



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 28 and 29 May 2019



## Lansdowne

**Type of Service: Nursing Home**  
**Address: 41-43 Somerton Road,**  
**Belfast, BT15 3LG**  
**Tel No: 028 9037 0911**  
**Inspector: Heather Sleator**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 86 patients. The home is divided into three units. The ground floor provides dementia care for up to 17 patients, the first floor is an interim care unit for up to 22 patients and the second floor provides nursing care for up to 24 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Cara Parker 14/12/2018
<b>Person in charge at the time of inspection:</b> Cara Parker	<b>Number of registered places:</b> 86  No more than 17 patients in category NH-DE to be accommodated in the Dementia Unit.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 56

### 4.0 Inspection summary

An unannounced inspection took place on 28 May 2019 from 09.30 hours to 17.00 hours and 29 May 2019 from 09.30 to 13.00 hours.

The inspection assessed 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.

Evidence of good practice was found in relation to staffing arrangements and staff training and the environment was safely managed without detracting from the homely atmosphere.

There were examples of good practice found throughout the inspection in relation to the assessment of patients' needs and the planning of how these needs would be met. Patients were attended to by their GP and other healthcare professionals as they required. Staff were well informed of the needs of the patients and worked well as a team to deliver the care required.

We observed that systems were in place to provide patients with a say in the day to day running of the home and that the activities provided had a positive impact on the patients.

There were established management arrangements with systems in place to provide management with oversight of the services delivered.

Areas requiring improvement were identified regarding the availability of the annual quality report, care and support plans for patients who may display behaviours that challenge staff, affording patients who require a softer diet a choice at mealtimes and for the provision of snacks for these patients' throughout the day, support and supervision of staff and refresher training for staff in respect of supporting persons living with dementia.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. Comments received from patients included:

- "It's very good here, staff are very pleasant and the food's nice."

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Cara Parker, Registered 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 11 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home

- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and ‘Have We Missed You’ cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 13 May to 29 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- eight patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- reports of the monthly monitoring reports for February, March and April 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 11 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (1) (a) (b) <b>Stated:</b> Second time	The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Three wound care management records were selected for review. Evidence was present that records were being maintained in accordance with legislative requirements, standards and professional guidance.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that action plans are developed to address shortfalls identified within auditing records and that these action plans are reviewed to ensure completion.</p> <p><b>Action taken as confirmed during the inspection:</b> The review of quality auditing records evidenced that action plans had been developed. Evidence was present of the review of any action plan developed following audit where a shortfall within the audit/s had been identified.</p>	<b>Met</b>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.11  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that net pants are provided for each patient's individual use and not used communally.</p> <p><b>Action taken as confirmed during the inspection:</b> There was no evidence of the communal use of net pants in the laundry or the linen rooms in the different units in the home.</p>	<b>Met</b>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the daily menu is displayed in an appropriate format in each dining room in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> The daily menu was displayed in the dining rooms in each unit. The menu was written each day, the writing was not always very clear however the registered manager agreed to discuss this with the staff team.</p>	<b>Met</b>

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Staffing levels within the home were reviewed with the registered manager. The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- “I think there’s sufficient staff.”
- “They’d (staff) get an A3 from me.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. One staff member told the inspectors: “Love it here, everyone is very friendly.”

Discussion with both the registered manager and staff provided assurance that staff were effectively supported by the registered manager through informal conversation and a process of bi-annual supervision and annual appraisal. Six staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- “Can go to.... (registered manager) about anything....she gets things sorted.”
- “It’s the team here, we work well together.”

Feedback from staff and a review of two staff personnel records provided assurance that new members of staff undergo a formal, structured period of induction.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual’s monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the registered manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents.

We looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable, clean and tidy. It was pleasing to note that the environment, particularly the dementia unit and the interim care unit, appeared bright and welcoming to patients and visitors.

We observed that the nurse call system in a number of patients bedrooms in the dementia unit were not readily accessible for patients' to use. This was discussed with the registered manager and the deputy manager who agreed that this was not acceptable. The registered manager stated that staff would be informed of the need to place the nurse call bell conveniently to the patient and that they would monitor the situation.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that the fire detection and warning system was tested weekly and that they were aware of the need to complete fire safety drills/evacuations as part of their training programme. Staffs' compliance with fire safety drills was being monitored by the regional manager and had been detailed in the monthly quality monitoring reports selected for review. The most recent fire risk assessor's report of 31 May 2018 was viewed and any recommendation made in the report had been addressed.

In relation to medicines management the most recent medicines management inspection was 30 May 2018 and no areas for improvement were identified at the inspection.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and the environment.

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Feedback from both the registered manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.



Staff who were spoken with stated that that if they had any concerns, they could raise these with the registered manager. Staff spoke positively about working within the home. Staff commented, “(manager) is the best manager I’ve ever had, can phone her anytime and she is very reassuring.”

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT). The care records also evidenced that staff regularly communicated with patients’ families or representatives and also used a range of risk assessments to help inform the care being provided.

We observed that a patient who was seated in a wheelchair had a lap belt in use. Staff were asked why the lapbelt was secured and they discussed the reason for use and that the lapbelt was released on an hourly basis. We review the patient’s care records and it was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this practice was both necessary and proportionate in helping to keep the patient safe. The patient’s history was clearly noted along with an appropriate and person centred care plan.

Wound care, which was being provided to two identified patients, was also considered. Wound care documentation evidenced that the multidisciplinary team (MDT) had been involved in the patients’ care and treatment and that any recommendations made by the MDT had been incorporated into the patients care plan. Wound care management was in accordance with professional guidelines.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present. A discussion with a registered nurse regarding falls management confirmed the registered nurse’s clear understanding and responsibility in respect of post falls management.

However, the review of care documentation in one unit was disorganised and there was duplication of care documentation, for example; risk assessments. We also observed that whilst patients’ clinical needs were clearly documented, the management of behaviours that potentially challenge were not. This was discussed with the registered manager and has been identified as an area for improvement.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the use of potentially restrictive practices, wound care management and post falls management.

### **Areas for improvement**

An area for improvement was identified to ensure that patients who display behaviours that challenge have a care plan to support the patient in place.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

We arrived in the home at 09.30 on both days and were met immediately by staff who offered us assistance. Patients' were present in the dining rooms having breakfast or in their bedroom, as was their personal preference.

We met with 11 patients individually, and with others in smaller groups and patients' confirmed that they were happy and content living in Lansdowne Care Home. Comments received from patients' included:

- "Everything's okay, seems to be enough staff."
- "I don't know the manager but I would say to any of the staff if I had any issues."
- "Staff are absolutely brilliant, couldn't say a bad word about the place."
- "It's very good here, staff are very pleasant and the food's nice."
- "They (staff) look after me well, very lovely people and very lovely place."
- "Very pleasant here."
- "Quite good here, no complaints."
- "I'm well looked after."
- "I'm very happy with staff, they're very pleasant."

For those patients who were unable to voice their opinion staff are expected to provide good explanation of the care they were about to deliver prior to assisting the patient. We observed on two consecutive occasions that staff had not left a patients mid-morning cup of tea within reach for the patient to drink. When we returned to the patient later in the morning the cup of tea was untouched. We viewed the recording on the patient's nutritional record and it had been stated that the patient had drunk the tea. This is of concern. Staff must always ensure patients are assisted into a comfortable position to take fluids and/or food and the records must accurately reflect what the patient actually took. This was discussed with the registered manager and has been identified as an area for improvement. We also observed a number of staff 'chatting' in a lounge; there were no patients in the lounge. Staff should be reminded that when they have free time this should be spent engaging with patients. The need for 'on the floor' supervision of staff was discussed with the registered manager and has been identified as an area for improvement.

We observed the serving of the mid-morning tea and snack. We did not observe that a snack had been made for patients who required a softer diet at this time. In discussion with staff they stated that yoghurts were usually available however there was none available on the tea trolley. There should always be something available for patients who require a softer diet at any time during the day. This has been identified as an area for improvement.

We observed a number of activities being provided and noted the improvements made to the activities programme and further improvements planned for the development of this service. The registered manager stated that activities provision had been poor when she started in the home and she had been able to increase the allocated hours for activities to 60 hours per week. A newsletter for patients' and relatives' was due for issue and at the most recent patient/relatives meeting in May 2019 relatives' were asked to let staff know if they would like their relative to go out shopping or other activities in the community and this could be arranged.

The home had received numerous compliments, mainly in the form of thank you cards. The most recent cards were displayed throughout the home for patients and visitors to see. These are some of the comments included:

- “Thank you for your care and patience....this was greatly appreciated.” (April 2019)
- “Thank you for all your help and support over the last years.” (April 2019)
- “Just want to thank you and all the staff for looking after my ... so well and making ... as comfortable as possible.” (January 2019)

We observed the serving of the lunchtime meal in the three units. In the nursing and interim care units patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. However, for patients who had tray service condiments, for example; salt and pepper were not provided. The tables were appropriately set with cutlery and condiments. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

We observed the serving of the midday meal in the dementia unit. This was discussed with the registered manager, as following the review of the meal choice record, it was noted that the patients’ who required a softer diet were not offered a choice of meal. This has been identified as an area for improvement. Only a small number of patients’ came to the dining room for their meal. The presentation of the dining tables did not provide a visual cue for the patients as to what was about to occur.

It was observed that patients’ in the dementia unit did not engage with others and were tired. A review of the needs of the patients’ and the daily routines of the unit would be of benefit from a best practice in dementia care perspective. Staff may also benefit from refresher training in caring for persons living with dementia. This has been identified as an area for improvement.

We spoke to six staff who were very positive regarding the home and commented:

- “Love it here, it’s very friendly.”
- “It’s the team, we all work well together.”
- “It’s great here, the manager is very approachable.”
- “The manager is excellent, she has stabilised the home.”
- “There’s enough staff, we can go to the manager if we need to.”
- “Our home is the best Four Seasons home.”

We also spoke to one relative who stated; “We’re very happy with Lansdowne, no complaints.”

In addition to speaking with patients’, a relative and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients’ relatives/representatives’ to complete; none were returned within the timescale. A poster was also displayed for staff inviting them to provide online feedback to RQIA and none was received.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the comments received from patients and staff and the activities programme.

## Areas for improvement

Areas for improvement were identified regarding ensuring patients who require a modified diet are offered a choice of meal and the provision of a snack throughout the day, support and supervision of staff and refresher training in respect of supporting persons living with dementia.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registered manager is the person in day to day operation of the home; the current manager had been recently appointed and has been registered with RQIA from December 2018. The registered manager reported that they were well supported by the organisation and the regional manager, two recently appointed deputy managers and by the administrator. A review of the duty rota evidenced that the manager's hours were clearly recorded. Staff reported that the manager was very approachable and available to speak to. One staff member commented, "The manager is excellent, she has stabilised the home."

The manager reviews the services delivered by completing a range of monthly audits. Areas audited included staff practice with hand washing, cleanliness of the environment and care records. Complaints and accidents are reviewed monthly to identify trends and any common themes.

Discussion with the registered manager and staff; and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided on a monthly basis. The findings of any audit completed in the home are also reviewed by the regional manager when completing the monthly quality monitoring visit. However, an annual quality report, which should be available for patients' and relatives', had not been completed since 2017. This has been identified as an area for improvement.

The regional manager on behalf of the responsible individual is required to check the quality of the services provided in the home and complete a report. This was done through a monthly visit. The reports included the views of patients', relatives' and staff, a review of records, for example accident reports, complaints records and a review of the environment. The reports of these visits were available and the reports of February to April 2019 were reviewed and had been satisfactorily completed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

A complaints procedure was displayed in the home and provided advice on how to make a complaint, the timescales involved and what to do if you were unhappy with the response provided by the home. Records were available of any complaints received. The records included the detail of the complaint, the outcome of any investigations, the action taken and if the complainant was satisfied with the response and outcome to their complaint. A relative commented:

- “We’re very happy with Lansdowne, no complaints.”

Examples of written compliments received and comments from patients’, relatives’ and staff have been provided in section 6.6 of this report.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the management arrangements and the systems to provide management with oversight of the services delivered.

### **Areas for improvement**

An area for improvement was identified regarding the provision of an annual quality report.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cara Parker, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

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

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 17</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2019</p>	<p>The registered person shall ensure that a report on the review of the quality of nursing and other services is completed on an annual basis and that the report is made available for patients, relatives and other stakeholders.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Annual quality report is in progress and will be completed in timeframe specified.</p>
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### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 17.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action</p>	<p>The registered person shall ensure that care and support plans are written for patients who display behaviours that may challenge staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans reviewed and updated and are reflective of clients needs.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2019</p>	<p>The registered person shall ensure that arrangements are in place to support and supervise staff.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Formal supervisions completed with all nursing staff to ensure core values are maintained. Supervisions carried out with care staff on duty during inspection to reinforce core values.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standards 12 and 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action</p>	<p>The registered person shall ensure that patients who require a softer diet are afforded a choice of meal at mealtimes and that there is always provision for them, throughout the day, for a snack</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Review completed menu and ensure that all modified diets have a minimum of two menu choices and that appropriate snacks are available at all times for those who require softer option.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff are provided with refresher training in respect of supporting persons living with dementia, particularly in relation to the dining experience, choice, daily routines and social and recreational opportunities.</p> <p>Ref: 6.6</p>
<p><b>To be completed by:</b> 1 August 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> Dementia refresher training will be delivered: 29th July – Module 1: Dementia Experience Sessions running at 11am, 12pm, 2pm and 3pm 30th July – Module 1: Dementia Experience Sessions running at 10am, 11am, 2pm and 3pm  27th, 28th and 29th August – Modules 2, 3 and 4 will be delivered.</p>

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





The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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