

Inspection Report

7 May 2024



Cornfield Care Centre

Type of service: Nursing Home

Address: Kingfisher, Nightingale and Goldfinch Suites, 51 Seacoast
Road, Limavady, BT49 9DW

Telephone number: 028 7776 1300

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Cornfield Care Centre Responsible Individual: Mr Marcus Jervis Nutt	Registered Manager: Ms Katrina Canning Date registered: 5 April 2024
Person in charge at the time of inspection: Ms Katrina Canning, Manager	Number of registered places: 76 Including a maximum of 51 patients in categories NH-I, NH-PH, NH-PH(E) and a maximum of 25 patients in category NH-DE. The home is also approved to provide care on a day basis to three persons.
Categories of care: Nursing (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 DE – dementia	Number of patients accommodated in the nursing home on the day of this inspection: 76
Brief description of the accommodation/how the service operates: Cornfield Care Centre is a nursing home registered to provide nursing care for up to 76 patients. The home is divided into three units on the ground floor. The Nightingale suite provides care for patients living with dementia and the Goldfinch and Kingfisher suites provide general nursing care. The home shares the same site with another registered nursing home, with the same senior management team.	

2.0 Inspection summary

An unannounced inspection took place on 7 May 2024 from 9.25 am until 6.05 pm. The inspection was carried out by two care inspectors.

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

Patients told us that they felt well looked after. Patients who were less able to communicate their views 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.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 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 management team as part of the inspection process.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Great place", "I have everything I need", "I am very happy here", "The staff are as good as gold" and "I feel safe here".

There were three questionnaires returned; one from a patient and two from relatives. The respondents were very satisfied with the overall provision of care. Comments included: "We are very happy with the care provided at Cornfields Care Centre", "(Relative) is really happy here", "The staff treat (relative) with respect" and "Very happy and pleased with the way they care for (relative)". One patient commented: "Clean towels more often would be good." This was shared with the manager to review and action as necessary.

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: “The manager is brilliant”, “Lovely home to work in”, “I love it here”, “Good staffing levels” and “We work well together”. Two staff commented regarding the need for a twilight care assistant within an identified unit to assist the night staff, stating that “it can be very busy”. This information was shared with the management team to review and action as necessary.

One response was received from the staff online survey. The respondent stated they were neither satisfied nor dissatisfied with the provision of safe care and dissatisfied with effective, compassionate and well led provisions of care. Comments received were shared with the management team to review and to provide RQIA with a written response to any action taken.

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 12 September 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (a) (b) Stated: First time	The registered person shall ensure that Access NI checks are completed prior to any staff commencing work in the home.	Met
	Action taken as confirmed during the inspection: Review of a sample of staff recruitment files evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered persons shall ensure that all areas of the home to which patients have access are free from hazards to their safety.	Not met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the management team evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.3.	
Area for improvement 3 Ref: Regulation 13 (7)	The registered person shall ensure that the IPC issues identified during inspection are addressed.	Not met

Stated: First time	Action taken as confirmed during the inspection: Observation of staff practices; the environment and discussion with the management team evidenced that this area for improvement had not been met and has been stated for a second time. This is discussed further in section 5.2.3.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: Second time	The registered person shall ensure that the reason for and the outcome of administration is recorded on every occasion, when medication is administered on a 'when required' basis, for the management of distressed reactions. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	Carried forward to the next inspection
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that where a patient requires pressure area care, a care plan is in place detailing the recommended frequency of repositioning; and that this is accurately reflected and recorded in the corresponding repositioning chart. Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure that care plans provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions. Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had not been fully met and has been stated for a second time. This is discussed further in section 5.2.2.	Partially met

Area for improvement 4 Ref: Standard 28 Stated: First time	The registered person shall ensure that changes made to prescribed medicines are recorded clearly on personal medication records and any discontinued medicines removed from stock promptly to prevent their potential administration in error.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 31 Stated: First time	The registered person shall ensure that controlled drug records are completed contemporaneously by the two members of staff involved, in line with legislative requirements, professional standards and guidelines.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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. Staff confirmed that they were provided with relevant training both online and practical to enable them to carry out their roles and responsibilities effectively.

Review of the training records evidenced that a colour coded system was in place to monitor compliance with mandatory training for registered nurses but this system was not in place for any other staff. Therefore, it was unclear how the manager established the overall compliance levels with mandatory training across all other grades of staff. This was discussed with the manager and following the inspection written assurances were received detailing the level of compliance for all grades of staff and action taken to address any shortfalls.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the patients.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Two staff recruitment records evidenced several gaps in employment which had not been explored; did not include the date references had been received and health questionnaires had not been signed by staff. This was discussed with the manager and following the inspection, the manager provided written assurances that these issues had been addressed, and that related templates had been updated to ensure this information was being recorded going forward.

Staff competency and capability assessments for the nurse in charge in the absence of the manager were in place.

Monthly 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). The registration checklist for NISCC required further details, which management forwarded to RQIA following the inspection.

A record of staff supervisions and appraisal was maintained by the manager with staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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.

Patients who were less able to mobilise require special attention to their skin care. Review of a sample of patients care records evidenced that these were mostly well maintained.

It was identified that lap belts on wheelchairs were not being used for a number of patients during transport and two patients were observed being transferred in wheelchairs without footrests. Details were discussed with the manager and an area for improvement was identified.

Mattress settings on a number of beds were not set at the correct setting in accordance with the patient's weight and a number of care plans provided inaccurate information regarding the type of mattress required. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and the food was covered on transport.

There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. There was a variety of drinks available.

Whilst menus were available on dining room tables they were for the previous day and had not been updated until prior to the lunch being served. It was further identified that the pictorial menu board within the dementia unit was dated the 28 April 2024. This was discussed with the management team who advised that they had already been made aware of this by a member of staff and the menus were then updated to reflect the current date. The manager agreed to monitor this going forward.

Staff described how they were made aware of patients' individual nutritional and support needs based on recommendations made by the Speech and Language Therapist (SALT). Whilst staff were providing the correct diet as recommended by SALT, a number of care records were not reflective of the patients' dietary requirements. An area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

Some care records were not fully reflective of the patient's current needs and some did not contain care plans regarding relevant medical history. It was further identified that not all care plans regarding risk of dehydration contained the recommended daily fluid intake and/or the action to take if the recommended target is not met. Specific details were discussed with the manager and an area for improvement has been stated for a second time.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Review of a sample of care plan evaluation records evidenced that some were repetitive over a number of months. The manager agreed to review this and to monitor going forward.

The door to a nurses' station was observed wedged open with access to confidential patient information. This was discussed with the manager from both a fire safety perspective and a General Data Protection Regulation (GDPR) breach. Two areas for improvement were identified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and tastefully decorated. Patient's bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for patients to sit. The management team advised that refurbishment work was ongoing within the home to ensure that it is well maintained.

Whilst most areas of the home were clean, some identified furniture and fixtures required a more thorough cleaning. Surface damage was also observed to a number of bedframes, a bedrail protector, an armchair, a worktop and cupboard within an identified kitchenette. This was discussed with the management team who agreed to have these areas reviewed. Following the inspection written confirmation was received that relevant action had been taken to address these issues, with ongoing monitoring to ensure sustained compliance. Therefore, an area for improvement was not required on this occasion.

A number of wardrobes had not been secured to the wall for safety. This was discussed with the management team who agreed to have this reviewed along with any free standing furniture as required. An area for improvement was identified.

Window restrictors were not in place for all windows and where they were in place they were not tamper proof and could therefore be opened wider than the recommended distance. An area for improvement was identified.

Review of the most recent fire risk assessment completed on 22 May 2023 evidenced that any actions required had been signed off by management as having been completed.

There was evidence that required fire evacuation drills had been completed. Advice was provided to the manager to further enhance the recording of the fire drills by ensuring that the time the alarm was set off is consistently recorded along with the time it took staff to respond.

Items including a kettle, razors, denture cleaning tablets and medical needles were found accessible in unlocked areas of the home. Specific details regarding the potential hazards were discussed with the manager and an area for improvement has been stated for a second time.

Stairs leading to the first floor were accessible to patients within the general nursing care units. The potential risks were discussed with the management team who advised that patients have never attempted to enter this area but agreed to continue to monitor and risk assess as required.

There was unsupervised access to food and fluids in a number of areas throughout the home. A tea trolley was also observed unattended. The potential risks were discussed with the manager and an area for improvement was identified.

The practice of administering medication in one of the units was not in accordance with best practice and the medicine trolley along with a prescribed thickening agent and supplement were left unattended on two occasions. Details were discussed with the management team and shared with the RQIA pharmacist inspector. An area for improvement was identified. Following the inspection written confirmation was received of the action taken to address this.

Personal protective equipment (PPE) was available within the home. However, the type of gloves used within two of the units were not in keeping with best practice. It was further identified that there was an insufficient supply of hand sanitiser. Following the inspection, the manager provided written confirmation that these issues had been addressed.

Observation of staff practices and the environment evidenced that staff were not fully compliant with infection prevention and control (IPC) measures. For example; several staff were not bare below the elbow and there was inappropriate storage of patient equipment and personal items in en-suites and communal bathrooms. These and any other IPC related issues were discussed in detail with the management team and an area for improvement has been stated for a second time.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

During the inspection a number of patients attended the 'Social Room' within the home where live music was provided in the afternoon. Other patients were engaged in their own activities such as; watching TV, resting or chatting to staff. Patients were seen to be content and settled in their surroundings and in their interactions with staff. One patient said: "More than happy here" and a further patient said: "The staff are all very good and do their best".

Patients commented positively about the food provided within the home with comments such as: "The food is very good here", "Plenty of choices" and "The food is very nice."

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection with Ms Katrina Canning now the Registered Manager since 5 April 2024. Staff said that the manager was very approachable and accessible.

Accidents/incidents records evidenced that two notifiable events had not been submitted to RQIA. This was discussed with the manager who reviewed all accidents/incidents and submitted the necessary notifications retrospectively.

One of the notifications submitted related to an adult safeguarding (ASG) incident which had not been referred to the ASG team for their review. The manager was directed to make contact with the ASG team and to continue to keep RQIA updated with the outcome of any investigations. An area for improvement was identified.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home. However, a number of areas for improvement as detailed throughout this report had not been identified by management during their audits of the home. This was identified as an area for improvement.

The home was visited each month by a representative of the responsible person to consult with patients, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

6.0 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 (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	6*	11*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, 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 14 (2) (a) Stated: Second time To be completed by: 7 May 2024	The registered persons shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: On the morning of the inspection the key pad lock on the door of the store in the general nursing unit was broken, and this was being repaired at the time of the inspection. This lock was secured prior to the inspectors leaving the building. A number of locks on cupboards in patients ensuites were also broken , same repaired . All areas of the home are free from hazards.
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: 7 May 2024	The registered person shall ensure that the IPC issues identified during inspection are addressed. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: On the morning of the inspection nitrile gloves were readily available in one of the units. In the other two units vinyl gloves were stocked in the dani centres It is acknowledged that two staff have skin conditions and cannot use nitrile. The Dani centres were stocked with nitrile gloves early morning . Hand sanitiser was not accessible in the Dementia unit due to the needs of the patients however it was available to staff. Wall mounted hand sanitiser has being actioned.

	<p>Staff have been previously spoken to regarding bare below the elbow as this had been evidenced with hand washing audits.</p> <p>This shall be enforced to ensure compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2024</p>	<p>The registered person shall ensure that information displayed within patients' bedrooms and available to staff within dining rooms are reflective of the information within patient's care plans regarding their dietary needs in accordance with SALT recommendations.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This information was displayed as part of My Home Life programme undertaken by the Home Manager.</p> <p>This information has been removed.</p> <p>Information is now available within the patients care plans and communicated to care staff and catering staff.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2024</p>	<p>The registered person shall ensure that wardrobes and relevant free standing furniture are secured for safety.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A number of wardrobes were not secured .This is being actioned</p> <p>A large number of patients are immobile.Smaller items shall be assessed on an individual level.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation (27) (2) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 7 May 2024</p>	<p>The registered person shall ensure that all windows 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 to ensure that window openings are controlled to a safe point of opening of not more than 100mm.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A number of window restrictors are worn this is currently being addressed to ensure that window. openings are controlled to a safe point of not more than 100mm.</p>

Area for improvement 6 Ref: Regulation 13 (4) Stated: First time To be completed by: 7 May 2024	The registered person shall ensure the safe storage and administration of medicines. Ref: 5.2.3 Response by registered person detailing the actions taken: The identified registrant has had supervision, and updated her medication training. She has learnt from this experience.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 18 Stated: Second time To be completed by: 12 September 2023	The registered person shall ensure that the reason for and the outcome of administration is recorded on every occasion, when medication is administered on a 'when required' basis, for the management of distressed reactions. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 28 Stated: First time To be completed by: 12 September 2023	The registered person shall ensure that changes made to prescribed medicines are recorded clearly on personal medication records and any discontinued medicines removed from stock promptly to prevent their potential administration in error. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: 12 September 2023	The registered person shall ensure that controlled drug records are completed contemporaneously by the two members of staff involved, in line with legislative requirements, professional standards and guidelines. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 4 Ref: Standard 4 Stated: Second time To be completed by: 21 May 2024	<p>The registered person shall ensure that care plans provide sufficient details that are reflective of the patient's current needs and any relevant medical conditions.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan audits were undertaken in April 2024. Named Nurses shall review and update their careplans</p>
Area for improvement 5 Ref: Standard 47.3 Stated: First time To be completed by: 7 May 2024	<p>The registered person shall ensure that safe and healthy working practices are maintained. With specific reference to the use of lap belts and foots rests on wheelchairs during the transportation of patients.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have had recent training in regard to care practices when moving and handling patients. This shall be reiterated at the next care staff meeting.</p>
Area for improvement 6 Ref: Standard 23 Stated: First time To be completed by: 7 May 2024	<p>The registered person shall ensure that mattress settings are in accordance with the manufactures guidelines and the patients weight. Care plans and supplementary care records must be reflective of the type of mattress being used.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: A recent audit of mattresses has actioned this area of improvement.</p>
Area for improvement 7 Ref: Standard 48 Stated: First time To be completed by: 7 May 2024	<p>The registered person shall ensure that fire doors are not wedged/propped open.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff have had mandatory fire awareness twice yealy .The door at the nurses station should not have been wedged open.</p>
Area for improvement 8 Ref: Standard 37.5 Stated: First time	<p>The registered person shall ensure that any record retained in the home which details patient information is stored securely in accordance with GDPR and best practice.</p> <p>Ref: 5.2.2</p>

To be completed by: 7 May 2024	
Area for improvement 9 Ref: Standard 35 Stated: First time To be completed by: 7 May 2024	<p>Response by registered person detailing the actions taken: All records in the home are stored securely.</p> <p>The registered person shall ensure the safe storage of food and fluids and that tea trolleys are supervised at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have had recent in house training in meals and mealtimes and should have known not to have the tea trolley unattended. Patients have been reassessed in regard to accessing food and fluids.</p>
Area for improvement 10 Ref: Standard 13.6 Stated: First time To be completed by: 7 May 2024	<p>The registered person shall ensure that Adult Safeguarding referrals are reported to all relevant persons without delay.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: This area of improvement is made in regard to a patient who was discharged from hospital to the Home. The patient was not harmed Information was communicated to the relevant Care Manager and escalated through a datix to the relevant HSCT. A retrospective APP1 form was sent to the Adult Safe Guarding team and has since been screened out.</p>
Area for improvement 11 Ref: Standard 35 Stated: First time To be completed by: 7 June 2024	<p>The registered person shall ensure that quality governance audits are effective at identifying and addressing the areas requiring improvement as outlined in this report.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Quality governance audits are continued and have identified a number of environmental improvements prior to the inspection. Hand washing audits and IPC audits remain ongoing.</p>

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The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

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

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