

Inspection Report

12 October 2021



Edgewater

Type of service: Nursing Home
Address: 70 Victoria Street
Newbuildings, Londonderry
BT47 2RL
Telephone number: 028 7134 2090

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Registered Provider: Edgewater Registered Persons: Mr Michael Curran Mr Paul Steele	Registered Manager: Mr John Green Date registered: 14 December 2007
Person in charge at the time of inspection: Mr John Green	Number of registered places: 28
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 28 patients. The home is a two storey building with patient bedrooms located over two floors. Patients have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 12 October 2021 from 10.20 am to 6 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. Three areas for improvement from the previous care inspection have been stated for a second time in relation to Speech and Language Therapist (SALT) recommendations, infection prevention and control (IPC) and audits.

Based on the inspection findings and discussions held with the manager during the inspection and the registered person following the inspection, it was evident that the management team of Edgewater acknowledged the need for more robust oversight of the governance systems within the home to drive the necessary improvements to ensure that care is safe, effective, compassionate and well led.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with eight patients and nine staff during the inspection. Patients told us that they felt well cared for, enjoyed the food and that staff were helpful and friendly. Two questionnaires were returned which did not indicate if they were from a relative or a patient. The respondents were very satisfied with the overall service provision.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "John (manager) tries to make sure everyone is treated well." Another staff member said: "We are one big happy family here." There was no feedback from the staff online survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 03 December 2020		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>This is in specific reference to care plans and daily recording charts:</p> <ul style="list-style-type: none"> • the recommended diet/fluid consistencies as per the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology to be consistently recorded within care records • recommended daily fluid intake to be recorded within patients care plans • normal bowel type and frequency to be included within patients care plans • where a patient requires assistance with personal care and refuses assistance on occasions, this must be documented within the care plan along with measures to encourage/support the patient with this aspect of care. 	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of care records and discussion with staff evidenced that this area for improvement has been met.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the delivery of urinary catheter care is maintained in accordance with best practice standards and that all appropriate records are available for inspection.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • the care plan includes the type, size and frequency of catheter renewal • the care plan includes the frequency of leg bag renewal • records are maintained of the dates that the catheter and leg bag are renewed • a system is implemented to carry forward the next date for renewal of both the catheter and the leg bag. <p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with staff evidenced that this area for improvement has been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</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"> • the correct use of gloves and aprons • staff are bare below the elbow • face masks are worn appropriately • patient equipment is not stored within bathrooms • the storage of commodes within patient bedrooms is reviewed • mop buckets are replaced as required • toilet brushes are air dried following use. 	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: Observation of the environment and staff practices evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (b) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> regular checks of all window restrictors are commenced and a record is maintained of these checks window restrictors are reviewed and fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool. <p>Action taken as confirmed during the inspection: Observation of the environment and relevant records evidenced that this area for improvement has been met.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the damaged wall within the linen cupboard on the ground floor and gaps to the ceilings in identified bathrooms are repaired.</p> <p>Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement has been met.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 12.24</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are positioned correctly and safely to avoid the risk of choking and in accordance with SALT recommendations.</p> <p>Action taken as confirmed during the inspection: Observation of the delivery of care and relevant care records evidenced that this area for improvement has not been fully met and has been stated for a second time.</p>	Partially met

	This is discussed further in section 5.2.2.	
Area for improvement 2 Ref: Standard 23 Stated: First time	<p>The registered person shall ensure that there are clear and documented processes for the prevention, detection and treatment of pressure damage.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> the recommended setting/type of pressure relieving mattress are maintained at the correct setting and included in the patients care plan frequency of repositioning to be recorded on repositioning charts and reflective of the care plan. 	Met
	<p>Action taken as confirmed during the inspection: Review of a sample of care records and discussion with staff evidenced that this area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 35 Stated: First time	<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"> environment IPC 	Not Met
	<p>Action taken as confirmed during the inspection: Review of a sample of audits evidenced that this area for improvement has not been met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.5.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Review of training records evidenced that a number of staff were required to update their mandatory training. The manager confirmed that relevant action had been taken to address this and was being monitored closely by management to ensure full compliance.

Review of a sample of employee recruitment records evidenced that robust systems were in place to ensure that patients are protected.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Competency and capability assessments were completed for the nurse in charge however; these were not consistently signed by the manager or the person completing the assessment. The manager acknowledged that these records must be signed and agreed to review this and to monitor going forward.

Staff said teamwork was good and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients.

On review of two weeks staff duty rotas a number of deficits were identified with the maintenance of the rotas. For example, the person in charge of the home in the absence of the manager was not highlighted and the hours worked by the manager were not clearly reflected on the duty rota as to whether they were management or nursing hours. This was identified as an area for improvement.

Patients said that they felt well looked after and that staff were attentive. One patient commented "everyone is very good here" and a further patient referred to the staff as "lovely people".

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. This is good practice.

Whilst most patients were well presented, the inspector observed four patients with a specific aspect of personal care which had not been maintained. Details were discussed with the manager who acknowledged that this must be addressed. This was identified as an area for improvement.

Patients who were less able to mobilise require special attention to their skin care and whilst care records relating to repositioning were well maintained, a patient was observed seated on a type of hoist sling which had the potential to impact on the patient's skin integrity. This was discussed in detail with the manager and an area for improvement was identified.

A number of potential risks were identified and discussed with the manager. For example; medication was identified on the floor under a patient's bed; the top section of a bedside locker was unsecure; mattresses were being used as crash/fallout mats and there was no signage on a bedroom door to indicate that oxygen was in use. The importance of ensuring that all areas of the home are hazard free was discussed with the manager and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients told us they very much enjoyed the food provided in the home.

A menu was displayed within the dining room and communal lounges offering a choice of meals. There was a variety of drinks available and food was attractively presented by the catering staff and smelled appetising. Care staff were delegated to transport meals on trays from the kitchen to patients within the lounge, dining room and bedrooms. The food was covered on transport.

Concerns were identified in relation to the use of personal protective equipment (PPE) during meal times as not all staff changed their PPE between patients following assistance with meals. Staff were also observed touching multiple surfaces during the delivery of meals from the kitchen to the patients without removing their gloves and decontaminating their hands. These deficits were discussed with the manager who agreed to review the provision of meal delivery and staff practices. This was identified as an area for improvement.

Some patients required assistance with their meals to ensure they were appropriately and safely positioned to reduce the risk of choking. The inspector observed one staff member standing whilst assisting a patient with their meal and discussed this with the manager who acknowledged that this was not good practice and agreed to communicate with relevant staff. This was identified as an area for improvement.

Staff told us how they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that staff were providing the correct diet as recommended by SALT, however one staff member did not adhere to the recommendations made regarding the supervision of an identified patient during meals. This was discussed with the manager and an area for improvement has been stated for a second time.

Review of three patient care records evidenced that the majority of care plans were person centred and reviewed regularly. A small number of deficits were identified and discussed with the registered nurse who amended them prior to the completion of the inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Surface damage was evident to a number of bedframes, wardrobes, vanity units, mattresses, chairs and floor coverings. Window blinds on the stairwell were stained with one blind missing; surface damage was observed to a wash hand basin within the treatment room and damage to walls and gaps to ceilings within identified communal bathrooms was also evident. On review of the environmental audit these issues had not been identified and were discussed in detail with the manager as an area for improvement.

A malodour was evident on entering three identified bedrooms. On examination of one mattress the underneath of the mattress and the bed sheet was stained. Deficits were also identified in relation to the cleanliness of furniture/equipment within patients' bedrooms and bathrooms. Bedrail protectors, a bedframe, light pull cords, mops and mop buckets and the underneath of identified patient equipment evidenced that these had not been effectively cleaned following use. Urinal bottles were situated beside communal toilets and toilet roll was observed on top of a number of communal toilets. Dust and debris was observed to radiators and to high and low surfaces throughout the home. This was identified as an area for improvement.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear. However, an identified bedroom door was not able to fully close. This was brought to the immediate attention of the manager and an area for improvement was identified.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting and care partner arrangements were managed in line with the Department of Health and infection prevention and control (IPC) guidance.

There were a number of practices which were not in keeping with IPC best practice. For example; a member of staff was observed wearing nail polish which would inhibit effective hand hygiene; a further staff member was observed wearing their face mask incorrectly; staff were observed wearing aprons and gloves within corridor areas following contact with patients; patient equipment was observed stored within bathrooms and a commode was observed between patient beds in shared bedrooms. This was discussed in detail with the manager and an area for improvement has been stated for a second time in relation to IPC.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients confirmed that they could go out for a walk when they wanted, remain in their bedroom or go to a communal room when they requested.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The manager said they felt well supported by the registered person in their role.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However, audits completed in relation to the home's environment and IPC measures did not identify the significant issues RQIA evidenced during the inspection. This was discussed with the manager and an area for improvement has been stated for a second time.

The home was visited each month by the registered person to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

Whilst there was evidence within the most recent monthly monitoring report regarding environmental deficits, they were not to the extent of what was identified during the inspection. This was discussed with the registered person who agreed to complete a full audit of the home and to action where necessary.

Following the inspection the registered person provided written confirmation that all concerns identified during the inspection were being addressed. An action plan was also provided detailing the deficits identified with the person responsible for completing the action and the established time frames. RQIA were satisfied that the appropriate action had been taken to address the immediate issues identified during the inspection with ongoing review dates to address all other actions.

6.0 Conclusion

Patients were seen to be content and settled in the home and in their interactions with staff.

Areas for improvement were identified during the inspection as discussed throughout this report and quality improvement plan (QIP) in Section 7.0. Three areas for improvement from the previous care inspection have been stated for a second time in relation to SALT recommendations, IPC and audits.

Based on the inspection findings and discussions held with the manager during the inspection and the registered person following the inspection it was evident that the management team of Edgewater acknowledged the need for more robust oversight of the governance systems within

the home to drive the necessary improvements to ensure that care is safe, effective, compassionate and well led.

RQIA will continue to monitor and review the quality of service provided in Edgewater and to assess the progress made in addressing the areas for improvement as detailed in the QIP.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	6*	6*

* The total number of areas for improvement includes one regulation and two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with John Green, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: Second time To be completed by: With immediate effect	<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"> • the correct use of gloves and aprons • staff are bare below the elbow • face masks are worn appropriately • patient equipment is not stored within bathrooms • the storage of commodes within patient bedrooms is reviewed. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Audits of Infection control in place reviewed and updated. Staff aware of QIP issues and all discussed with manager. It is important to note that Edgewater Nursing Home was commended by the Western Trust Care Home Support services for having maintained no covid outbreak until late 2021, one of only a few homes that remained up to this stage free of any</p>

	infectious outbreak. Further PPE training ongoing. Staff aware of equipment storage.
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the home which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring:</p> <ul style="list-style-type: none"> • medications are administered in accordance to the Nursing and Midwifery Council (NMC) The Code and the registered nurse observes the patient swallowing the medication prior to signing • the identified bedside locker is repaired/replaced • signage is in place on relevant doors to indicate when oxygen is in use • where a patient has been assessed as requiring a crash/fallout mat the correct equipment is used in accordance with the manufacturers guidelines. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff training on safe handling of meds has been updated. Extensive room redecoration and repair work underway and in progress, all rooms being refurbished, i.e repairs and decorated. Appropriate fallout mats to be used.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review staff practices around the delivery of meals and the use of PPE to ensure that IPC guidelines are adhered to.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This has been reviewed and systems put in place.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2021</p>	<p>The registered person shall ensure that the premises are kept in good state of repair.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified wardrobes, vanity units and bedframes • floor covering within identified lounges

	<ul style="list-style-type: none"> • window blinds on the stairwell • wash hand basin in treatment room • identified chairs with torn fabric • damage to walls and gaps to the ceilings within identified communal bathrooms. <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (b) (d)</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2021</p>	<p>Response by registered person detailing the actions taken: Extensive room refurbishment commenced and all issues identified above discussed with director and underway/ in progress.</p> <p>The registered person shall ensure that the premises are kept clean and reasonably decorated.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • dust to radiators and high and low surfaces • the underneath of patient equipment • mop buckets and mop heads • storage of urinal bottles • storage of toilet roll • mattresses • light pull cords • malodour within the identified bedrooms. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Rooms checks audited and issues raised are reviewed weekly and checked as well as daily cleaning lists signed.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (4) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • all fire doors are able to close fully when activated <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There was a new fitting to a door just prior to inspection this was immediately corrected and this door now closing properly. work to this was ordered just prior to inspection.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 12.24 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that patients are positioned correctly and safely to avoid the risk of choking and in accordance with SALT recommendations. Ref: 5.1 and 5.2.2 Response by registered person detailing the actions taken: Staff made are of QIP issue raised above. Staff aware of the importance positioning.
Area for improvement 2 Ref: Standard 35 Stated: Second time To be completed by: 12 November 2021	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. With specific reference to: <ul style="list-style-type: none"> • environment • IPC Ref: 5.1 and 5.2.5 Response by registered person detailing the actions taken: Audits reviewed for environment and in place and used. Same are in place for IPC.
Area for improvement 3 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staffing rotas include: <ul style="list-style-type: none"> • the person in charge in the absence of the manager • the hours worked by the manager are clearly reflected on the duty rota as to whether they are management or nursing hours. Ref: 5.2.1 Response by registered person detailing the actions taken: Same reviewed and updated as required.
Area for improvement 4 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that patients' personal care needs are met. Ref: 5.2.2 Response by registered person detailing the actions taken: All care plans are audited to reflect patient and needs and recommendations from multidisiplinary teams. Staff made aware of the need to meet all patient care needs.

<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where a patient requires a hoist sling to remain in place whilst seated, that the correct type of sling is utilised in accordance with the manufactures guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff made aware and use of slings discussed with all staff. Moving and handling training provided as required.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 12.14</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where patients require assistance with meals, this is given in a discreet and sensitive manner.</p> <p>With specific reference to ensuring that staff are seated when assisting patients with their meals.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff aware of this and same observed. This has been discussed at length.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care