



# Unannounced Inspection Report 9 and 10 July 2018



**Cranfield Ward 1, Ward 2 and the Psychiatric Intensive Care  
Unit  
Muckamore Abbey Hospital  
1 Abbey Road  
Muckamore  
Co. Antrim  
BT41 4SH**

**Tel No: 02895 042058**

**Inspectors: Wendy McGregor, Kieran Murray and Dr John  
Simpson**

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



## 1.1 Terminology explained

### **Sleeping out**

Sleeping out occurs when there are not enough beds for patients in a particular ward. Sleeping out generally occurs when a new patient requires admission to a ward. A patient who has been in the ward and who appears to be settled may be asked to sleep out in another ward until such time as a bed in this ward becomes available.

### **Trial resettlement**

Trial resettlement occurs when a long-term placement has been identified for and with a patient and their family/carers. Patients are afforded the safety of having their place in the hospital protected for a period of time to facilitate a settling in period in their new placement. The resettlement period is concluded when the patient's consultant psychiatrist in consultation with the multidisciplinary community team decides that the patient is sufficiently settled in their new community home.

### **Trial leave**

Trial leave occurs when members of the multi-disciplinary team along with the patient and their family members/ carers agree a discharge plan on a step-down basis. The patient is temporarily discharged from the ward but has access to the ward and members of the hospital multi-disciplinary team. The trial leave period is concluded when the patient's consultant psychiatrist in consultation with the multidisciplinary community team decides that the patient is sufficiently settled in the community.

## 2.0 Profile of Service

Cranfield Unit is an assessment, care and treatment unit for male patients with a learning disability aged 18 and above, situated on the grounds of Muckamore Abbey Hospital. There are three wards in the Cranfield Unit and each ward has its own specific function. Across the three wards there are 36 beds. Nineteen patients admitted to Cranfield Unit, were detained in accordance with the Mental Health (Northern Ireland) Order 1986.

### **Cranfield Ward 1**

Cranfield Ward 1 is an admission and assessment ward. The purpose of the ward is to provide assessment and treatment to male patients with a learning disability who need to be supported in an acute psychiatric care environment. On the days of the inspection there were eight patients in Cranfield Ward 1 and one patient who was sleeping out on another ward. There was also one patient in Antrim Area Hospital, one patient on trial resettlement and two patients on trial leave.

### **Cranfield Ward 2**

Cranfield Ward 2 provides care and treatment to male patients with a learning disability who have an enduring mental illness, and complex behaviours that challenge. On the days of inspection there were 15 patients in Cranfield Ward 2.

### **Psychiatric Intensive Care Unit**

The Psychiatric Intensive Care Unit (PICU) is a six bedded unit. The purpose of the ward is to provide assessment and treatment to patients with a learning disability who need to be supported in an intensive care environment. During this inspection the ward was at full occupancy with six patients.

Patients in the Cranfield Unit have access to a multi-disciplinary team consisting of nursing, psychiatry, medical, occupational therapy, psychology, behaviour support and social work. Speech and language therapy and physiotherapy are also available on the Muckamore Abbey site on a referral basis.

A patient and carer advocacy service is also available.

### 3.0 Service Details

<p><b>Responsible person:</b> Martin Dillon, Chief Executive Officer, Belfast Health and Social Care Trust</p>	<p><b>Ward manager:</b> Cranfield Ward 1 - Oisin McAuley Cranfield Ward 2 - Linda McCartney Cranfield PICU - Sean Murray</p>
<p><b>Category of care:</b> Learning disability Assessment and Treatment and Psychiatric Intensive Care Unit (PICU)</p>	<p><b>Number of beds:</b> Cranfield Ward 1 - 14 Cranfield Ward 2 - 16 Cranfield PICU - 6</p>
<p><b>Person in charge at the time of inspection:</b> Cranfield Ward 1 Oisin McAuley Cranfield Ward 2 Audrey Lewis Cranfield PICU Manus Murphy</p>	

### 4.0 How we inspect

The Regulation and Quality Improvement Authority (RQIA) inspects quality of care under four domains.

- Is care well-led? Under this domain we look for evidence that the ward is managed and organised in such a way that patients and staff feel safe, secure and supported;
- Is care safe? Under this domain we look for evidence that patients are protected from harm associated with the treatment, care and support that is intended to help them;
- Is care effective? Under this domain we look for evidence that the ward or unit or service is providing the right care, by the right person, at the right time, in the right place for the best outcome; and
- Is care compassionate? Under this domain we look for evidence that patients, family members and carers are treated with dignity and respect and are fully involved in decisions affecting their treatment, care and support.

Under each of these domains and depending on the findings of our inspection we may recommend a number of actions for improvement that will form the basis of a Quality Improvement Plan (known as a QIP). Through their QIP the hospital and Trust will put in place measures to enhance the quality of care delivered to patients and to effectively deal with issues we have identified during inspection.

The inspection was underpinned by:

- The Mental Health (Northern Ireland) Order 1986.
- The Quality Standards for Health & Social Care: Supporting Good Governance and Best Practice in the HPSS, 2006.
- The Human Rights Act 1998.
- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- Optional Protocol to the Convention Against Torture (OPCAT) 2002.

During inspections, the views of and feedback received from patients and service users is central to helping our inspection team build a picture of the care and experienced in the areas inspected. We use questionnaires to facilitate patients and relatives to share their views and experience with us.

Our inspection team also observes communication between staff and patients, staff and relatives/family members and staff and visitors. These observations are carried out by members of our inspection team using the Quality of Interaction Schedule observation tool. This tool allows for the systematic recording of interactions to measure the quality of interactions.

We also facilitate meetings and focus groups with staff at all levels and all disciplines in the areas or services we inspect. We use this information to inform the overall outcome of the inspection and the report produced after the visit.

The following areas were examined during the inspection:

- Care documentation in relation to nine patients focusing on:
  - Podiatry
  - Dietetics
  - Skin care
  - Health screening
  - Elimination
  - Weight
  - Food and Fluid intake records
  - Dentistry
  - Assessments and care plans
- Ward environment.
- Medical cover and GP arrangements
- Treatment kardex's in relation to 30 patients
- Staff knowledge of patients' health care needs
- Temperature of wards
- Minutes of patient forum meetings (ICU)
- Minutes of ward meetings (ICU)

We reviewed the areas for improvements made at the previous inspections and an assessment of compliance was recorded as met and partially met.

## **5.0 Inspection Summary**

An unannounced inspection took place over two days commencing on 9 and concluding on 10 July 2018.

The inspection sought to assess progress with findings for improvement identified during the unannounced inspections of Cranfield Ward 1 on 16 – 18 May 2017, Cranfield Ward 2 on 7 – 8 March 2018 and Cranfield PICU on 5 – 6 February 2018.

The inspectors also reviewed concerns raised by relatives in relation to the management of some aspects of the physical health care needs of patients in the Cranfield Unit. RQIA are aware that some concerns are being managed through the Belfast Health and Social Care Trust's (the Trust) formal complaints procedure.

It was good to note that the three wards had met five out of the six areas for improvement identified at the previous inspections.

- A pharmacist has been recruited for 21 hours per week and is due to commence in September 2018.
- The occupational therapy (OT) service has increased and there are now three full time equivalent OT's on the Muckamore Abbey Site.
- There was evidence that patients received one to one therapeutic interventions every week and this was now recorded in the one to one section on the patient electronic recording system (PARIS) system in Cranfield PICU.
- Patient forum meetings were held on a regular basis and minutes were available in an easy to read format in Cranfield PICU.
- Ward meetings now occurred every month in Cranfield PICU.

One area for improvement in relation to ensuring that goals were consistently recorded in care plans was reviewed. Since the previous inspection a number of staff had received training in this area and there was evidence that staff who had been trained had implemented the training into practice. A new area of improvement has been made to ensure all staff receive this training.

Progress has been made toward the resettlement of patients from hospital to the community since the last inspection. During the inspection, five patients were on trial resettlement or trial leave.

Patient care records reviewed, confirmed that appropriate referrals had been made to hospital medical staff and/or the GP when required. Access to podiatry, dentistry, the tissue viability nurse, physiotherapy and dietetics was good. However, there was no consistent approach to the management and recording of patient's weights and elimination needs.

Nursing staff informed inspectors that the GP evening and weekend service was very beneficial however they stated that access to this service was not always available.

Patients who had been in the Cranfield wards for over a year had not received their GP annual health check. A pilot scheme ran for three months with the aim of developing a physical health care pathway for patients and this had commenced on another ward on the Muckamore Abbey Hospital site, but was not extended to all wards.

Patient and staff interactions were observed as positive. Staff were respectful toward patients and maintained their privacy. Staff attended to patients who required assistance promptly. Staff confirmed that the care on the wards was safe, effective and compassionate. However they highlighted concerns in relation to reduced staffing levels and the increased use of agency staff. RQIA are aware that there are ongoing difficulties with the recruitment of staff. The Trust have informed RQIA of their efforts to address this challenge.

The environment in the three wards was clean and tidy and the temperature of each ward was comfortable.

The findings of this report will provide the Trust with the necessary information to assist them to fulfil their responsibilities, enhance practice and service user experience.

## 5.1 Inspection Outcome

<b>Total number of areas for improvement</b>	Four
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These are detailed in the Quality Improvement Plan (QIP).

The inspection focused on reviewing areas for improvement from previous inspections and on concerns received from relatives in relation to the management of some aspects of the physical health care needs of patients.

## 6.0 The inspection

### Areas of good practice

#### **Staffs' knowledge of patients' physical health needs**

Staff demonstrated they had a good knowledge of patient's health care needs. Patients' physical health care needs were assessed on admission and reviewed at their weekly multidisciplinary meetings. Inspectors noted that patients had an up to date care plan in place to address a physical health care need where identified. Care plans reviewed were up to date. Patients' health care needs were reviewed on a daily basis and this was recorded in the patients' daily progress notes.

There was evidence that when patients were assessed as requiring their food and fluid intake to be monitored, a record was maintained. Fluids were being offered and readily available during the days of the inspection.

Care documents reviewed, evidenced that patients who presented with concerns in relation to their physical health were appropriately referred to the medical team and were seen promptly. There was evidence that care plans were developed from the outcome of these appointments and updated regularly.

The inspector observed a handover meeting from night staff to day staff. The handover detailed any concerns in relation to patients' health from the day before and during the night. The office telephone rang during handover and it was good to note that patients' confidentiality was maintained during the handover as the night nurse suspended the handover until the phone call ended.

Inspectors noted that all patients had routine blood screening completed. Patients who require specific blood screening for medication monitoring and physical health conditions had this completed. Blood results were all recorded and available on the PARIS system and could be easily reviewed.

### **Access to primary health care**

Access to podiatry and dentistry was satisfactory and available on site once a week. There was evidence that patients requiring treatment were referred and seen promptly. Patients also have access to a dental hygienist who visits the ward. The inspector noted that podiatry records were maintained on the patient electronic recording system (PARIS).

Access to physiotherapy and dietetics was by referral and there was evidence that patients who were referred were seen promptly. Access to Speech and Language Therapy (SALT) was good. When concerns were identified in relation to patients' swallow, a prompt assessment or review was completed by SALT and care plans were updated accordingly. Patients also had an assessment completed in relation to their communication needs. There was evidence that patients were seen by the physiotherapist when assessed as requiring this support.

### **Medication**

Inspectors observed staff administering medication and reviewed patients' treatment kardex's. Medication administration observed, was completed in accordance with Nursing and Midwifery standards for the administration of medication. The dispensing of medicine administered by percutaneous endoscopic gastrostomy (PEG) tube was completed in accordance with procedural guidelines. Patient's treatment kardex's were completed to a good standard and medication was prescribed in accordance with the British National Formulary. There was evidence that patients who were prescribed antipsychotic medication were monitored, although no monitoring tool was used, it was recorded in the patients' care plans and progress notes. Echo Cardiograms (ECG) were two weeks behind but a mechanism is now in place to address this.

### **Staff and patient interactions.**

During the inspection the inspectors observed staff working practices and interactions with patients using a Quality of Interactions Schedule Tool (QUIS).

Interactions between multidisciplinary staff and patients were positive. Staff were courteous and responded promptly to patients requiring support or assistance. Staff were offering patients a choice of drinks and food and were empathetic and compassionate towards patients and interested in finding out about the patients' day. Staff gave good explanations to patients and sought consent when supporting patients with their physical health care needs. Members of the multidisciplinary team including physiotherapy and behaviour support services, visited the wards frequently during the day to see patients in accordance with their care plans.

### **Ward environment**

There had been ongoing complaints in relation to the temperature of the ward being too hot. Staff said that the ward can be too hot when the temperature outside rises. The Trust has reviewed this and are piloting a heat deflector film on sky light windows in Cranfield Ward 1. This will be reviewed in one month. The temperature on the ward during the inspection was comfortable. Although of note, the temperature outside was normal.

### **Staff views**

Staff said that staffing levels continue to be reduced although they were satisfied that care on the wards was safe, effective and compassionate. Some staff raised concerns in relation to the use of agency staff and said they hadn't been trained in the Management of Actual or Potential Aggression (MAPA). This was raised with senior management at the conclusion of

the inspection. Senior management confirmed that training had been organised for the week beginning 23 July 2018 for all agency staff. This training will be provided and funded by the Trust. Following the inspection we received confirmation that agency staff have now completed their training.

### **Areas for Improvement**

#### **Bowel care**

There was no evidence of a consistent approach to the monitoring, review and recording of patients who have a history of constipation or who required support with bowel care. There was no system in place to ensure laxatives are administered as prescribed. Treatment kardex's should clearly identify when the medication should be administered. This should be agreed by the multidisciplinary team.

#### **Weight management**

There was no consistent approach to the management of patient's weights. There was no agreement regarding the frequency of weighing patients.

#### **Dental care records**

Dental records were not recorded on the patient electronic recording system (PARIS)

#### **Access to GP service at evenings and weekends**

Staff reported that onsite access to the GP was not always available in the evenings and weekends. Senior trust representatives advised that the GP service was available every day however there was no mechanism in place to track how frequently this service was required in the evening and weekends against the frequency of it being available.

#### **Physical healthcare pathways**

Patients who have been in hospital for more than a year had not received a GP annual health check or appropriate health screening in accordance with Department of Health screening directives.

Inspectors were informed by staff that a pilot (with the aim of developing a physical health care pathway) had commenced but finished after three months as the staff member leading the pilot had left their post. This was a good initiative which had commenced on another ward in the hospital but had not been completed on the remainder of the wards. Trust senior management stated that an advertisement has been sent to the Antrim GP federation requiring a GP for two sessions a week. It is expected that the GP appointed would continue with the development of the physical health care pilot and progress with the GP annual health check thereby ensuring patients who have been in Muckamore Abbey Hospital for over a year have equal access to services.

### **6.1 Review of areas for improvement from the last inspection**

Prior to this inspection, Cranfield Unit was inspected on an individual ward basis. These inspections were unannounced inspections. The completed Quality Improvement Plans (QIP's) were returned and approved by the responsible inspector. These QIP's were validated by inspectors during this inspection.

**Follow-up on recommendations made following the unannounced inspection in Cranfield Male Ward 1 on 16 to 18 May 2017**

Areas for Improvement		Validation of Compliance
<b>Number 1</b>  <b>Ref:</b> Quality Standard 5.3.1 (e)  <b>Stated:</b> First Time	The Trust should ensure that patients and staff can access pharmacy services based within the hospital site.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Senior management informed inspectors that a pharmacist has now been recruited to work 21 hours per week in the hospital and will commence employment in September 2018. This area has been assessed as met. Pharmacy services will be reviewed on the next inspection of Muckamore Abbey Hospital.	
<b>Number 2</b>  <b>Ref:</b> Quality Standard 5.3.1 (e)  <b>Stated:</b> First time	The Trust should ensure that patients in Cranfield Male Ward 1 can access a ward based occupational therapist at least two and a half days per week.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The OT service has increased on the Muckamore Abbey site to three whole time equivalents. OT services are available on every ward. There was evidence that patients were appropriately referred to OT services and promptly received this service. This area for improvement has been assessed as met. RQIA will continue to monitor the OT service during the next inspection of Muckamore Abbey hospital.	

**Follow-up on recommendations made following the unannounced inspection Cranfield Male Ward 2 on 7 to 8 March 2018**

Areas for Improvement		Validation of Compliance
<p><b>Number 1</b></p> <p><b>Ref:</b> Quality Standard 5.3.1 (a)</p> <p><b>Stated:</b> Second Time</p>	<p>Goals were not consistently recorded in patient's care plans. It was noted that goals were documented as interventions and were not specific to the assessed need. For example it was documented that one patient's mood fluctuates and the goal was to promote positive mental health. This would have made the effectiveness of this care plan difficult to measure.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors were informed that all staff were undergoing training in relation to ensuring care plans are goal based and could be measured for effectiveness.</p> <p>On Ward 2, three out of seven trained staff have received this training and four staff were attending this training during the inspection. Inspectors reviewed four care plans. Appropriate goals were recorded in only one out of the four care plans reviewed. This care plan had been completed by a staff nurse who had attended the training which evidenced that the training was effective. There was no change in relation to the setting of appropriate goals in the other three care plans reviewed.</p> <p>RQIA agreed to assess this area as met. Whilst, not all staff had been trained in care planning, there was evidence that staff who had been trained had implemented the training by writing care plan goals which could be measured. Although this area has been assessed as met a new area for improvement has been made to ensure all staff receive this training.</p>	<p><b>Met</b></p>

**Follow-up on recommendations made following the unannounced inspection of Cranfield Psychiatric Intensive Care Unit (PICU) on 5 to 6 February 2018**

Areas for Improvement		Validation of Compliance
<p><b>Number 1</b></p> <p><b>Ref:</b> Quality Standard 5.3.1 (f)</p> <p><b>Stated:</b> Second Time</p>	<p>There was a section on the patient electronic recording system (PARIS) system to record weekly 1:1 therapeutic intervention by nursing staff. However, a number of staff had recorded this intervention in the progress records. Therefore it was difficult to track the patients' progress</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspectors reviewed the patient electronic recording system in relation to all six patients in PICU. There was evidence that patients received 1 to 1 therapeutic intervention every week and this was recorded in the 1 to 1 therapeutic intervention/weekly interviews section on the PARIS system. This area for improvement has been assessed as met.</p>	
<p><b>Number 2</b></p> <p><b>Ref:</b> Quality Standard 8.3 (a)</p> <p><b>Stated:</b> Second time</p>	<p>Patient forum meetings were not held on a regular basis on the ward, the minutes of these meetings were not recorded in an easy to ready format and information was not displayed regarding the next patient forum meeting.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the records retained for patient forum meetings. Patient forum meetings were held on a regular basis and minutes were available in an easy to read format. This area has been assessed as met.</p>	
<p><b>Number 3</b></p> <p><b>Ref:</b> Quality Standard 4.3 (a)</p> <p><b>Stated:</b> First Time</p>	<p>Ward managers meetings were not held regularly.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the records maintained for the ward meetings and noted that they now occur every month.</p> <p>This area has been assessed as met.</p>	

## **7.0 Quality Improvement Plan**

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with senior trust representatives, members of the multi-disciplinary team, ward manager, and ward staff as part of the inspection process. The timescales commence from the date of inspection.

The responsible person must ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. The responsible person should note that failure to comply with the findings of this inspection may lead to escalation action being taken.

### **7.1 Actions to be taken by the Service**

The quality improvement plan should be completed and detail the actions taken to meet the areas for improvement identified. The responsible person should confirm that these actions have been completed and return the completed quality improvement plan to RQIA via the web portal for assessment by the inspector by 15 March 2019.

## Quality Improvement Plan

**The responsible person must ensure the following findings are addressed:**

<p><b>Area for Improvement No. 1</b></p> <p><b>Ref:</b> Quality Standard 5.3.1 (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 January 2019</p>	<p>It is recommended that all nurses receive training in the writing of care plans to ensure goals are written in such a manner that patient's progress can be measured.</p>
	<p><b>Response by responsible individual detailing the actions taken:</b></p> <p>In response to this recommendation, training for nurses in the writing of care plans to ensure goals are written in such a manner that patient's progress can be measured is ongoing. Guidance on writing goals has been shared with all registrants.</p>
<p><b>Area for Improvement No. 2</b></p> <p><b>Ref:</b> Quality Standard 5.3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 September 2018</p>	<p>It is recommended that patients have access to a GP service to ensure their health care needs are being met in a timely manner.</p>
	<p><b>Response by responsible individual detailing the actions taken:</b></p> <p>In response to this area of improvement, Muckamore Abbey Hospital currently provides evening and weekend GP services for patients; however, the hospital is working towards having a dedicated daytime GP GMS Like Service to be run as a typical community GP Clinic where patients would book in for all their physical health care needs. The hospital has provided two expressions of interest with both the Belfast and Northern Trust GP Federation services without success, currently the hospital is working with the contracts department to explore what other options are available to allow engagement with a GP/GP's on a regular weekly basis.</p>
<p><b>Area for Improvement No. 3</b></p> <p><b>Ref:</b> Quality Standard 5.3.1 (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 January 2019</p>	<p>It is recommended that patient's physical health care needs are routinely assessed by relevant health care staff and the necessary actions are taken to address any identified deficits.</p>
	<p>All relevant interventions must be appropriately documented in the patient's health care records.</p>
	<p><b>Response by responsible individual detailing the actions taken:</b></p> <p>In response to this area of improvement, the wards are developing a physical health pathway to supplement the nursing assessment, based on NICE guidelines. The named nurse will routinely assess on admission and on specified times based on individual need and any necessary actions taken to address any identified deficits.</p>
	<p>All relevant interventions are appropriately documented and reviewed in the patient's plan of care.</p>
	<p>Medical entries on Paris are now recorded in Casenote (medical) and are easily assessable.</p>

<b>Area for Improvement No. 4</b>  <b>Ref:</b> Quality Standard 6.3.1 (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2018	<p>It is recommended that the Trust develops and implement a robust governance system to ensure all patient's physical health care needs are met.</p> <p><b>Response by responsible individual detailing the actions taken:</b></p> <p>In response to this area of improvement, Muckamore Abbey Hospital currently provides evening and weekend GP services for patients; however, the hospital is working towards having a dedicated daytime GP GMS Like Service to be run as a typical community GP Clinic where patients would book in for all their physical health care needs. The hospital has provided two expressions of interest with both the Belfast and Northern Trust GP Federation services without success, currently the hospital is working with the contracts department to explore what other options are available to allow engagement with a GP/GP's on a regular weekly basis.</p> <p>The wards are also developing a physical health pathway to supplement the nursing assessment, based on NICE guidelines. The named nurse will routinely assess on admission and on specified times based on individual need and any necessary actions are taken to address any identified deficits.</p>
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<b>Name of person (s) completing the QIP</b>	Oisin McAuley Judith Glenholmes Linda MacCartney Jenni Armstrong		
<b>Signature of person (s) completing the QIP</b>	Oisin McAuley Judith Glenholmes Linda MacCartney Jenni Armstrong	<b>Date completed</b>	18 March 19
<b>Name of responsible person approving the QIP</b>	Martin Dillon		
<b>Signature of responsible person approving the QIP</b>	Martin Dillon	<b>Date approved</b>	18 March 19
<b>Name of RQIA inspector assessing response</b>	Wendy McGregor		
<b>Signature of RQIA inspector assessing response</b>	Wendy McGregor	<b>Date approved</b>	18 March 2018

***\*Please ensure this document is completed in full and returned to RQIA via the web portal\****



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