listeners."
- "I am happy working here."

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The person in charge and staff could describe how the training provided

by the organisation equips them to engage with a diverse range of service users. Staff described the methods used to ensure that care is provided in an individualised way.

Discussions with staff and the person in charge and observation of staff interactions with service users provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective methods of communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

It was very good to note that the agency had developed a wide range of key information in an alternative format to support service users in having a clearer understanding of the information being provided.

It was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording, service user meetings, one to one keyworker engagement and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders. It was noted that the agency has processes for obtaining the views of service users as to how the service could be improved.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, keyworker meetings, quality monitoring visits, and care review meetings. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Additional methods for engaging with service users to obtain their views is the agency's 'Choice Checker' process whereby an identified service user will speak to all service users to obtain their views on a range of matters and provide this information back to the staff team. The organisation has a service user engagement group known as a Tenant's Action Group to facilitate them in engaging. The person in charge stated that this process encourages choice, inclusion, dignity, empowerment and respect of service users.

Discussions with staff and observation of staff and service user interactions during the inspection indicated that care provided was compassionate; staff were observed to treat service users with dignity and respect.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the ongoing engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good outcomes for service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by a service manager supported by a number of team leaders and support staff.

Staff could describe the procedure for obtaining support at any time including out of hour arrangements. Staff who spoke to the inspector indicated that they felt supported in their role and stated that they could approach the manager and seniors at any time.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings, care review meetings and the organisation's service user consultation forum (TAG).

Staff who spoke to the inspector stated that they had good working relationships with the manager and senior team. Staff spoken with commented:

- "I feel supported."
- "The manager is approachable."
- "Can speak to the manager at any time."

The agency's policies and procedures are retained electronically and staff could describe how they can access them during their shift. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they had a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive complaints awareness information during their induction programme. Service users have been provided with information in relating to making a complaint. Staff stated that they listen to the service users and will support them if they need to make a complaint or raise a concern; this indicated that they have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had received no

complaints since the previous inspection. The agency audits complaints on a monthly basis as part of the quality monitoring process.

The agency has developed methods for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, supervision of staff, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives in relation to practices deemed to be restrictive.

The inspector viewed evidence which indicated appropriate staff induction, training and performance review. The person in charge and staff could clearly describe the benefits of regularly reviewing the quality of the services provided with the aim of improving the service provided. They described ways in which they have adapted the ways care is provided to meet the individual needs of service users.

The organisational and management structure of the agency is clearly outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles; it was noted that staff are provided with a job description at the commencement of employment. The person in charge stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings. Staff stated that the manager and senior staff are approachable and supportive.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

Service users who met with the inspector indicated that they could speak to staff if they were worried or concerned.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The organisation has developed a process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed by the organisation's other service managers, the regional manager or board members. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives. Examples of some comments recorded are detailed below:

Service user comments

- "Everything is very good."

Relative's comments

- “Good communication with staff.”
- “If *** was not happy they would soon let me know.”

HCST representative's comments

- “Issues that arise in relation to service users are dealt with in a timely manner by the manager and staff.”

The reports included details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

Staff who met with the inspector raised a concern in relation to the current arrangements for supporting one service user. Staff stated that due to the needs and choices of the service user they are required to remain outside the service user's home for long periods of time during the day and are not provided with a place for shelter. This was discussed with the person in charge both during and following the inspection. Assurances were provided that the matter had been identified and that the arrangements are currently being reviewed. The inspector requested that a further update would be provided following liaison with the HCST representatives, senior management and staff.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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