



Unannounced Care Inspection Report 20 September 2018



St James' Lodge Care Home

Type of Service: Nursing Home (NH)
Address: 15-17 Coleraine Road, Ballymoney, BT53 6BP
Tel No: 028 27668212
Inspector: Heather Sleator

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 44 persons.

3.0 Service details

Organisation/Registered Provider: St James' Lodge Limited Responsible Individual: Francis Donal McKenna	Registered Manager: Bronagh Barker
Person in charge at the time of inspection: Bronagh Barker	Date manager registered: 4 October 2013
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of registered places: 44 A maximum of 20 patients in category NH-DE accommodated on the Ground Floor, A maximum of 21 patients in category NH-I and a maximum of 3 patients in NH-PH accommodated on the First Floor.

4.0 Inspection summary

An unannounced inspection took place on 20 September 2018 from 09.35 to 17.00 hours.

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.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding, infection prevention and control, and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under the care standards and were in relation to enhancing the dining experience for persons living with dementia and the recorded outcome of care is in accordance with the care plan.

One regulation regarding the robustness of the Regulation 29, monthly quality monitoring report, has been stated for a second time.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	*1	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Bronagh Barker, 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 15 January 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 15 January 2018. 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.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 15 patients, three patients' relatives and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients 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.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 3 to 20 September 2018
- 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
- two staff recruitment and induction files
- four patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 15 January 2018

The most recent inspection of the home was an unannounced care inspection on 15 January 2018.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered persons must ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Specifically: <ul style="list-style-type: none"> • That PPE is used correctly. 	Met
	Action taken as confirmed during the inspection: We observed staffs' care practice throughout the inspection which evidenced that PPE was being used correctly.	
Area for improvement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure all employees attend mandatory training and other training appropriate to the work they are to perform.	Met
	Action taken as confirmed during the inspection: The review of the staff training records evidenced that compliance with mandatory training requirements had been met.	
Area for improvement 3 Ref: Regulation 29 Stated: First time	The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.	Not met
	Action taken as confirmed during the inspection: The review of three monthly quality monitoring reports did not evidence that the reports were completed in sufficient detail, in accordance with regulation and the care standards. Refer to 6.4	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	<p>The registered persons shall ensure that care plans accurately reflect and address the assessed health needs of patients and are kept under review and updated in response to the changing needs of patients.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of four patients' care records evidenced that care plans were regularly reviewed and updated in response to the changing needs of patients. However, further improvements were required; refer to 6.5 for the detail.</p>	
Area for improvement 2 Ref: Standard 48.8 Stated: First time	<p>The registered persons shall ensure that all staff participate in a fire evacuation drill at least once a year and records maintained.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of staff training records evidenced that training in respect of fire safety awareness was up to date.</p>	
Area for improvement 3 Ref: Standard 46.2 Stated: First time	<p>The registered persons shall ensure there is an established system to assure compliance with best practice in infection prevention and control within the home. This is made with specific reference to development and maintenance of a cleaning schedule.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed the cleaning schedules for the home and spoke to housekeeping staff. Staff demonstrated their knowledge of infection prevention and control procedures and the cleaning schedules were comprehensive and up to date.</p>	
Area for improvement 4 Ref: Standard 12 Stated: First time	<p>The registered person shall ensure that menus are displayed for patients/visitors information in a suitable format and on a daily basis.</p>	Met
	<p>Action taken as confirmed during the inspection: We observed that the day's menu was displayed on the information screen/monitor in the entrance lobby and in both floors of the home.</p>	

6.3 Inspection findings

6.4 Is care safe?

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

The registered 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 3 to 20 September 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in St James' Lodge. Comments received from patients included; "great home" and "I would recommend it to anyone".

We met with the relatives of three patients and sought their opinion on the provision of care in the home. Relatives expressed their satisfaction with all aspects of care afforded to their relatives by staff. We also sought relatives' opinion on staffing via questionnaires, five questionnaires were completed. Four respondents were very satisfied that care was safe, effective, and compassionate and that the service was well led. Comments received included: "the staff are so kind and helpful." However, one respondent expressed their dissatisfaction and commented that the staffing levels were not sufficient to meet patients' needs.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work. 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.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered through face to face interactive sessions. Records evidenced good compliance with mandatory training. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of four patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period May - August 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were adhered to. The registered manager completed an IPC audit on a monthly basis. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 5 April 2018 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Review of four patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients' weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the patient's General Practitioners (GPs) and to the dietician. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for one patient. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

We reviewed patients' daily progress records maintained by the registered nurses. The review evidenced that summary of care in one patient's progress record did not accurately reflect the specific interventions stated in the patient's nutritional care plan and was generalised. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

Care records generally (see previous paragraph) reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. 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), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistants 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. 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 healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed. There was an information screen/monitor in the entrance lobby providing

relatives and visits with, for example; information regarding the home's complaints procedure and the day's menu. This was a helpful and useful initiative.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

An area for improvement was identified, under the care standards, in relation to ensuring that patients' daily progress records accurately reflect the outcome of the delivery of care in accordance with care plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

We arrived in the home at 09:35. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 15 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care.

The home has a self-contained dementia unit on the ground floor. The environment of the dementia unit was inviting and enabling. There were orientation cues for patient and attractive artwork and murals on the walls. There was a dedicated team of staff who were allocated to and enjoyed caring for persons living with dementia.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patient during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively.

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. Patients spoke highly of the activities on-going in the home. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

We observed the serving of the lunchtime meal on both floors. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal.

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients. However, an area for improvement regarding the dining experience for persons living with dementia was identified. The dining tables were not appropriately set and we observed that the meals of patients who required assistance were placed in front of them for a significant time before staff were able to provide assistance. Meals should be served at the optimum temperature for patients' enjoyment and not served until staff are ready to provide the necessary assistance. This was discussed with the registered manager who agreed to review the mealtime arrangements and experience.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"It gave us a sense of reassurance knowing our (relative) was being well looked after and for the comfort and care you showed the family."

"I knew that each time I left my (relative) was in very good hands and safe."

"You do a difficult job with kindness and professionalism."

We spoke with patients and comments included:

"Very good girls (staff) here."

"Very good here, staff are very helpful."

"Staff all make the extra effort"

Staff commented positively about the home and stated:

"This is a good home and we all work together"

"I feel supported by the manager"

Relative questionnaires were also provided. Five were completed and returned following the inspection. Four of the respondents confirmed that they were either satisfied or very satisfied with the provision of care. One respondent was dissatisfied. Additional comment included:

"I am very happy with St James; staff are so kind and helpful and are always able to tell me concerns about my (relative) before I even notice them. Domestic team really work hard too"

"A pleasure to visit my (relative) who is always clean and tidy and so is the building."

"As a relative I am very satisfied with my (relative's) care."

"Care is excellent, staff and management always alert to the needs of patients."

"I feel three carers is not enough, I feel there should be four carers and one nurse as this would give more time with the residents and staff wouldn't be wrecked at the end of their shift."

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

An area for improvement, under the care standards, was identified regarding the mealtime arrangements and the dining experience for persons living with dementia.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The 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.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, the review of the three most recent reports did not evidence that the time of commencing and finishing were stated, the information was repetitive and not informative, for example; the regulations and standards of inspections

undertaken to the home were included twice in the report and had a statement of 'actioned'. An action plan as a result of the visits was not present. An action plan should be generated to identify and address any areas for improvement however the template in use did not clearly identify this. A sample template is available on RQIA's website and it would be beneficial to governance arrangements if a more robust template was in use. This had previously been identified as an area for improvement at the inspection of 15 January 2018 and has been stated for a second time in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area for improvement under regulation was identified with regard to implementing a more robust template for the completion of the monthly quality monitoring report (Regulation 29 report).

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: 30 October 2018</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Meeting has taken place with our external consultant to address this. We have been assured reports will be of sufficient detail to be in accordance with regulations and care standards. October report will be sent to RQIA for approval.</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>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2018</p>	<p>The registered person shall ensure that nursing records accurately reflect the patient's response to planned care as stated in the relevant care plan.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All staff have been reminded regarding the importance of accurate documentation to ensure it meets the NMC standards of record keeping. This will be audited on a regular basis by nurse manager via care plan audit tool.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2018</p>	<p>The registered person shall ensure that the dining experience for persons living with dementia is in accordance with best practice, nutritional guidelines and the care standards.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: A review of the dining experience has been completed within the Dementia care unit. New systems have now been implemented and new catering equipment has been purchased to ensure this experience fully complies with best practice guidelines, nutritional guidelines and the care standards. A review meeting has taken place with kitchen staff and staff nurses on 7.11.18 to discuss how the new routine has been working. All staff agree the new routine is working well and has made the dining experience more positive for Residents and staff alike. Nurse Manager will continue to audit and review this.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care