



Unannounced Care Inspection Report 29 September 2020



Mulhern Close Residential Home

Type of Service: Residential Care Home
Address: 58 Coolnagard Avenue, Omagh BT78 1GA
Tel No: 028 8224 5208
Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 12 residents. The home is divided into three bungalows as detailed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Inspire Disability Services Responsible Individual: Louise Anne Smith	Registered Manager and date registered: Kerri Lowry – 3 August 2015
Person in charge at the time of inspection: Kerri Lowry	Number of registered places: 12
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: Bellflower House – 3 Camellia House – 2 Dahlia House – 3

4.0 Inspection summary

An unannounced inspection took place on 29 August 2020 from 10.45 hours to 17.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*5

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Kerri Lowry, manager, Justine Boyle, deputy manager and Louise Anne Smith, responsible individual, 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 10 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 10 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eight residents and eight staff. Questionnaires were also provided to obtain feedback from residents and residents' representatives. There was no response within the time frame allocated.

A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas for weeks commencing the 21 September 2020 and 28 September 2020
- staff competency and capability assessments for taking charge of the home in the absence of the manager
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- two staff recruitment and induction files
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- the monthly monitoring report for July 2020

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 the last care inspection dated 10 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (d) Stated: Second time	The registered person shall: <ul style="list-style-type: none"> • Address the identified stained curtains throughout the home. • Ensure unoccupied bedrooms are thoroughly cleaned. 	Met
	Action taken as confirmed during the inspection: On review of governance records and observation of curtains and unoccupied bedrooms evidenced that this area for improvement has been met. This is discussed further in section 6.2.5.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that the registered manager has oversight of the recruitment process including the pre-employment checks.	Met
	Action taken as confirmed during the inspection: Review of two staff recruitment files confirmed that the registered manager has oversight of the recruitment process including the pre-employment checks. This is discussed further in section 6.2.1.	

Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the home is kept clean and hygienic and decorated to an acceptable standard.	Partially Met
	Action taken as confirmed during the inspection: Observation of the environment identified that not all areas of the home were maintained to an acceptable standard. This is discussed further in section 6.2.5. This area for improvement has not been fully addressed and has been stated for a second time.	

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home we were greeted by the manager and staff who were helpful and attentive. The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. Review of staff duty rotas evidenced that the planned staffing levels had been adhered to.

There was a pleasant and calm atmosphere throughout the home and we could see that there was enough staff to quickly respond to the needs of the residents and provide the correct level of support.

A discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. However, staff discussed challenges with COVID-19 restrictions specific to the allocation and duration of hours worked within each bungalow, with some staff describing this as being “stressful”. This was shared with the manager for action as necessary. Comments from staff included:

- “I love my work but we need to review the hours we work within each bungalow to reduce work related stress.”
- “I really enjoy my work. Everyone works well together.”
- “Great place. I love it here.”
- “The manager is very supportive.”
- “We are a great team who support each other.”

We also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

We reviewed a sample of staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager’s absence.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

We reviewed staff training records and confirmed that compliance with mandatory training was maintained.

As mentioned above in section 6.1, recruitment files were reviewed for two staff. Relevant checks had been received and signed by management for approval. However, on review of one employees recruitment file, we identified that they had commenced employment prior to receipt of a satisfactory Access NI check. We discussed this in detail with management and an area for improvement was made.

6.2.2 Infection prevention and control procedures

We found that there was an adequate supply of personal protective equipment (PPE) at the entrance to the home and PPE stations were well stocked throughout the bungalows. Hand sanitising gel was available at the entrance to each bungalow and within the kitchenettes and donning stations. We discussed other areas within the home where hand sanitisers were not available such as outside the dining room and lounge. The manager agreed to review suitable locations throughout the home and supply additional hand sanitising gel where needed. Following the inspection written confirmation was received from the manager that additional hand sanitising gel dispensers had been ordered.

We were advised by staff that temperature checks were being completed on all residents and staff twice daily and that any concerns or changes were reported to management.

Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly. However, a number of staff practices were not in accordance with IPC guidelines. For example, we observed one staff member with their face mask below their chin in a resident dining area, two staff wearing wrist watches and one staff wearing nail polish. We observed several items of equipment used by residents to be stained and not effectively decontaminated after use, such as; the underneath of shower chairs and commodes, a shower head and a shower hose, floor alarm mats, a foot stool within a lounge and grout between tiles in resident en-suites. Despite nearly all staff having completed training in IPC, it was evident from the above findings that training had not been fully embedded into practice and an area for improvement was made.

On discussion about staff breaks it was identified that staff did not have a designated area and described how they had their meals within the resident areas. We discussed the importance of implementing zones within the home for staff to ensure that the regional guidance is adhered to. Following the inspection written confirmation was received regarding the temporary change of a bedroom for staff breaks.

6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared to be content and settled in their surroundings and in their interactions with staff. Comments from residents included:

- “I like it here.”
- “They (staff) are good.”

We observed the serving of the lunch time meal and saw that staff attended to the residents’ needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal. A daily pictorial menu was displayed within the dining room which offered a choice of two main meals.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, sitting in the garden or chatting to staff. Staff were very aware of each resident’s likes, dislikes and strengths and were easily able to redirect a resident when this was required. The staff also accommodated a trip out in the company vehicle for one resident during the inspection.

6.2.4 Care records

We reviewed three patient’s care records which evidenced that the majority of care plans were person centred and reviewed regularly. However, a number of deficits were identified as follows:

- one care plan had not been updated to reflect recommendations from the speech and language therapist (SALT)
- information regarding a resident’s allergy was not included in their care plan
- several risk assessments and care plans for an identified resident were not signed and/or dated.

Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within residents’ care records. In order to drive and sustain the necessary improvements, an area for improvement was made.

6.2.5 Environment

On entering each bungalow the environment was fresh smelling, neat and tidy with communal areas throughout the home kept clear and free from obstruction. Residents’ bedrooms were found to be personalised with items of memorabilia and special interests.

However, as discussed in section 6.1 regarding the hygiene of the environment, not all areas of the home were maintained to an acceptable standard. We observed the inside of drawers, ceiling light fixtures, a microwave and surface of a fridge within the kitchenette in Dahilia House to be unclean with damage to the surface of cupboard doors which could not be effectively cleaned. We further observed a number of breaches to the surface of floor coverings within lounge areas which could not be effectively cleaned. Ceiling light fixtures within laundry rooms

were also observed to have cobwebs and debris inside. We noticed a number of walls in various locations throughout the home that had been touched up with paint and a patch in a corridor wall that required painting. An area for improvement which was identified at the previous care inspection on the 10 September 2019, in relation to ensuring that the home is kept clean and hygienic and decorated to an acceptable standard has not been fully addressed and has been stated for a second time.

We observed cleaning chemicals accessible to residents within unlocked laundry rooms in two of the bungalows and brought this to the attention of relevant staff. This was discussed with the manager and an area for improvement was made specific to control of chemicals hazardous to health (COSHH).

As discussed in section 6.1 above specific to ensuring that stained curtains identified at the previous care inspection on the 10 September 2019 are addressed, we evidenced through governance records and dry cleaning receipts that this had been completed. However, a number of curtains were observed with food substances and/or discoloration to the fabric lining. We discussed this with the manager who agreed to implement an ongoing system for ensuring that curtains are regularly cleaned and/or replaced when necessary. This will be reviewed at a future inspection.

We further identified a number of unnecessary risks to residents within the environment and brought these to the immediate attention of relevant staff. For example, food thickening agents and knives were available within an unlocked kitchen area, a razor was identified inside a resident's unlocked vanity unit, a store within a bathroom was unlocked with topical creams and toiletries, pipework was exposed within a bathroom where a shower had been removed and a cover plate to a toilet flush system was missing. We further observed a store which was cluttered with items that were unsecure on a shelf, electric heaters within communal areas and curtains with tie backs that presented as a potential ligature risk. These risks were discussed in detail with the manager and an area for improvement was made. Following the inspection written confirmation was received that the exposed pipework and toilet flush system were made safe and an urgent request was made to have these repaired. The store had been decluttered and relevant staff had been communicated to regarding the importance of securing the above items.

On review of residents' bedrooms we identified window restrictors in two bedrooms that were damaged. We further identified several bedrooms where the window restrictors were not secure and discussed our concerns with management regarding potential risks to residents. We asked the manager if regular safety checks of window restrictors were being recorded and the manager confirmed that these checks had not been completed. This information was shared with the estates inspector who advised that regular checks of all window restrictors should commence and that relevant windows are fitted with robust tamper proof fixings which can only be overridden or removed with the use of a special tool. This was discussed with the manager and an area for improvement was made.

The outdoor fascia, soffits and light fittings leading to all bungalows were unclean with debris and cobwebs inside light fittings. There was a damp area to an outside wall of the Bellflower House with staining to the foot path which presented as a potential slip hazard to residents. On discussion with the management team they advised that they had raised several maintenance issues with the company responsible for the maintenance of the home and that the issue relating to the outdoor fascia and soffits had been ongoing for several months/years. We discussed this with the responsible individual who advised that meetings had been held with the

maintenance company to raise concerns regarding the delay in outstanding repairs being completed. We discussed the importance of ensuring that the premises is maintained both internally and externally and an area for improvement was made.

6.2.6 Governance and management arrangements

The manager confirmed that she undertakes a daily walk around the home in order to ensure she is informed of current situations. All staff spoken with commented positively about the manager and described her as supportive and approachable. A clear management structure was evident within the home and the manager was available throughout the inspection process supported by the deputy manager and responsible individual.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

A system of audits was in place in the home. Examples of such audits reviewed were, environment, hand hygiene, the management of IPC and accidents and incidents. Although audits were identifying deficits, they did not capture the issues identified during the inspection as discussed above. We further identified that hand hygiene audits did not include the date or person who completed the audit and the environmental audits did not include an action plan or timeframes where deficits were identified. This was discussed with the manager who acknowledged that this process should have been maintained and an area for improvement was made specific to quality governance audits.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visit dated 28 July 2020 was reviewed. An action plan had been developed which included timescales and the person responsible for completing the action. However, we noted that the content of the action plan was not discussed within the body of the report. This was discussed with the management team and the responsible individual who agreed to discuss this with the regional manager to action as necessary.

Following the inspection an action plan detailing the deficits identified during the inspection with the person responsible for completing the action and the established time frames had been forwarded to RQIA. We were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all other actions.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Eight new areas for improvement were identified during the inspection in relation to staff recruitment checks, IPC, care records, control of substances hazardous to health (COSHH), risk management, window restrictors, fitness of the premises and quality governance audits.

	Regulations	Standards
Total number of areas for improvement	4	4

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kerri Lowry, manager, Justine Boyle, deputy manager and Louise Anne Smith, responsible individual, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: 18 hand sanitising gel units have been installed at various locations throughout the scheme. Cleaning schedules and environmental audit tool has been updated to reflect the infection, prevention and control issues identified during this inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that residents are protected at all times from hazards to their health.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: All chemicals are maintained within locked cleaning stores in each bungalow. COSHH data sheets are maintained within the main office for all chemicals held on site.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • curtain tie backs • storage of food thickening agents and toiletries including razors and topical creams • storage of knives • electric heaters <p>Ref: 6.2.5</p>

	<p>Response by registered person detailing the actions taken: Electric heaters have been removed from each bungalow and returned to Choice Housing. The use of electric heaters in the event of the heating system breaking down have been added to the workplace risk assessment. Curtain tie back have been replaced with anti-ligature tie backs in Dahlia House. Knives and sharps, such as scissors, are kept within a drawer and kitchens in each bungalow are locked at all times. The storage of knives has also been added to the workplace risk assessment. Razors, toiletries and topical creams are stored within locked cupboards in each individuals bedroom. This has also been added to the workplace risk assessment. Food thickening agents are stored in locked kitchens and are managed only by staff.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • regular checks of all window restrictors are commenced • window restrictors are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool. <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: A window restrictors audit tool has been developed and completed monthly within the scheme. The 2 window restrictors which were damaged have been referred. A request has been sent to Choice Hosuing to review the current fittings and replace with tamper proof fixings.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the home is kept clean and hygienic and decorated to an acceptable standard.</p> <p>Ref: 6.1 and 6.2.5</p> <p>Response by registered person detailing the actions taken: Additional domestic staff were brought in on 04.10.2020 to complete a deep clean. Environmental audit tool and cleaning schedule updated to include issues raised within this inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation.</p> <p>With specific reference to ensuring that an Access NI check is received prior to the commencement of employment.</p> <p>Ref: 6.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Inspire ensure that staff are recruited in line with the relevant statutory legislation and requirements. We received communication from the Department of Health on the 27th March 2020 to advise that in response to COVID-19 they had made temporary changes to pre-employment vetting policy for health and social care roles to make it quicker for employers to do this, so that new or temporary staff and volunteers can be put in place at short notice. This was also endorsed by NISSC and we received correspondence from them and Access NI also in regards to this temporary change to pre-employment vetting.</p> <p>We were advised by the Department of Health, NISCC and Access NI that if you are a health or social care employer engaging an individual (paid or unpaid) to a role where you would normally obtain an enhanced disclosure check with barred list information from Access NI – for a role that falls within the definition of regulated activity for children or regulated activity for adults - you can now request an Emergency Barred List Check.</p> <p>The Emergency Barred List Check can be requested once you have obtained proof of identity in line with Access NI ID checking requirements. The check will tell us if the individual is on the relevant barred list, that is, the adult or children’s list of those barred from regulated activity by the Disclosure and Barring Service.</p> <p>If the Emergency Barred List Check indicates that the individual is not on the relevant barred list(s), we can engage that individual to a role in health and social care and permit them to work providing that we continue to request the pre-employment vetting information that we would normally request, including the relevant criminal record check from Access NI.</p> <p>As an Organisation Inspire decided that we would follow this temporary change in vetting for all our roles that are regarded as regulated activity within our services, which still ensures that we adhered to the statutory legislation and requirements for the recruitment of staff but enabled us to engage staff at short notice as part of our response to the management of COVID-19.</p>
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<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2020</p>	<p>The registered person shall ensure that care plans are reflective of the needs of the residents, including any recommendations from other professionals.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • SALT recommendations are accurately recorded within care plans • a care plan and risk assessment is implemented for any resident with a known allergy • care plans and risk assessments are signed and dated when implemented, reviewed and/or updated. <p>Ref: 6.2.4</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2020</p>	<p>Response by registered person detailing the actions taken: SALT recommendations are accurately recorded in each Service Users care plan. Allergy for 1 Service User has been added to her care plan and kardex. Her hospital passprt has also been updated to reflect this. All other Service Users care plans reviewed to ensure any allergies are noted. All care plans and risk assessments are signed and dated. Dates have been arranged for Statutory workers to sign off care plans and risk assessments in December which were unable to be signed during COVID restrictions.</p> <p>The registered person shall ensure that the premises and grounds are well maintained both internally and externally.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Environmental audit completed monthly within each bungalow. Inspire are working with Choice Hosuing to complete repairs and issues relating to outstanding repairs by Choice Hosuing have been referred to Choice Housing senior management for action.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 29 October 2020</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"> • Care records • IPC • Hand hygiene • Environment <p>Ref: 6.2.6</p>

	<p>Response by registered person detailing the actions taken: Audits in each area are completed regularly within Mulhern Close. Recommendations from each audit are recorded on service improvement plans and action taken to address any issues.</p>
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Please ensure this document is completed in full and returned via Web Portal



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