



# Unannounced Care Inspection Report 22 November 2018



## Balmoral View

**Type of Service: Nursing Home**

**Address: 5 The Manor, Blacks Road, Dunmurry, BT10 0NB**

**Tel no: 028 9062 9331**

**Inspector: Dermot Walsh and Julie Palmer**

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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



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 39 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Violet Graham	<b>Date manager registered:</b> Violet Graham - registration pending.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. MP – Mental disorder excluding learning disability or 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 registered places:</b> 39  A maximum of 15 patients in category NH-DE to be accommodated in the dementia unit. Category NH-MP for 1 named patient only. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 22 November 2018 from 07.30 to 15.30 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Balmoral View Care Centre which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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, staff recruitment, training and development, adult safeguarding, accident management, record keeping and teamwork. Further good practice was found in relation to nutrition, valuing patients and their representatives, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement were identified under regulation in relation to the completion of competency and capability assessments for the nurse in charge of the home in the absence of the manager and with person centred care at the time of awakening during early morning.

An area for improvement was identified under standards in relation to monitoring pressure mattress settings.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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>	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Violet Graham, 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 20 September 2018

The most recent inspection of the home was an unannounced finance inspection undertaken on 20 September 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspectors met with 13 patients, eight staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 12 November 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or partially met.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 20 September 2018**

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector and will be validated at the next finance inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 3 July 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) and (b)  <b>Stated:</b> Second time	The registered person shall ensure the delivery of care is in accordance with patients assessed needs, meets his needs and reflects current best practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation during inspection and a review of patient care records evidenced that this area for improvement has now been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13  <b>Stated:</b> First time	The registered provider shall ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.  This area for improvement was first stated under the standards on 23 February 2017 and continued non-compliance may lead to further enforcement action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' hydration records evidenced that this area for improvement has now been met. See section 6.5 for further information.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time	The registered person shall ensure that all medications in the home are stored in accordance with legislation and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> During a review of the environment, we observed that medications had been stored appropriately.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that nutritional assessments accurately reflect the patients' current care needs. Any assessment no longer relevant should be discontinued and archived to safeguard against any confusion that this may cause.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three nutritional assessments evidenced that these reflected the current dietary requirements of the patients assessed.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the identified patient's care plans are reviewed to ensure that the information contained within is consistent with the patient's current needs.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the identified patient's care plans evidenced that these had been updated regularly and reflected the current needs of the patient.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that a robust system of the auditing of patient care records is established and completed audits are validated by the registered manager.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and a review of auditing records evidenced that this area for improvement is now met.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the Regulation 29, monthly quality monitoring report evidences that areas for improvement stated in quality improvement plans (QIPS), following an inspection by RQIA, are addressed.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of recent Regulation 29 monthly monitoring reports evidenced that progress with RQIA Quality Improvement Plans were reviewed during the visit.</p>		

<b>Area for improvement 3</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time	The registered person shall ensure that all staff employed are aware of the correct responses to take when a person is choking.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Seven nursing/care staff consulted during the inspection demonstrated the correct actions to take when a person is choking. Training records evidenced staff training completed on first aid.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 12 November 2018 evidenced that the planned staffing levels were adhered to. Staff rotas confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Discussion with patients and patients' representatives evidenced that there were no concerns regarding staffing levels. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Balmoral View. One staff member consulted was of the opinion that the staffing arrangements in the home were not appropriate. The staff member's concerns were passed to the manager for their review and action as appropriate. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

We discussed the provision of mandatory training with staff and reviewed staff training records. A system was evident to ensure compliance with mandatory training compliance. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of



patients. All staff consulted confirmed that they had received additional training on first aid since the last care inspection. All staff were able to demonstrate the actions required when a person was found to be choking. An area for improvement in this regard has now been met. There was evidence of upcoming training on enteral feeding and training on new regional nutritional guidance.

Discussion with a staff member and the manager evidenced that the staff member had been left in charge of the home on a number of occasions but did not have a competency and capability assessment completed for a nurse in charge of the home in the absence of the manager. This was identified as an area for improvement under regulation.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. An adult safeguarding champion had been identified.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and had been reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted to RQIA in accordance with regulation.

Discussion with the 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. 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. There were a minimal number of falls occurring in the home; two in October 2018, one in September 2018 and one in August 2018.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling, well decorated and clean throughout. Compliance with best practice in infection prevention and control had been well maintained. Isolated issues were managed during the inspection. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

Two pressure mattresses were observed to be incorrectly set for the patients. The system to monitor pressure settings on mattresses was discussed with the manager and identified as an area for improvement to ensure effectiveness.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example, the use of bedrails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, training and development, adult safeguarding and accident management.

**Areas for improvement**

An area for improvement was identified under regulation in relation to completion of competency and capability assessments for the nurse in charge of the home in the absence of the manager.

An area for improvement was identified under standards in relation to monitoring pressure mattress settings.

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

**6.5 Is care effective?**

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included, “There is good communication; effective teamwork”. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

As previously stated, appropriate risk assessments had been conducted on admission; reviewed as required and had informed care plans. We reviewed three patient care records for the management of nutrition and hydration, falls and wound care.

Falls risk assessments had been completed on admission and updated monthly. Where a risk of falls was identified, a falls care plan had been developed and reviewed regularly.

A review of two patient’s care records in respect of nutrition and hydration evidenced that consistent record keeping had been maintained. Nutritional assessments and care plans had been reviewed and updated appropriately to direct the necessary care delivery. Patient care records evidenced actions taken when a patient’s fluid target had not been met.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Supplementary care records such as bowel management, repositioning and patients’ food and fluid intake records were reviewed. Records reviewed had been completed contemporaneously and in accordance with best practice.

There was information available to staff, patients and their representatives in relation to advocacy services and infection prevention and control.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, handover and teamwork.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 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.**

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We arrived in the home at 07.30 hours. During a review of Suffolk Suite, staff confirmed that eight patients had been washed and dressed. Five of these patients were observed in bed asleep. Staff confirmed that these patients had received full attention to personal hygiene needs; dressed in their day clothes and then returned to bed. Staff also confirmed that the patients were initially awakened to attend to their continence needs. This care delivery did not demonstrate person centred care and did not promote dignified care for patients. The patients' care records did not indicate a preference for early morning rising. This was discussed with the manager and identified as an area for improvement under regulation. The manager provided an assurance that they would review this practice with immediate effect to ensure there was no reoccurrence.

Compassionate care delivery was observed during the review of the home. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The serving of lunch was observed in the dining room on the ground floor. The mealtime was well supervised. Patients were seated around tables which had been appropriately set for the meal. Menus were available on dining tables and a full menu was available at the entrance to the home offering meal choices for lunch and evening meal. A choice was also evident for modified meals. The chef manager confirmed that a pictorial menu was available for patients who had difficulty reading English and confirmed that alternatives were made available for any patient who did not prefer either choice of meal. The chef manager and staff discussed a recent system developed to ensure that all food provided to patients was in accordance with the patients' dietary requirements. Food was served when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks

were offered to the patients. Patients appeared to enjoy the mealtime experience. Food provision was commended in the home.

Consultation with 13 patients individually, and with others in smaller groups, confirmed that living in Balmoral View was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments included:

“Everybody is very nice. The food is good.”

“Everyone is very good here.”

“All ok here. No problems. Food is dead on.”

“Staff are kind and good. There is a good choice of food. It’s not home but second best to home.”

“Food is very good. Staff are very attentive.”

“Staff are very good.”

Two patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Three were returned.

Patients’ representatives comments included:

“Staff are lovely. They are very attentive to personal detail.”

“The food is excellent. We are very happy the way ... is cared for.”

“My father is in the dementia unit in Balmoral View Care Home. Not only are his physical needs well looked after but the emotional support is superb. The change in my father for the better is exceptional.”

“Staff are exceptionally professional, caring and kind.”

“The caring of the patients is first class. The staff are professional and kind.”

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from eight staff consulted during the inspection included:

“I love it here.”

“I get along with everyone. There are healthy working relationships here.”

“I like it here. It is like caring for my parents.”

“It’s ok. Can be hectic at times.”

“I am very happy here.”

“I like it. It is brilliant here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to food provision and valuing patients and their representatives.

## Areas for improvement

An area for improvement was identified under regulation in relation to person centred care at the time of early morning awakening.

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

### 6.7 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

RQIA are currently progressing an application for the registration of the manager in Balmoral View.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control practices.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The reports reviewed the progress of previous RQIA inspections and included an action plan and a review of the previous action plan to address shortfalls identified. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Violet Graham, 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><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that registered nurses complete a competency and capability assessment for 'nurse in charge' prior to taking charge of the home in the absence of the manager.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Nurse in charge competency and capability assessments are under review for all nurses to ensure that all are in date. Regional Manager will be checking compliance during the regulation 29 visits to the Home monthly.</p>
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (2) (3) (8)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all staff practices within the home are person centred, specifically, at the time of early morning awakening. Personal preferences should be documented within patients' care records.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Staff practices in the early morning hours are being closely monitored by way of unannounced visits and daily walk around audits. Patient care records in Suffolk unit have been updated to reflect personal preferences.</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><b>Ref:</b> Standard 45 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 December 2018</p>	<p>The registered person shall ensure that the system in place to monitor pressure mattress settings in the home is effective.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Pressure mattress settings have been reviewed in the Home and updated for patients using this equipment. Labels have been applied and a review system implemented. Mattress settings will be spot checked by the Regional Manager during the regulation 29 visits to the Home monthly.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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