



The Regulation and  
Quality Improvement  
Authority

# Unannounced Follow Up Care Inspection Report 8 December 2020



## Drumary House

**Type of Service: Residential Care Home**  
**Address: 44 Knockmore Road, Derrygonnelly,  
BT93 6GA**  
**Tel No: 028 6864 1736**  
**Inspector: Jane Laird**

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The 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 residential care home registered to provide residential care for up to 17 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Potensial Ltd  <b>Responsible Individual:</b> Nicki Stadames	<b>Registered Manager and date registered:</b> Julie Murphy – acting manager
<b>Person in charge at the time of inspection:</b> Kate Gray, senior care assistant 12.25 – 13.30 hours Julie Murphy 13.30 – 17.00 hours	<b>Number of registered places:</b> 17
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 11

### 4.0 Inspection summary

An unannounced care inspection took place on 8 December 2020 from 12.25 to 17.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this RQIA decided to undertake an inspection to this home to assess progress with areas for improvement from the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) measures
- care delivery
- care records
- the home's environment
- leadership 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
<b>Total number of areas for improvement</b>	4	*6

\*The total number of areas for improvement includes three standards which have been stated for a second time and one standard which has been carried forward for review at the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Murphy, 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.

## 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 returned QIP from the previous care inspection
- the previous care inspection report

Questionnaires and 'Tell us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. There were no responses received within the time frame allocated.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 30 November 2020 and 7 December 2020
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- one staff recruitment and induction file
- three residents care records
- a sample of governance audits/records
- policy and procedure folder
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met and not met; one area for improvement was not reviewed and has been carried forward for review at the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced enforcement monitoring inspection undertaken on 3 September 2020. 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.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure the building is decorated to a standard acceptable for the residents.	<b>Carried Forward to next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the restrictions on contractors entering care homes during the COVID-19 pandemic the action required to ensure compliance with this standard was not reviewed as part of this inspection and has been carried forward to the next care inspection.  This is discussed further in section 6.2.5.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21  <b>Stated:</b> First time	The registered person shall ensure that policies and procedures are centrally indexed, are subject to a systematic three yearly review and are available for staff and residents where applicable.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the policy and procedure folder evidenced that a number of policies had been updated since the previous inspection, however, they were not centrally indexed and a significant number of policies had not been updated in the recommended time frame.  This area for improvement has only partially been met and has therefore been stated for a second time.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the frequency of urinary catheter care interventions are:</p> <ul style="list-style-type: none"> <li>• in accordance with the recommendations made by the continence nurse specialist</li> <li>• evidenced within recording charts</li> <li>• signed by relevant staff following each catheter care intervention.</li> </ul>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of care records for an identified resident evidenced that relevant catheter care recording charts were signed by staff following each intervention; however, the recommendations made by the continence nurse specialist had not been updated within the residents care records.</p> <p>This area for improvement has only partially been met and has therefore been stated for a second time.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that when the needs of a resident have changed, their care records are amended to accurately reflect these changes and any recommendations made by health care professionals.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of a sample of resident care records and discussion with staff evidenced that the care needs of three identified residents had not been updated to reflect the necessary changes. This is discussed further in section 6.2.4.</p> <p>This area for improvement has not been met and has therefore been stated for a second time.</p>		

## 6.2 Inspection findings

### 6.2.1 Staffing

On arrival to the home we were greeted by the senior care assistant and staff who were helpful and attentive. The senior care assistant explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and 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. The manager, who was off duty, arrived to the home at 13.30 hours to support the senior care assistant with the inspection process.

Discussion with staff confirmed that whilst they were satisfied with staffing levels and enjoyed working within the home, they were concerned that a number of staff were considering leaving including the manager who had tendered her resignation and was due to leave on the 22 December 2020. Some staff stated that they did not feel valued by the company and there were no incentives for staff during these difficult times. Staff also said they were dissatisfied with the lack of response from senior management for the company. Comments from staff included:

- “Love working here.”
- “Sad that staff are leaving.”
- “The residents are well cared for and we are just like a big family.”
- “Do not feel supported by senior management but Julie (the manager) is great and we’re sorry she is leaving.”
- “We are a great team.”

Following the inspection we contacted the responsible individual to share the comments raised by staff and to establish the proposed management arrangements for the home. Written confirmation was received from the responsible individual on the 16 December 2020 that an organisational staff survey would be carried out and a review of other methods to establish staff suggestions/comments. The responsible individual also confirmed that recruitment was ongoing for a manager and that discussions had been held with the Western Health and Social Care Trust (WHSCT) regarding management arrangements within the home.

### **6.2.2 Infection prevention and control procedures**

Upon entering the home, the inspector’s temperature and contact tracing details were obtained and the senior care assistant advised that this is completed on all persons entering the home in line with the current COVID-19 guidelines for visiting care homes.

We found that there was an adequate supply of PPE and hand sanitising gel at the entrance to the home and PPE stations were well stocked throughout the home. Staff advised that temperature checks were being completed on all residents and staff twice daily and that any concerns or changes were reported to management.

Observation of staff practices evidenced that they were not consistently adhering to appropriate infection prevention and control measures, including the use of gloves and aprons within communal areas and touching multiple surfaces without removing their PPE and washing their hands. Clean towels were observed on a chair over a bath on the first floor and a member of staff was observed carrying soiled linen in their arms from the first floor to the laundry room on the ground floor. We observed a torn pressure relieving cushion on top of a raised toilet seat and adhesive tape secured to a padded rail beside a toilet on the ground floor. 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.

During the inspection we observed staff having their meals within the residents' dining room and were concerned that staff were not wearing face masks within an area that residents were occupying. It was also concerning that this had previously been discussed with the manager during the inspection on the 3 September 2020 who confirmed that a bedroom had been repurposed temporarily as a staff room. The manager advised that the temporary staff room had been converted back into a bedroom on the 4 December 2020 and that an unoccupied bedroom on the ground floor was being prepared for a new floor covering which would then be used as a staff room. The manager acknowledged that another location within the home should have been designated for staff where residents do not occupy, whilst waiting for the new floor covering to be laid. 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.

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. A daily pictorial menu was displayed within the dining room, however, it was not the meal that was being served during the inspection and Christmas decorations were situated in front of the menu making it difficult to see. We discussed this with the manager and following the inspection written confirmation was received that the menu had been relocated to a whiteboard within the residents' kitchen area. This will be reviewed at a future inspection.

We observed residents engaged in their own activities such as; watching TV, sitting in the kitchen or chatting to staff. Staff were very aware of each resident's likes, dislikes and strengths and was easily able to redirect a resident when this was required.

### **6.2.4 Care records**

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

- one residents care plan was not updated to reflect recommendations from the continence nurse specialist
- care plans and risk assessments had not been updated for one resident regarding increased urinary tract infections
- care plans and risk assessments had not been updated to reflect a change in two residents mobility and referral to occupation health.

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 that was made at the previous inspection as mentioned above in section 6.1 has been stated for a second time.



### **6.2.5 The home's environment**

On entering the home 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.

As discussed in section 6.1 regarding the décor of the environment, the manager advised that a number of new floor coverings had been laid and that minor paint touch ups were completed by staff but that major repair works such as the replacement of door frames, door saddles, painting and decorating was delayed due to the reduced foot fall within the home during the current COVID-19 pandemic. The manager further advised that a property audit had been completed detailing areas of the home that require refurbishment. This is discussed further in section 6.2.6 below.

We observed a radiator located close to a toilet on the ground floor which was very warm to touch and discussed potential scald risk to residents. The manager advised that a risk assessment would be carried out and discussed the option of a radiator cover. This was identified as an area for improvement.

We observed washing powder in a container which was accessible to residents within an unlocked laundry room 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 substances hazardous to health (COSHH).

Review of three residents beds evidenced that they were worn and in need of replacement. We discussed this with the management team and following the inspection the manager confirmed that these beds had been ordered.

We identified an area of moisture to a ceiling and adhesive tape to a light fixture within an identified bedroom. We also identified malodour within an identified bedroom and moisture damage to the bedroom floor. This was discussed with the manager to action. Following the inspection the manager provided written confirmation that the light fitting had been addressed. The manager further advised that the maintenance man would review the moisture damage to the ceiling and identified floor and repair where necessary. This was identified as an area for improvement.

We observed a bed and wardrobe within the dining room and discussed this with the manager who advised that this was a temporary measure due to a bedroom floor covering being removed in one of the bedrooms. Following the inspection the manager provided written confirmation that the bed and wardrobe had been removed.

### **6.2.6 Leadership and management arrangements**

As mentioned above, the manager had recently tendered their resignation and confirmed that recruitment was ongoing for a manager. Following the inspection we received written confirmation from the senior management team on 22 December 2020 that a new manager had been recruited and would commence following relevant pre-employment checks.

We reviewed the accidents and incident folder which evidenced that the system of printing off the accident/incident reports and storing them within the folder had only been completed during the inspection and not since the previous inspection on the 3 September 2020. The importance

of sustaining this area for improvement was discussed in detail with the manager who provided monthly audits of all accidents/incidents and agreed to ensure these records are printed off and stored accordingly going forward. This will be reviewed at a future inspection.

The manager provided evidence of a monthly monitoring system to ensure that care assistants are registered with the Northern Ireland Social Care Council and further advised that this is reviewed monthly by the area manager as part of the monthly monitoring system.

We reviewed a sample of quality governance audits which had been completed by the manager, including a property audit as discussed in section 6.2.5 above and an IPC audit completed on 26 November 2020. Whilst the IPC audit had an action plan and timeframes to address the deficits identified the property audit did not provide these details. We also requested audits for hand hygiene and care records and were advised by the manager that care record audits had not been completed since the previous inspection on 3 September 2020 and that hand hygiene audits had not been completed in several weeks. 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. We further requested that a copy of the completed action plan with timeframes detailing areas for refurbishment specific to the property audit is forwarded to RQIA along with the returned Quality Improvement Plan (QIP).

We requested a copy of the most recent Regulation 29 monthly monitoring reports and were advised by the manager that these were not available within the home and that they did not have access to them. We discussed the importance of maintaining these records within the home for residents, their representatives, staff and trust representatives with management and an area for improvement was identified.

Following the inspection an action plan detailing the deficits identified during the inspection and the action to be taken with 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 of the actions required.

### **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**

Six new areas for improvement were identified during the inspection in relation to infection prevention and control (IPC), risk management, control of substances hazardous to health (COSHH), environment, quality governance audits and availability of monthly monitoring reports.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	4	2

## 6.3 Conclusion

During the inspection, we observed positive interactions between staff and residents. Residents were well presented, and supported by staff who were observed to have caring, cheerful and friendly interactions with residents. We were satisfied that the appropriate action had been taken to address the immediate issues identified with ongoing review dates to address all of the actions required.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Murphy, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the correct use of PPE</li> <li>• hand hygiene</li> <li>• transportation of soiled clothing to the laundry</li> <li>• storage of patient equipment and towels.</li> </ul> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Covid Champion identified on each shift to check all staff are adhering to correct infection prevention and control measures including using the correct PPE.</p> <p>Clarified the correct PPE protocols with WHSCT</p> <p>Spot checks completed to check procedures are being followed</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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><b>Response by registered person detailing the actions taken:</b></p> <p>The expectations have been covered with all staff</p> <p>Checking of storage of chemicals now forms part of daily walkabout to ensure compliance is maintained.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• moisture damage to an identified bedroom ceiling</li> <li>• malodour within an identified bedroom and moisture damage to the bedroom floor.</li> </ul>

<p>With immediate effect</p>	<p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>                  Maintenance contractor investigated possible causes and found most likely was the water tank in loft dripping condensation. Tank has now been lagged and no further damp detected.                  The flooring in room 1 has been lifted and flooring is being replaced</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that reports produced following monthly monitoring visits are maintained within the home and accessible to residents, their representatives, staff and trust representatives.</p> <p>A copy of the report must also be forwarded to RQIA by the fourth day of each month until further notice.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>                  The monthly monitoring visits have been provided to the Registered Manager to be printed and added to the file in the home so these can be accessible by manager, residents etc. this will be reviewed as part of quality assurance audits.</p> <p>The RI will send reports to RQIA within the specified timeframes.</p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2020</p>	<p>The registered person shall ensure the building is decorated to a standard acceptable for the residents.</p> <p>Ref: 6.1 and 6.2.5</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that policies and procedures are centrally indexed, are subject to a systematic three yearly review and are available for staff and residents where applicable.</p> <p>Ref: 6.1</p>

<p><b>To be completed by:</b> 8 January 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Several of Potens Policies have been reviewed to ensure this reflects NI regulations. Policy schedule is in place to with review dates. Audit completed has highlighted further policies that need further updated to NI regulations and policies</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 January 2021</p>	<p>The registered person shall ensure that the frequency of urinary catheter care interventions are:</p> <ul style="list-style-type: none"> <li>• in accordance with the recommendations made by the continence nurse specialist</li> <li>• evidenced within recording charts</li> <li>• signed by relevant staff following each catheter care intervention.</li> </ul> <p>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> This has been reviewed and updated for the relevant person we support and documentation. Staff have been directed to update care and support plans immediately following an appointment to ensure correct information is retained and followed. There will be a review of support plans to ensure these have been updated following any health directives and that the plans are being followed.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 8 January 2021</p>	<p>The registered person shall ensure that when the needs of a resident have changed, their care records are amended to accurately reflect these changes and any recommendations made by health care professionals.</p> <p>Ref: 6.1 and 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> The Manager and Staff have been directed to update care and support plans immediately following an any appointments to ensure correct information is retained and followed. There will be a review of support plans to ensure these have been updated following any health directives and that the plans are being followed.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 28.5</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a risk assessment is carried out on the radiator within the identified ground floor toilet and the necessary action is taken to manage the risk.</p>

<p><b>To be completed by:</b> 8 January 2021</p>	<p>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Radiator cover and TRV have been fitted - risk assessment completed</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 January 2021</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"> <li>• Care records</li> <li>• Hand hygiene</li> <li>• Environment</li> </ul> <p>A copy of the action plan and timeframes regarding refurbishment plans from the property audit to be submitted to RQIA along with the response to this QIP.</p> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Support planning and daily records to be reviewed by Manager and Area Manager as part of quality checks. RI will undertake a secondary check for provider report. Hand Washing facilities audits reviewed and in place from inspection in July 2020 Property Audit completed for 2021/22 and sent to Estates Dept.</p>

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



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