



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 7 August 2019



Rush Hall

Type of Service: Nursing Home
Address: 51 Brighter Road, Limavady, BT49 9DY
Tel No: 028 7776 9326
Inspector: Jane Laird

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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 registered nursing home which provides care for up to 66 patients.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Dr Maureen Claire Royston	Registered Manager and date registered: Ms Carol Craig 15 May 2018
Person in charge at the time of inspection: Ms Carol Craig Registered Manager	Number of registered places: 66 Maximum of 32 patients within category of care NH-DE and located within the Dementia Unit.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 63

4.0 Inspection summary

An unannounced inspection took place on 7 August 2019 from 08.40 hours to 18.10 hours.

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.

Prior to the inspection concerns were raised by a member of the public in relation insufficient staffing levels, pressure area care and inadequate fluid/dietary intake. The concerns raised were partially substantiated during the inspection and were discussed with the manager as areas requiring improvement specific to pressure area care.

Areas requiring improvement were further identified in relation to post falls management, environment, risk management, infection prevention and control (IPC), control of substances hazardous to health (COSHH), record keeping, patient confidentiality and quality governance audits.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	7	2

Details of the Quality Improvement Plan (QIP) were discussed with Carol Craig, 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 8 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 22 July 2019 to 11 August 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction files

- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal matrix
- registered nurse competency and capability assessments
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports for June 2019 and July 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: Second time	The registered person shall ensure that the damaged walls below the soap dispensers in the ensuite rooms are repaired.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that repair work to the damaged walls below the soap dispensers in most ensuite rooms had been repaired with a small number scheduled for repair.	
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered person shall ensure that any changes or alterations to a patients care plans are made in such a way that the original entry can still be read.	Met
	Action taken as confirmed during the inspection: The inspector reviewed a sample of patients care plans which evidenced that any alterations made were in such a way that the original entry could still be read.	

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 08.40 hours and were greeted by the manager and staff who were helpful and attentive. Patients were mainly in their bedroom and staff were attending to their needs. Some patients were seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs. There was a relaxed atmosphere within the home and nurse call alarms were answered promptly.

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 22 July 2019 to 11 August 2019 evidenced that the planned staffing levels were adhered to on most occasions and appropriate cover was sought to cover late notice absence. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants and registered nurses was ongoing to ensure a full complement of staff are employed by the home and to reduce the number of agency staff required. The manager further discussed plans to review the skill mix of staff on night duty to enhance the supervision of patients with registered nurses. During the inspection the inspector was unable to substantiate the member of the public's concerns regarding insufficient staffing levels but will continue to monitor this during future inspections.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Comments included, "I love it here", "Staffing levels are very good here" and "Very well supported by the manager." We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Rush Hall. We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame provided.

Review of one staff recruitment file evidenced that a pre-employment health assessment had been obtained prior to the commencement of employment in line with best practice. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately and notifications were submitted in accordance with regulation. However, it was identified that following two unwitnessed falls staff did not fully complete neurological observations as per guidelines. This was discussed with the manager and identified as an area for improvement.

A number of audits were completed on a monthly basis by the manager, deputy manager and/or registered nurse to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Audits in relation to care records, wounds and weight loss were also carried out on a monthly basis and were well maintained. This was commended by the inspector. However, on review of the monthly audits for IPC, hand hygiene, and the environment a discussion was held with the manager around the effectiveness of the audits due to the issues identified during inspection such as patient equipment not effectively cleaned following use, damage to furniture/equipment and multiple surfaces throughout the home unclean. This is discussed further in 6.6.

A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients' bedrooms, bathrooms and lounges. Urinal bottles and the underneath of shower chairs evidenced that these had not been effectively cleaned following use. Dust was evident to the tops of wardrobes and bed linen was stained on several beds. Incontinence pads were identified outside of the packaging and wheelchairs were stored in identified toilet areas. Hand washing practices were limited across all grades of staff and the use of alcohol gel was not observed throughout the inspection. The above deficits were discussed in detail with the manager and identified as an area of improvement.

There were a number of areas throughout the home where walls, bed rail protectors, fall out mats and identified patient equipment were worn or damaged. Rusting was evident to several wall mounted vanity units within patient ensembles and holes were identified on bed sheets within several bedrooms. This was discussed with the manager who acknowledged that the above findings were unacceptable and provided information regarding the damage caused to the bed sheets as a result of a faulty tumble dryer which has since been repaired and new bed linen has been ordered. Decorating of patient bedrooms and the home in general is carried out by the maintenance person on a rolling schedule which is currently under review due to the volume of areas requiring to be painted. The manager agreed to review all areas within the home and repair/replace patient equipment where necessary. This was identified as an area for improvement.

We observed unsupervised access to food located within a patient kitchen area in the dementia unit which had the potential to be consumed by patients with swallowing difficulties. The fridge within the unit was unclean and there were no dates of opening on food/fluid items. Cupboards were cluttered with patients' personal items such as dentures and vision glasses. The door to a store room within the patient kitchen area was unlocked with access to hazardous chemicals, toiletries and incontinence products. This was discussed at the previous inspection where assurances were provided that the door would be kept locked. We further observed a store door within the main corridor of a dementia unit that was unlocked and contained a variety of items such as needles, syringes, medical equipment and sanitising tablets. The manager was made aware of the urgent need to assess any potential risks and agreed to review the current storage arrangements to ensure patients safety. This was identified as an area for improvement.

Sluice room doors were identified as unlocked and contained chemicals which were easily accessible. It was further identified that spray bottles containing liquid were not labelled and the identity of the chemical was unknown due to there being no label on the bottles.

We further identified that toiletries were stored within vanity units in patients' ensuite which were unlocked. The manager acknowledged the potential risks and agreed to discuss with all relevant staff the importance of safe storage of patient toiletries and hazardous chemicals. This was identified as an area for improvement.

Areas for improvement

The following areas were identified for improvement in relation to post falls management, environment, infection prevention and control (IPC), risk management and control of substances hazardous to health (COSHH).

	Regulations	Standards
Total numb of areas for improvement	5	0

6.4 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. There was evidence of regular communication with representatives within the care records. A system was also in place to audit patient care records and each patient had a key worker. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. Supplementary care charts such as, repositioning records and daily fluid intake charts evidenced that contemporaneous records were maintained on most occasions. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. Patients were routinely assessed against the risk of reduced nutrition using a recognised Malnutrition Universal Screening Tool (MUST).

On review of the three fluid intake records it was identified that there was no set fluid intake targets within the recording charts or within patients care plans and identified charts were missing dates and signatures. This was discussed with the manager who provided evidence that a 24 hour fluid intake for all patients within the home is calculated by the night staff and forwarded to her to review on a daily basis and where it is identified that a patient's intake is lower than their normal intake extra monitoring is initiated and the necessary referrals made. On review of the overall 24 hour total intake on a sample of patient charts it was evident that fluid intake was well maintained. During the inspection the inspector was unable to substantiate the member of the public's concerns regarding insufficient fluid/dietary intake. The manager acknowledged that the records should have contained appropriate details regarding the date and time that the food or

fluid item was provided and that the person providing this should have signed it accordingly. This was identified as an area for improvement.

We reviewed a sample of repositioning records and identified that there were gaps within the charts where patients had not been repositioned as per their care plan and the condition of their skin was not documented on all occasions. The inspector was able to partially substantiate the concern raised by the member of the public in relation to pressure area care and discussed this with the manager. The manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure area care and to discuss with the registered nurses and care assistants the importance of accurately documenting within patients care records. This was identified as an area for improvement.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to record keeping and pressure area care.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care compassionate?

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

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in Rush Hall was a positive experience.

Patient comments:

- “They are all good in here”
- “Feel safe”
- “Staff are looking after me well”
- “Staff are very good”
- “Happy here”
- “They are great”

We also sought relatives’ opinion on staffing via questionnaires. There was no response in the time frame allocated. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

Patients’ bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. However, we identified a notice on a patient’s bedroom door regarding a current health condition and following a discussion with the registered nurse the notice was removed. This information was shared with the manager and a discussion was held regarding the importance of confidentiality and maintaining patient privacy. This was identified as an area for improvement.

We observed the serving of the lunchtime meal. The dining room was presented with condiments and drinking glasses at each table. Lunch commenced at 12.30 hours. Patients were assisted to the dining area or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. A staff nurse was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu was on display within the dining area and offered a choice of two main meals. We observed drinking glasses to be worn and no longer fit for purpose. On discussion with staff new glasses had recently been obtained and that they were in the process of disposing the old glasses.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. On the day of the inspection the activity schedule was on display within each unit. The activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

The flowing area for improvement was identified during the inspection in relation to maintaining patient confidentiality.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours were recorded and the capacity in which these were worked. Discussion with staff and patients evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A number of governance audits were reviewed as outlined in 6.3 in relation to the environment, and IPC which did not capture the issues identified during inspection. Hand hygiene audits were identifying deficits which were evident by the overall percentage figure; however, there was no documented rationale for the deficit and no action plan to address what the issue was. The lack of quality and robust monitoring of these audits was discussed with the manager and an area for improvement was identified.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives. Although the reports documented that audits had been carried out they failed to identify the issues that were evident during the inspection in relation to the environment and deficits in IPC practices. This was discussed with both the home manager and Regional manager and assurances were provided that future monitoring visits would review the content of the audits and establish appropriate action plans where necessary to drive the necessary improvements.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to quality assurance audits.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carol Craig, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Immediate action was taken on the day to address any major concerns. All other matters have been reviewed and appropriate action taken. This will be kept under review</p>
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with relevant staff to ensure suitable labelling and storage is in accordance with COSHH regulation. This will be kept under review</p>
Area for improvement 3 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with staff re the management of unwitnessed falls which is to include neurological observations. Compliance will be monitored through the auditing process</p>
Area for improvement 4 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time To be completed by: Immediate effect	<p>The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.</p> <p>This is in relation to the unsupervised access to:</p> <ul style="list-style-type: none"> • needles within a store in a dementia unit • food items that have the potential to be a choking risk • storage of toiletries <p>Ref: 6.3</p>

	<p>Response by registered person detailing the actions taken: The items identified were removed immediately following inspection. This will be kept under review by the manager. In relation to the management of toiletries the home will adopt an individual risk assessed approach in line with standard 9.</p>
<p>Area for improvement 5 Ref: Regulation 27 Stated: First time To be completed by: 7 October 2019</p>	<p>The registered person shall ensure that a refurbishment plan is implemented in relation to the environment to include the repair or replacement of identified patient equipment and the refurbishment of walls and floor coverings in identified rooms.</p> <p>A refurbishment plan must be completed and returned with the QIP.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Refurbishment plan provided with the QIP.</p>
<p>Area for improvement 6 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 7 September 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts, care plans and daily records:</p> <ul style="list-style-type: none"> • Fluid intake charts should include the date, time and signature of the person who assisted the patient with eating/drinking • Care plans should include the patients average total fluid intake over 24 hours and this should be reflected on the recording chart to direct care staff <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision has been completed with staff in relation to completion of fluid records . All care plans reflect the target of 1200ml unless other wise indicated by GP. Compliance will be monitored through the auditing process.</p>
<p>Area for improvement 7 Ref: Regulation 13 (1) (a) Stated: First time To be completed by: 7 September 2019</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts, care plans and daily records:</p> <ul style="list-style-type: none"> • Where a patient has been repositioned the frequency should reflect the current care plan, state the condition of the patients skin and the intervention on each repositioning <p>Ref: 6.4s</p>

	<p>Response by registered person detailing the actions taken: Supervision has been completed in relation to the the completion of repositioning charts to include the points identified above. compliance will be monitored through the auditing process.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 5 (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that patients' rights to confidentiality and privacy are respected.</p> <p>With specific reference to ensuring that notices are not displayed in communal areas regarding patients as discussed in 6.5 of this report.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The identified notice was removed on the day of inspection and the appropriateness of this discussed with the registered staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2019</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • IPC • Hand hygiene • Environment • Supplementary recording charts <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A Range of Quality assurance audits continue to be completed on a regular basis. An action plan is developed for any of areas of deficit has been identified and signed off when addressed.</p>

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



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