

Announced Domiciliary Care Agency Inspection Report 9 May 2016



Potens Domiciliary Care Agency

Address: 32 Knockmore Road, Derrygonnelly BT93 6GA

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Inspector: Joanne Faulkner

1.0 Summary

An announced inspection of Potens Domiciliary Care Agency took place on 9 May 2016 from 10.30 to 16.45.

The inspection sought to review progress with any issues identified 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. The agency has in place robust recruitment, induction and training systems and endeavours at all times to provide an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust and on occasions other stakeholders. It was identified that the agency has co-operated effectively with the HSC Trust in relation to a recent safeguarding investigation. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users and staff indicated that they felt care provided was safe. No areas for quality improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. There was evidence that the agency responds appropriately to meet the individual needs of service users through the development and review of individualised care plans; this has included facilitating Best Interest meetings for service users where indicated. The agency has implemented robust systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services, in conjunction with service users and where appropriate their representatives. There are systems in place to promote effective communication with service users and stakeholders; this was verified by an HSC Trust representative who spoke to the inspector. No areas for quality improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes; engagement with service users and their representatives and the provision of individualised care and support. It was noted from observations made and discussion with staff and service users that agency staff value the views of service users. The inspector identified evidence of positive outcomes for 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 fulfilling life. No areas for quality improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. A recent change in management structures has resulted in robust management and governance systems being implemented to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during the inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Deane McMorris, acting manager, as part of the inspection process and can be found in the main body of the report.

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 Quality Improvement Plan (QIP) there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Potens/Neil Wadge	Registered manager: Deane McMorris (Acting Manager)
Person in charge of the agency at the time of inspection: Deane McMorris	Date manager registered: Deane McMorris - registration pending

3.0 Methods/processes

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

- Discussion with the acting manager
- Examination of records
- Consultation with service users, stakeholders and staff
- 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:

- Four service users care records
- HSC Trust assessments of needs and risk assessments
- 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
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Selection and Recruitment Policy; January 2016
- A range of policies relating to the management of staff
- Supervision Policy, January 2014
- Safeguarding Vulnerable Adults Policy, February 2016
- Whistleblowing Policy, March 2016
- Confidentiality Policy, February 2016
- Data Protection Policy, November 2015
- Complaints Procedure, September 2014
- Induction Policy, May 2016
- Recruitment checklist, January 2016
- Statement of Purpose, May 2016
- Service User Guide, May 2016

During the inspection the inspector met with three service users, the acting manager and four staff members; prior to the inspection the inspector spoke to an HSC Trust professional.

Questionnaires were distributed for completion by staff and service users during the inspection; five staff and four service user questionnaires were returned.

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

4.0 The inspection

Potens domiciliary care agency is a supported living type domiciliary care agency, located in Derrygonnelly. The agency's aim is to provide care and support to service users with a learning disability in their own homes.

The agency's registered premises are located within the same building as the service users' accommodation and accessed from a separate entrance. The accommodation comprises of two flats with living, bedroom and bathroom facilities, and an additional four bedrooms, each with en-suite shower rooms; a range of shared facilities include kitchen and living areas.

Referrals to the agency are made by the HSC Trust mental health services. The agency's aim is to provide care and housing support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting independence and maximising quality of life. Staff are available to support tenants 24 hours per day and service users have an identified 'key worker.'

Discussion with the acting 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 acting manager, service users, the HSC Trust professional and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection dated 8 June 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (b)(d)</p> <p>(FTC/DCA/11279/01/2015-16)</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to, in conjunction with the HSC trust; undertake a detailed financial audit of monies previously held on behalf of service users.</p> <p>The registered person must forward to RQIA the outcome of the audit and where appropriate, quantify any losses experienced by service users.</p> <p>The registered person is required to outline to RQIA, where appropriate, the arrangements for restitution.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted from documentation viewed and discussions with the acting manager, staff and HSC Trust representatives that the registered person has undertaken a detailed financial audit of monies previously held on behalf of service users.</p> <p>The registered person has informed RQIA of the outcome of the audit and quantified any losses experienced by service users. It was identified that the registered person has informed RQIA the arrangements for restitution and that further investigation is currently ongoing.</p>	

4.2 Is care safe?

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

It was noted that the agency's selection and recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to employment; it was identified that the agency retains a checklist detailing pre-employment checks completed. The acting manager stated that staff are not supplied until all necessary checks have been completed.

The agency's induction policy outlines the induction programme provided to staff; it was noted that induction lasts at least three days which is in accordance with the regulations. It was identified that staff are required to complete the full induction within a three month probationary period. The inspector viewed records maintained in relation to the induction programme provided; it was noted that staff are required to complete a lone person competency assessment during their induction.

Staff stated that they have access at all times to the agency's policies and procedures both electronically and in paper format.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to supply; it was identified from discussions with the acting manager that relief staff are accessed from a team of relief staff employed by the agency. Staff could describe the impact of frequent staff changes on service users and benefits of ensuring continuity of care.

The agency's supervision and appraisal policies outline the frequency and procedures to be followed; from records viewed it was noted that staff are provided with a supervision contract. It was identified that 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; they indicated that they are receiving regular supervision since the change in management arrangements.

The agency has an electronic system for recording training completed and for highlighting when training is required to be updated; it was viewed by the inspector. The acting manager could describe the process for identifying and highlighting gaps on a regular basis. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. MAPA, Deprivation of Liberty. Staff stated that they can highlight individual training needs at any time and that training is discussed during supervision and appraisal meetings.

Discussions with the acting 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 acting manager. The agency has a procedure in place for ensuring that staff provided at short notice have the knowledge, skills and training to carry out the requirements of the job role. The acting manager could describe that fluctuations in staffing levels was in response to meeting the individual needs of

service users and provided examples of occasions when additional staff are required to enable service users to receive individualised support.

Staff stated that they had the required knowledge and skills to carry out their roles; they could describe their induction which they stated involved shadowing other staff members; meeting service users and becoming familiar with their care and support needs equipped them for their job role. Staff could describe the importance of respecting the privacy, dignity and choices of service users and the benefits of positive risk taking.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was identified that the agency has in place a policy relating to the safeguarding of vulnerable adults. The acting 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 organisation has recently reviewed their safeguarding 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 acting manager and records viewed indicated that the agency has handled safeguarding concerns in accordance with policies and procedures. The acting manager could describe details of ongoing collaborative working with the WHSCT in relation to matters raised following a previous RQIA inspection and subsequent enforcement action. Discussions with representatives from the HSC Trust provided assurances that the agency had co-operated fully with them in relation to the ongoing safeguarding investigation.

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 electronic updates. Staff who spoke to the inspector demonstrated that they had a good understanding of safeguarding issues and could describe the procedure for reporting concerns.

Staff were aware of the detail of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was identified from records viewed and discussions with staff that risk assessments are reviewed six monthly; and that risk assessments and care plans are completed in conjunction with service users and where appropriate their representatives.

Staff stated that an annual review involving HSC Trust representatives is completed; they described how the agency are supporting service users to implement a person centred approach to the review process, which will enable the service user to take the lead during the review meeting. The agency's monthly governance process includes an audit of risk assessments and restrictive practices in place.

The agency's registered office is located within the same building as the service users' accommodation and is accessed by a separate entrance; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Five staff and four service user questionnaires were returned to the inspector; responses indicated that care provided by the agency was safe.

Service user comments

- ‘Staff are great; I like it here.’
- ‘I feel safe; we all have our ups and downs but get on well with each other.’
- ‘I am really happy here.’
- ‘Things are better here for me.’

HSC Trust Representative’s comments

- ‘Measures have been put in place to protect service users.’
- ‘The organisation has co-operated fully with us in relation to a safeguarding investigation.’

Staff comments

- ‘I feel service users are safe here.’
- ‘We receive training updates.’
- ‘Staffing levels have increased; we have enough staff.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The agency’s arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency has in place a data protection policy relating to management of records it 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 acting manager stated that they review records monthly to determine that policy and procedures are adhered to.

The inspector reviewed a number of individual service user care plans; service users who met with the inspector stated that they are involved in the development of their individual care and support plans. Staff record daily the care provided to service users. Care records viewed indicated that risk assessments and care plans are reviewed and updated six monthly or as required. It was noted that HSC Trust representatives are involved in the review process. It was noted that care and support plans were recorded in a person centred manner and included language that service users could relate to and understand i.e. ‘A not so good day for me’.

From discussions with staff and documentation viewed it was noted that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users; records viewed included the views of service users and where appropriate their representatives.

It was identified that monthly quality monitoring visits are completed by another manager within the organisation and an action plan developed. Records viewed included the views of service users, their relatives and where appropriate relevant professionals had been recorded; the inspector noted that they contained a number of positive comments in relation to the care and support provided. The documentation includes details of the review of accidents, incidents or safeguarding concerns and in addition audits of staffing, documentation and financial management arrangements are completed. The acting manager stated that they are required to complete a monthly report and quarterly returns to senior management and in addition is required to detail when required actions identified in the action plan have been completed.

The agency facilitates bi-monthly service user meetings; it was noted that the meetings are chaired by a service user. Records viewed and discussions with individual service users indicate that they are provided with opportunity to express their views and opinions. Service users and their relatives are provided with details of the agency's complaints procedure and the inspector noted that the agency maintains a record of all compliments and complaints.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice; details of advocacy services are provided to service users and the agency could demonstrate areas in which an independent advocate had been involved in enable a number of service users to make decisions relating to their care and support, such as purchasing items for their homes.

During the inspection the inspector assessed the agency's systems to promote effective communication between service users, staff and other key stakeholders. Discussions with service users and stakeholders, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users could describe the process for reporting issues or complaints and stated that they can speak to staff at any time. Service users stated that staff support them to live as independently as possible; they stated that staff discuss their care and support needs with them and that they are encouraged to make choices in relation to their daily activities. Service users and stakeholders made positive comments about their working relationships with staff.

It was evident from previous discussions with HSC Trust representatives and discussions with the acting manager and staff that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies. The acting manager could describe examples of recent liaison with representatives from the WHSC Trust and could describe instances of collaborative working to achieve better outcomes for service users.

Five staff and four service user questionnaires were returned to the inspector; responses indicated that care provided by the agency was effective.

Service users' comments

- 'Staff talk to me and help me with anything.'
- 'Staff help you with anything.'
- 'I attend the house meeting; we take turns at speaking, staff listen to us.'
- 'I speak to ***** or the manager if I am upset or worried.'
- 'My keyworker talks to me about my care plan.'
- 'The support I get is excellent.'

Staff comments

- ‘Care plans are reviewed at least six monthly.’
- ‘Service users have the freedom to do what they want.’
- ‘I get three monthly supervision.’
- ‘The care is individualised.’
- ‘I promote independence and choice.’
- ‘Tenants are involved in their care and are given choice and respect.’

HSC Trust Representative’s comments

- ‘Staff have co-operated well with us in relation to issues raised.’

Areas for improvement

No areas for improvement were identified during the inspection.

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

The inspection 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.

Agency training records viewed indicated that staff had received Human Rights training during their initial induction. It was noted that the agency provides service users with information relating to human rights in an easy read format. Discussions with service users, agency staff and stakeholders, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. The agency’s confidentiality policy details the responsibility for staff in relation to sharing of information relating to individual service users.

Staff stated that 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 and to live as independently as possible. Service users stated that they can make their own choices in relation to all aspects of their life and that staff treat them with respect.

Observations of staff interaction with service users and discussions with staff and service users indicate that care is provided in an individualised manner. Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care they receive and involved in making decisions regarding their care. Records of service user meetings reflect the involvement of service users and detailed the views and choices of service users in relation to shared living, activities or planned outings.

Staff could describe the process for engaging 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/or 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 complaints and compliments process, quality monitoring, HSC Trust review meetings, keyworker meetings, and tenants meetings. The acting manager described the process for receiving feedback from service users and staff annually in the form of a satisfaction survey.

One service user could describe their involvement in a Best Interests decision meeting relating a restriction in place within their individual home and stated that their views and choices were respected.

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.

The inspector viewed a range of information developed in an alternative format to facilitate service users to gain a clearer understanding of the matters discussed.

Observations made during inspection indicated that service users were supported to make choices regarding their daily lives; service users who spoke to the inspector confirmed that they could make choices about all aspects of their care and support. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as meals, activities and shared facilities.

It was identified from records viewed and discussion with staff that the agency has in place systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and where appropriate their representatives. The agency's monthly quality monitoring, service user meetings and annual satisfaction surveys include evidence of consultation with service users. It was noted that an action plan developed detailed progress made on improvements.

Five staff and four service user questionnaires were returned to the inspector; responses indicated that care provided by the agency was compassionate.

Service users' comments

- 'I like living here; I am more independent.'
- 'I can do what I want and go where I want.'
- 'I get choice.'
- 'Staff take me out.'
- 'I am going to a formal; staff are going to take me shopping to get a dress.'
- 'I stopped going to day care; I didn't like it.'
- 'I am going to go to the college in September.'
- 'We have helped choose the furniture for our rooms.'
- 'I feel listened too.'

Staff comments

- 'I attend review meetings with the service users.'
- 'The needs of the individual service users are taken into consideration.'
- 'Service users are involved care planning.'
- 'We listen to service user.'
- 'Service users decide what they want to do; it is their home.'

HSC Trust Representative's comments

- 'Management and staff have worked with us to sort issues out.'

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?

During the inspection the inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures which were identified as having been reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. It was noted that policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format stored within the agency's office. During the inspection the inspector viewed a number of policies and procedures; staff stated that they can access policies and procedures at any time and it was noted that staff are required to sign all new policies when issued to indicate that they have read and understood the content.

From records viewed and discussions with the acting manager the inspector noted that the recently introduced 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, review of records and restrictive practices.

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 staff indicated that they were familiar with the process for receiving and managing complaints. It was identified that the agency has a process for auditing complaints on a monthly basis.

The agency has in place recently introduced management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. The acting manager stated that the agency is currently required to make a quarterly return to the HSC Trust of any complaints or incidents.

The inspector viewed evidence of appropriate staff supervision, appraisal, and management of performance issues. The acting manager could describe the importance of identifying areas for

learning and development, improving the quality of the service provided, and to provide better outcomes for service users.

The organisational and management structure of the agency is clearly outlined; it identifies lines of accountability and roles and responsibilities of staff. It was noted that agency staff are provided with a job description during their induction which outlines their roles and responsibilities. Staff could describe their roles and responsibilities and were aware of who to contact in if they required support, advice or guidance at any time. Service users were aware of staff roles within the agency and knew who to speak to if they had an issue or concern.

The registered person has worked effectively with RQIA to operate and lead the service in achieving and maintaining compliance with Regulations and Minimum Standards. They responded positively to enforcement action resulting from a previous inspection and have co-operated fully with an investigation carried out by the WHSC Trust. The agency's Statement of Purpose and Service User Guide are kept under review, and have been reviewed and updated (May, 2016).

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

Discussion with the acting manager and HSC Trust representatives indicated that there are effective collaborative working relationships with external stakeholder. Prior to the inspection the inspector spoke to a HSC Trust professional who provided positive comments in relation to their engagement with the organisation's managers and agency staff.

Discussions with the acting manager and staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the manager at any time and described the process for receiving support out of office hours and in the absence of the manager. Staff stated that the manager is approachable and supportive; staff stated that the recent change in management arrangements has been a positive experience and that changes implemented have benefited both staff and service users.

Staff could outline lines of accountability and knew the appropriate person to contact if they required support or guidance. Staff indicated that they were confident that their views and opinions are listened to and that the agency addresses issues raised; they stated that they have regular contact with the manager.

The acting manager described how they had recently provided awareness training to HSC Trust staff in relation to the person centred reviewing process.

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

The acting manager could describe supportive structures in place to support them in their role i.e. monthly meetings with managers from the organisations other facilities; regular contact with their line manager and senior managers within the organisation.

Five staff and four service user questionnaires were returned to the inspector; responses indicated that they were satisfied that the service was well led.

Service user comments

- ‘Staff are great; they help me.’
- ‘I can talk to the staff at any time.’
- ‘***** and the manager are good.’
- ‘It’s better since the new manager came.’
- ‘Staff listen to me.’
- ‘Staff have supported me with some issues I have had in relation to my health needs.’

Staff comments

- ‘There have been a lot of changes since the new manager came; things are better now.’
- ‘I feel supported.’
- ‘I can speak to the manager or ***** at any time.’
- ‘The changes made have been for the better.’
- ‘I feel the service is well led, we know what is expected of us.’

HSC Trust Representative’s comments

- ‘The new manager has been of benefit to the service.’

Areas for improvement

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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