

Unannounced Care Inspection Report 15 July 2016



Hollygate Homecare

Type of Service: Domiciliary Care Agency
Address: 7 The Square, Clough BT30 8RB
Tel No: 02844811672
Inspector: Joanne Faulkner

1.0 Summary

An unannounced inspection of Hollygate Homecare took place on 15 July 2016 from 10.30 to 15.30.

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

Is care safe?

Delivery of safe care was evident on inspection; however three areas for improvement were identified during the inspection in relation to the agency's Staff Handbook and Induction and Training Policies. The agency has in place recruitment systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe.

Is care effective?

Delivery of effective care was evident on inspection; one area for improvement was identified during the inspection in relation to the agency's Statement of Purpose. The agency responds appropriately to meet the individual needs of service users through the assessment of need and the development and review of person centred care plans. The agency has in place systems for review and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous improvement of services. There are robust systems in place to promote effective communication with service users and stakeholders.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity, respect, independence and rights was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussions with staff and service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more meaningful life. The inspector identified evidence of a range of positive outcomes for service users. The agency has systems in place for obtaining and responding to the views and opinions of service users and their representatives. No areas for quality improvement were during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and

responsibilities within the management structure. The registered person and manager fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery and operate the agency in accordance with the Minimum Standards. Evidence of effective working partnerships with HSC Trust representatives was evident during the inspection. One area for quality improvement was identified in relation to the agency's complaints policy and the assessment.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Deidre Burns, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Hollygate Homecare/Ian Emerson & Craig Emerson	Registered manager: Deirdre Burns
Person in charge of the agency at the time of inspection: Deirdre Burns	Date manager registered: 24 July 2009

3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service user care records
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Induction checklist
- Staff Handbook
- Recruitment Policy, November 2015
- Induction Policy, November 2015
- Supervision Policy, November 2015
- Appraisal Policy, November 2015
- Vulnerable Adults Procedure, February 2015
- Assessment, Care planning and Review Policy, September 2015
- Data protection policy, September 2015
- Record Keeping Policy, September 2015
- Quality Improvement Policy, November 2015
- Whistleblowing Policy, November 2015
- Complaints Procedure, September 2015
- Confidentiality Policy, April 2016
- Training Policy, September 2015
- Listening to Service Users Views Policy, November 2015
- Incident Policy, September 2015

- Communication Policy, April 2015
- General Communication Policy, September 2015
- Staff Meeting Policy, September 2015
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the two service users, the registered manager and one staff member.

Questionnaires were distributed for completion by staff and service users during the inspection; six staff and two service user questionnaires were returned to the inspector.

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

4.0 The inspection

Hollygate Homecare is a supported living type domiciliary care agency, located in Clough. The agency's staff are currently providing care and support to two adults with a learning disability. The service users reside in a two storey house; they each have individual bedrooms and a shared kitchen, lounge and bathroom

The agency's aim is to provide care and support which includes supporting service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life. Every opportunity to involve the local community in the life of the service users is actively encouraged and promoted.

Discussion with the registered manager, staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

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

4.1 Review of requirements and recommendations from the last care inspection dated 28 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation23 (1) Stated: Second time	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This relates to the registered person ensuring that the views of service user representatives and where appropriate relevant professionals are obtained during the monthly monitoring process.</p>	Met

	<p>Action taken as confirmed during the inspection: From records viewed it was noted that the views of service user representatives and where appropriate relevant professionals had been recorded.</p>	
<p>Requirement 2 Ref: Regulation 21(1) Schedule 4 Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained.</p> <p>This related to the registered person ensuring that an alphabetical index of domiciliary care workers supplied or available for supply by the agency is maintained.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed an alphabetical index of domiciliary care workers supplied or available for supply by the agency.</p>	
<p>Requirement 3 Ref: Regulation 17 (1) Stated: First time</p>	<p>Where an agency is acting otherwise that as an employment agency, the registered person shall prepare a staff handbook and provide a copy to every member of staff.</p>	Partially Met
	<p>Action taken as confirmed during the inspection: The inspector reviewed the agency's staff handbook; it was noted that it did not contain information relating to training and development in accordance with the Regulations. A requirement has been made.</p>	
<p>Requirement 4 Ref: Regulation 21.- (1)(a) Schedule 4 Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota clearly details the date and timings of shifts.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the agency's staff rota information and noted it details the date and timings of shifts.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.4 Stated: First time	It is recommended that policies and procedures are dated when issued, reviewed or revised; this relates specifically to the agency's complaints policy.	Met
	Action taken as confirmed during the inspection: From documentation viewed the inspector confirmed that the agency's policies and procedures have been dated when issued, reviewed or revised.	
Recommendation 2 Ref: Standard 9.1 Stated: First time	It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.	Met
	Action taken as confirmed during the inspection: From documentation viewed the inspector confirmed that the agency's policies and procedures as identified in Appendix 1 are in place.	

4.2 Is care safe?

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

The agency's recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to employment. It was identified that a checklist detailing checks completed is retained by the agency. The registered manager stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC).

The agency's induction pack outlines the induction programme provided it was noted from discussions with the registered manager that induction lasts at least three days which is in accordance with the regulations. The inspector noted that the agency's induction Policy did not include details of the length of induction a recommendation has been made. The agency maintains a record of the induction programme provided to staff. The agency has developed a handbook for staff; it was identified that it is required to be reviewed and updated in accordance with the regulations.

The agency has a procedure for the induction of short notice/emergency staff; it was identified from discussions with the registered manager that relief staff are accessed from staff employed by the organisation and that the agency does not provide staff from another domiciliary care agency. Staff could describe the impact of staff changes on service users and benefits of ensuring continuity of care.

Staff could describe how their induction programme which involved training, shadowing other staff members, meeting service users and becoming familiar with their care and support needs had equipped them for their role.

They indicated that they had the required knowledge and skills and to carry out their role. Staff could describe the importance of respecting the privacy, dignity and views of service users.

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. The staff rota information viewed reflected staffing levels as described by the manager.

The agency's supervision and appraisal policies outline the frequency and procedures to be followed. It was noted that staff receive twice yearly supervision and annual appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff who spoke to the inspector felt that supervision was a worthwhile experience.

The agency maintains a record of staff training; the registered manager could describe their role in identifying and highlighting gaps on a monthly basis. Staff confirmed that they are required to complete mandatory training and stated that they are encouraged to highlight individual training needs. It was noted that the agency's training policy did not clearly record the training to be completed.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the agency has plans to review and update their policy and procedures to reflect information contained within the guidance.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has made no referrals in relation to allegations of abuse since the previous inspection.

Discussions with staff and records viewed indicated that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction and in addition are required to complete an annual update. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and the agency's policy, and could describe the procedure for reporting concerns.

Staff were aware of their responsibility in highlighting and raising concerns and had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's assessment, care planning and review policy outlines the process for assessing and reviewing risk; it details the expectation that risk assessments and management plans are completed in conjunction with service users and where appropriate their representatives. It was noted from records viewed and discussions with staff that risk assessments are reviewed annually.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include an office suitable for the operation of the agency as described in the Statement of Purpose.

Six staff and two service user questionnaires were returned to RQIA; response received indicated that both staff and service users were satisfied that care provided is safe.

Service user comments

- 'I like living here, staff are good.'
- 'I have no worries living here.'
- 'I am very happy here, the staff are great.'
- 'They are very good to you here.'

Staff comments

- 'The care is safe.'
- 'We have enough staff.'
- 'Service users have a review every year.'
- 'I report any concerns to the manager.'

Areas for improvement

Three areas for improvement were identified during the inspection in relation to the agency's Staff Handbook and Induction and Training Policies.

Number of requirements	1	Number of recommendations:	1
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4.3 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide. The inspector noted that the statement of purpose did not accurately record the registered name of the agency; the inspector discussed with the registered manager the need to ensure that all agency documentation references the correct name of the agency.

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

The inspector viewed the care plans of the two service users; service users stated that they are involved in the development of their care plans. It was noted that staff record daily the care and support provided to service users. Documentation viewed indicated that risk assessments are reviewed and updated annually. It was identified that HSC Trust representatives are involved in the review process.

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

The manager described the ongoing involvement of service users in decisions in relation to the service being provided.

Monthly quality monitoring visits are completed by the responsible person. Records viewed included the views of service users, their relatives and where appropriate relevant professionals. The manager discussed difficulties encountered in receiving the views of relatives and stakeholders due to the small number of service users who are in receipt of care and support. The documentation includes details of the review of complaints, incidents and safeguarding concerns. The inspector discussed with the manager the benefits of developing an action plan in response to outcome of the monitoring visit.

The agency facilitates quarterly tenants' meetings; records viewed and discussions with service users indicate that they are encouraged to express their views and opinions. The manager stated that service users and their relatives are provided with details of the agency's complaints procedure and that the agency maintains a record of all compliments and complaints. It was noted that the agency service user guide contains information in relation to advocacy services.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to staff at any time and knew who to speak to if they had an issue or concern.

Records viewed and discussions with staff indicated that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The registered manager could describe an example of recent liaison with stakeholders in relation to achieving better outcomes for one of the service users.

Six staff and two service user questionnaires were returned to RQIA; response received indicated that both staff and service users were satisfied that care provided is effective.

Service users' comments

- 'Staff take us out.'
- 'Staff help me with cleaning and cooking.'
- 'I can do what I want.'
- 'I talk to the staff if I am worried.'
- 'I like living here with ****, we get on the best, we laugh together.'

Staff comments

- 'It's just like a normal family unit; the service users are given choice and we always ask them what they want.'
- 'I think supervision is worthwhile; I feel listened to.'
- 'Training is all up to date.'
- 'Any problems we report them to the senior.'

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's Statement of Purpose.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care compassionate?

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. Staff could describe how the views and wishes of service users are central to service provision; staff provided examples of positive risk taking to enable service users to live a fulfilling life. Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

Observations of staff interaction with service users and discussions with staff and service users indicated that care is provided in an individualised manner. Care plans were written in an individualised manner and service users stated that they are involved in decisions relating to the care they receive. Records of tenant meetings reflected the involvement of service users and recorded views of service users.

The manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

The inspector noted that the views of service users and where appropriate their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives and tenants meetings. The manager described the process for receiving feedback from service users annually in the form of a satisfaction questionnaire.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. Service users stated that staff treat them with respect and support them to make their own decisions.

The inspector observed service users being supported to make choices regarding their daily routine. Documentation viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making in a range of matters.

The inspector viewed the complaints policy in an alternative format provided to service users to facilitate clearer understanding.

The agency has systems in place to evaluate the quality of service provided; it was noted that they are completed in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring, quarterly tenant's meetings and annual satisfaction questionnaires issued to service users and relatives include evidence of consultation with service users.

Action plans developed include details of progress made in relation to required improvements.

Six staff and two service user questionnaires were returned to RQIA; response received indicated that both staff and service users were satisfied that care provided is compassionate.

Service users' comments

- 'I like everything about living here.'
- 'I can choose where I go and what I want to eat.'
- 'Staff listen to me.'
- 'I go to the day centre.'
- 'Staff talk about the care plan.'
- 'I am going on holiday to Dundalk.'
- 'Staff will always ask you what you want.'
- 'I love a wee smoke.'

Staff comments

- 'I like working here.'
- 'The service users will request what they want to buy in the shopping'
- 'Service users are involved review meetings in care planning.'
- 'We take the service users out.'
- 'As long as the service users are happy then I am happy.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency. It was noted that the agency has in place a range of policies and procedures which were noted to have been reviewed in accordance with the timescales detailed within the Minimum Standards. Policies and procedures are retained in a paper format and staff stated that they can access them at all times. A recommendation in relation to a number of the agency's policies has been made.

Documentation viewed and discussions with the registered manager evidenced that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA and a review of any practices that may be deemed as restrictive.

The agency's Complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016.

Discussion with the registered manager and documentation viewed indicated that the agency had dealt effectively with complaints received in accordance with their policy and procedures; discussions with staff indicated that they were familiar with the process for receiving and managing complaints. The inspector discussed with the manager the need to review the complaints policy to include timescales in accordance with relevant legislation.

The agency has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Records viewed provided evidence of appropriate staff supervision and appraisal. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas improving the quality of the service, and of providing better outcomes for service users.

The organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. Staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role. Staff could describe their roles and responsibilities; service users were aware of staff roles and knew who to talk to if they had a concern. It was noted that service users spoke positively about agency staff.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

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

Discussion with the manager and staff indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Staff stated that they can access support of the manager at any time and described the process for receiving support out of office hours.

Staff could describe the detail of the agency's whistleblowing policy and their responsibility in reporting concerns.

Six staff and two service user questionnaires were returned to RQIA; response received indicated that both staff and service users were satisfied that the service is well led.

Service user comments

- 'The manager is great; she takes us a wee run in the car.'
- 'Staff are good.'

Staff comments

- 'The manager is approachable.'
- 'We have monthly staff meetings.'
- 'During my induction I shadowed other staff for a few weeks.'

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's Complaints Procedure.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Deidre Burns as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 agency. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 17 (2)(e)</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2016</p>	<p>The registered person must ensure that the agency's staff handbook is reviewed and updated to include a statement as to-</p> <p>(e) training and development requirements and opportunities.</p>
	<p>Response by registered provider detailing the actions taken: At present we are reviewing staff handbook and will include training and development requirements.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2016</p>	<p>It is recommended that policies and procedures as identified in Appendix 1 are in place and In accordance with statutory requirements.</p> <p>This recommendation relates specifically to the agency's Induction policy which needs to clearly detail the length of induction and in addition the agency's Training Policy which needs to detail minimum training required to be completed by staff and the frequency of updates.</p>
	<p>Response by registered provider detailing the actions taken: our induction policy is under review and will be completed by 10th October 2016</p>
<p>Recommendation 2</p> <p>Ref: Standard 15. 3</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2016</p>	<p>It is recommended that the agency's complaints procedure includes timescales involved in making a complaint.</p>
	<p>Response by registered provider detailing the actions taken: Our complaints policy has been updated on 20th August 2016</p>

<p>Recommendation 3</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2016</p>	<p>It is recommended that the statement of purpose is kept under review.</p> <p>This recommendation relates specifically to the name of the agency being recorded accurately within the statement of purpose.</p> <hr/> <p>Response by registered provider detailing the actions taken: our statement of purpose name of agency has been recorded accurately on 20th August 2016</p>
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