Announced Care Inspection Report
11 August 2016

Gentle Touch Dental Studio

Type of service: Independent Hospital (IH) - Dental
Address: 11 The Diamond Centre, Magherafelt, BT45 6ED
Tel No: 028 7963 2495
Inspector: Norma Munn

1.0 Summary

An announced inspection of Gentle Touch Dental Studio took place on 11 August 2016 from 11.00 to 15.40.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the dental practice was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Christopher Gocher, registered person and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One requirement has been made in relation to medical emergency medication. Five recommendations have been made. These were in relation to the management of medical emergencies, safeguarding policy and training and infection prevention and control and decontamination.

Is care effective?

Observations made, review of documentation and discussion with Mr Gocher and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Gocher and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. One recommendation has been made in relation to patient satisfaction surveys.

Is the service well led?

Information gathered during the inspection identified that further development is needed to ensure that effective leadership and governance arrangements are in place to create a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. One recommendation has been made in relation to policies and procedures.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

Mr Gocher and the practice manager facilitated the inspection and feedback was given to the practice manager at the conclusion of the inspection. Details of the Quality Improvement Plan (QIP) within this report were discussed with the practice 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/ registered provider: Mr Robert Craig and Mr Christopher Gocher	**Registered manager:** Mr Robert Craig
Person in charge of the service at the time of inspection: Mr Christopher Gocher	**Date manager registered:** 29 February 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	**Number of registered places:** 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr Gocher, registered person, the practice manager and one dental nurse. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 April 2015

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

4.2 Review of requirements and recommendations from the last care inspection dated 14 April 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 19 (2) (d) Schedule 2 (2) **Stated:** First time	The registered person must ensure that an enhanced AccessNI check is received prior to new staff commencing work in the practice. Review the procedure for handling AccessNI disclosure certificates to ensure the procedure is in keeping with AccessNI's Code of Practice.	**Met**
	Action taken as confirmed during the inspection: Mr Gocher confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that an enhanced Access NI check had been carried out prior to commencing work in the practice. Discussion with Mr Gocher confirmed that the procedure for handling AccessNI checks is in keeping with AccessNI's code of practice.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that Glucagon medication is stored in keeping with the manufacturer's instructions. If stored at room temperature a revised expiry date should be recorded on the medication packaging and expiry date checklist to reflect that the cold chain has been broken. If stored in a fridge, daily fridge temperatures should be taken and recorded to evidence that the cold chain has been maintained.	**Met**
	Action taken as confirmed during the inspection: A review of the emergency medicines and discussion with Mr Gocher confirmed that the Glucagon medicine is stored out of the fridge and the expiry date had been revised.	
Recommendation 2 **Ref:** Standard 12.4 **Stated:** First time	It is recommended that a review of the Resuscitation Council (UK) Minimum equipment list for cardiopulmonary resuscitation - primary dental care is undertaken to ensure that the practice has clear face masks for self-inflating bags in the different sizes specified.	**Met**
	Action taken as confirmed during the inspection: A review of emergency equipment evidenced that clear face masks for self-inflating bags in different sizes have been provided.	
Recommendation 3 **Ref:** Standard 11.1 **Stated:** First time	It is recommended that a staff register is established in accordance with Schedule 3 Part II (6) of the Independent Health Care Regulations (Northern Ireland) 2005.	**Met**
	Action taken as confirmed during the inspection: A review of the staffing register evidenced that the contents are in accordance with Schedule 3 Part II (6) of the Independent Health Care Regulations (Northern Ireland) 2005 with the exception of the date of leaving. This was added to the staffing list on the day of the inspection.	

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of one evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of one evidenced that appraisals had been completed an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Gocher confirmed that one member of staff has been recruited since the previous inspection. A review of the personnel file for this staff member demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that staff had received training in safeguarding children and adults during 2013. However, refresher training as outlined in the Minimum Standards for Dental Care and Treatment 2011 should be undertaken at least every two years. A recommendation has been made.

The policy and procedure for the safeguarding and protection of adults and children was reviewed. The policy needed to be further developed to include the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise should also be included. A recommendation has been made.

Management of medical emergencies

A review of medical emergency arrangements evidenced that in the main emergency medicines are provided in keeping with the British National Formulary (BNF). The buccal Midazolam medication had exceeded its expiry date. Mr Gocher was advised that this should be replaced with Buccolam pre-filled syringes in doses suitable for the administration to an adult and child. A requirement has been made.

Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained with the exception of an automated external defibrillator (AED). The practice does have access to an AED in close proximity. Staff confirmed that the AED could be accessed in a timely manner and the practice will be incorporating the use of this AED within their emergency procedures.

There was an identified individual with responsibility for checking emergency medicines and equipment and a system was in place to monitor this. However, as discussed, the Midazolam medicine had exceeded its expiry date. A recommendation has been made that more robust arrangements should be implemented to ensure that emergency medicines do not exceed their expiry dates.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were generally tidy and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. The flooring in the identified surgeries should be decluttered and remain uncluttered to allow for effective cleaning to take place. This was discussed with Mr Gocher who has agreed to address this issue.

Staff were observed to be adhering to best practice in terms of uniform policy.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including one washer disinfector and three steam sterilisers, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

Issues relating to the decontamination process and infection prevention and control were identified. The decontamination process did not ensure that a dirty to clean work flow is maintained. The layout of the decontamination room resulted in instruments processed through the cleaning procedure being inspected in the dirty area. This is not in keeping with best practice and could result in the recontamination of instruments. A recommendation has been made.

A dedicated hand washing basin was not available in the decontamination room. This had been identified during previous inspections and as a result it was agreed that dedicated hand washing basins provided in two surgeries of which are directly linked to the decontamination room could be used. However, discussion with the practice manager confirmed that staff were washing their hands in a sink not dedicated for hand washing within the decontamination room. A recommendation has been made to review the facilities for handwashing within the decontamination area. This review should consider the provision of a dedicated hand washing basin within the decontamination room.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during May 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is a cone beam computed tomography (CBCT) machine located in a separate room.

Two dedicated radiation protection files containing the relevant local rules, employer's procedures and other additional information were retained. A review of the files confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. A legionella risk assessment was last undertaken in March 2016 and water temperature is monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. No comments were provided in the questionnaires returned.

Eight staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).

The policy for safeguarding adults and children should be developed in line with current legislation and best practice guidance.

The expired buccal Midazolam medicine should be replaced as a matter of urgency with Buccolam pre filled syringes in various doses suitable for the administration to an adult and child.

More robust arrangements should be implemented to ensure that emergency medicines do not exceed their expiry dates.

The layout of the equipment contained in the decontamination room should be reviewed to ensure that the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments in keeping with best practice as outlined in HTM 01-05.

Review the facilities for handwashing within the decontamination area in keeping with HTM 01-05. This review should consider the provision of a dedicated hand washing basin within the decontamination room.

Number of requirements	1	Number of recommendations:	5

4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. A range of health promotion information leaflets was available in the reception area. Mr Gocher confirmed that oral health is actively promoted on an individual level with patients during their consultations. All patients including children are referred to the hygienist within the practice, if required.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical records
- review of complaints/accidents/incidents

Communication

Mr Gocher confirmed that arrangements are in place for onward referral in respect of specialist treatments. A breaking bad news policy is in place.

Staff meetings are held on a monthly basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of last staff meeting dated June 2016 were retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the 20 patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were provided in the questionnaires returned.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	**0**	**Number of recommendations**:	**0**

4.5 Is care compassionate?

Dignity, respect and involvement in decision making

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys. However, the most recent patient satisfaction report had been carried out during 2014. A recommendation has been made to ensure that patient satisfaction surveys are completed and a report compiled on an annual basis. The report should demonstrate that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, should be used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the 20 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were provided in the questionnaires returned.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

Patient satisfaction surveys should be completed and a report compiled on an annual basis to demonstrate that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided.

Number of requirements	**0**	**Number of recommendations**:	**1**

4.6 Is the service well led?

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. A number of policies had no date of implementation or review identified and policies were not clearly indexed. A recommendation has been made that a system should be established to ensure that policies and procedures are indexed, for ease of reference for staff and that the date of implementation and planned date of review is recorded. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire did not indicate that any complaints had been received. However, discussion with staff confirmed that no complaints have been received for the period 1 April 2015 to 31 March 2016.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Gocher confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Gocher demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the 20 patients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were provided in the questionnaires returned.

All staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this. No comments were provided in the questionnaires returned.

Areas for improvement

Establish a system to ensure that the date of implementation and planned date of review is recorded on policies and procedures.

Number of requirements	**0**	**Number of recommendations**:	**1**

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 15(6) **Stated:** First time **To be completed by:** 11 August 2016	The registered person must ensure that the buccal Midazolam medicine which has expired has been removed and replaced as a matter of urgency with Buccolam pre filled syringes in various doses suitable for administration to an adult and child.
	Response by registered provider detailing the actions taken: Buccolam in emergency kit in clare
Recommendations	
Recommendation 1 **Ref:** Standard 15.3 **Stated:** First time **To be completed by:** 11 October 2016	Refresher training in safeguarding adults at risk of harm and safeguarding children should be provided as outlined in the Minimum Standards for Dental Care and Treatment (2011).
	Response by registered person detailing the actions taken: Training carried out Sep 2016.
Recommendation 2 **Ref:** Standard 15 **Stated:** First time **To be completed by:** 11 October 2016	The policy for safeguarding adults and children should be developed in line with current legislation and best practice guidance.
	Response by registered provider detailing the actions taken: Ammend accordingly

Recommendation 3 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 11 September 2016	More robust arrangements should be implemented to ensure that emergency medicines do not exceed their expiry dates.
	Response by registered provider detailing the actions taken: Arrangements have been made + records kept.
Recommendation 4 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 11 August 2016	Review the flow in the decontamination room, to ensure a dirty to clean flow is maintained in keeping with best practice as outlined in HTM 01-05.
	Response by registered provider detailing the actions taken: flow reviewed - All in order.
Recommendation 5 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 11 October 2016	Review of the facilities for hand washing in the decontamination room in keeping with HTM 01-05. Consideration should be given to the provision of a dedicated hand washing basin.
	Response by registered provider detailing the actions taken: When structure changes to decon are being done a dedicated wash basin will be included.
Recommendation 6 **Ref**: Standard 9 **Stated:** First time **To be completed by:** 11 October 2016	Patient satisfaction surveys should be completed and a report compiled on an annual basis to demonstrate that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided.
	Response by registered provider detailing the actions taken: satisfaction surveys completed + compiled

Recommendation 7 **Ref**: Standard 8 **Stated:** First time **To be completed by:** 11 October 2016	Establish a system to ensure that the date of implementation and planned date of review is recorded on policies and procedures.
	Response by registered provider detailing the actions taken: Record sheet kept at front of file

Please ensure this document is completed in full and returned to independent.healthcare@rqia.org.uk from the authorised email address

The Regulation and Quality Improvement Authority

9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews