



# Unannounced Care Inspection Report 8 December 2020



## Pond Park Care Home

**Type of Service: Nursing Home (NH)**  
**Address: 2 Derrriaghy Road, Lisburn, BT28 3SF**  
**Tel no: 028 9267 2911**  
**Inspector: Nora Curran**

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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 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing and residential care for up to 58 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Healthcare Ireland Belfast Ltd</p> <p><b>Responsible Individual:</b> Amanda Celine Mitchell</p>	<p><b>Registered Manager and date registered:</b> Florentina Moca Acting manager</p>
<p><b>Person in charge at the time of inspection:</b> Florentina Moca</p>	<p><b>Number of registered places:</b> 58</p> <p>A maximum of 11 patients in category NH-DE accommodated in the Wallace Suite. There shall be a maximum of 3 named residents receiving residential care in category RC-I.</p>
<p><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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 47</p>

### 4.0 Inspection summary

An unannounced inspection took place on 8 December 2020 from 08.30 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- Staffing
- Environment and Infection Prevention and Control (IPC)
- Care delivery
- Governance and management.

Patients gave mixed feedback with regards to their experience living in Pond Park, with comments ranging from, “Never liked it here...” to “It’s ten out of ten...they look after me well.”

Patient feedback was discussed with the manager, regional manager and responsible individual. Please refer to section 6.2.1 for further detail.

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.

The term 'patients' is used to describe those living in Pond Park, which provides both nursing and residential care.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Florentina Moca, acting manager, Karen Agnew, regional manager and Amanda Mitchell, responsible individual, as part of the inspection process. The timescales for completion commence from the date of 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with ten patients, one patient's relative and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

RQIA received ten responses from the staff survey and six completed questionnaires were returned by relatives. Their feedback is included in the body of this report. The questionnaire and survey responses were also fed back to the manager following the allocated timeframe for returns.

The following records were examined during the inspection:

- duty rotas from 30 November to 13 December 2020
- two staff recruitment files

- records confirming registration with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- staff training records
- a selection of governance audits
- provider monthly monitoring records from August to November 2020
- complaints and compliments records
- accident and incident records
- restrictive practice records
- RQIA registration certificate.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 March 2020.

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 13  <b>Stated:</b> First time	The registered person shall ensure that any medication which is kept in the nursing home is stored in a secure place in order to make proper provision for the nursing, health and welfare of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Treatment rooms containing medications were found to be secured. Medication trolleys were not left unattended or unsecured when in use. There were no prescribed items found in unit cupboards or fridges.	

<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 (1) <b>Stated:</b> First time	The registered person shall ensure that a written nursing plan is prepared by a nurse in consultation with the patient or the patient's representative, to reflect patients' needs in respect of their health and welfare. This should be monitored and reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Five patient care records were reviewed. We found that recommendations made by speech and language therapy (SALT) were recorded in care plans. There was evidence of consultation with patients and/or relatives.	

## 6.2 Inspection findings

### 6.2.1 Staffing

On commencement of the inspection the manager advised RQIA of the number and skill mix of staff on shift over the 24 hour period, and confirmed that staffing levels are determined by regular patient dependency assessment reviews. We reviewed the duty rotas from 30 November to 13 December 2020 and found that planned staffing was adhered to.

Staff spoken with told us that staffing levels were adequate, with some telling us that staffing had improved in recent times and unplanned short notice staff absences were managed well. The relative said that in their opinion staffing was better and all returned relative questionnaires said that they were satisfied that care was safe and did not express any concerns about staff or staffing levels.

Patients gave mixed feedback in relation to staff. We spoke with ten patients individually over both nursing units and spoke with and observed other patients in groups over both nursing units and the dementia unit. Patients looked well cared for, in that they were seen to have clean clothing, hair was groomed, skin and oral care was given, and they looked comfortable in their surroundings. Covert observation of staffs' interactions with patients was seen to be professional and appropriate.

Five patients told us that while some staff were very helpful and polite in their interactions, they also told us that some staff were either hurried in their tasks and this made them abrupt in their interactions with patients, and some staff were impolite during interactions. Five patients told us that staff were very good and polite and professional in their interactions. In relation to unsatisfactory staff interactions, patients did not identify individual staff, however several care assistants were identified by patients as being excellent in their conduct and helpfulness. Individual staff names were shared with the manager for feedback to staff. Patient comments can be seen later in this section of the report.

We looked at minutes from recent patient meetings. There were no expressions of dissatisfaction from patients in the meeting minutes, however the meeting records were found to

be limited in agenda, format and content. This was discussed at length with the manager, regional manager and responsible individual. It was agreed that further exploration into patient satisfaction and some staffs' conduct was required. The manager agreed to hold further patient meetings with set agendas which would look at aspects of life in Pond Park; specifically patients' experience and satisfaction including staff, care delivery, environment, laundry, and food.

The manager also agreed to discuss conduct with staff and complete supervision sessions with all staff on the topic of conduct, attitude and interactions with patients.

The manager provided evidence of completed patient meetings and staffs' supervisions within an agreed timeframe following the inspection. It was noted that some patients expressed that they noticed an improvement in some staffs' attitudes and felt this was positive. There were no further expressions of dissatisfaction from patients and no incidents of poor staff conduct observed by management. The manager agreed to keep this topic on all patient meeting agendas and gave assurances of ongoing monitoring of staff conduct. This will be reviewed at the next inspection.

Two recently appointed staffs' recruitment records were reviewed which evidenced that all required pre-employment checks were in place and induction programs were ongoing. There was a system in place for monitoring staff registration with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC), and we could see that staff newly recruited into care roles had applied for registration to NISCC.

Mandatory training records were reviewed during the inspection and it was noted that staff were compliant in the majority of courses, including but not limited to, safeguarding, dementia awareness, fire safety, first aid, food hygiene, health and safety, manual handling and medication management. In preparation for the implementation of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) (NI) 2016, all staff working in care homes are required to complete training to a minimum of level two (or higher depending on their role). We found that no staff had completed this training. An area for improvement was made.

Patients told us:

- "Some staff are very good, some not so good...most of the time they are friendly and polite."
- "Some staff are friendly, some not...I don't think anyone pulls them on it."
- "I think sometimes staff are under pressure, we know that, but some are cheeky too."
- "Staff are good, always on the go...I get what I need and any problems are always solved."
- "I'd give them ten out of ten...they look after me well...nothing is too much for them."
- "The staff are great...so many of them...lots of young ones."
- "The staff look after us very well...some of the girls are great...a few maybe need improved...the odd time they are not polite."

Relatives said:

- "There are more staff at present...it can be hard sometimes to get someone's attention when you're waiting at the door for your visit...very happy with the care, mainly because they contact us regularly."
- "Happy with the care received even though the staff are kept very busy."
- "The staff at Pond Park are so caring and give their very best service to make sure our (relative's) life is as comfortable as possible. We could not ask for more."

- “As a family we are grateful for the care and attention our (relative) receives. If we have issues staff are always readily available to listen to our concerns and act appropriately.”
- “These views are really first impressions as my (relative) has only been in Pond Park Care Home for a short period...very satisfied overall.”
- “Totally satisfied with everything! (named staff) have all been (relative’s) lifeline. I can’t thank them enough.”

Staff said:

- “We have enough staff on now.”
- “Sometimes there is not enough staff on but that’s due to staff sickness...that’s managed well...training is good...we have regular fire drills...feel listened to, we had a staff meeting about a month ago.”
- “We get the chance to raise issues at staff meetings...doing online training now mostly but did do moving and handling recently, just in smaller groups.”
- “Staffing is better now.”

Out of the ten staff survey responses, when asked if they felt the service was safe, six said they were very satisfied, three said they were satisfied and one said they were very unsatisfied. When asked if they felt care was compassionate, five said they were very satisfied, four said they were satisfied and one said they were very unsatisfied. Following feedback of the survey responses, the manager informed RQIA that they would arrange a staff meeting to provide feedback to staff and to allow opportunity for staff to raise topics. The manager said they would also use this opportunity to remind staff of the various avenues they can use to raise suggestions and/or concerns.

### **6.2.2 Environment and Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)**

During the inspection we reviewed the home’s environment, this included observations of a sample of patient bedrooms, communal lounges and dining rooms, communal bathrooms, and storage areas. We viewed a sample of the aforementioned over all three units. In general we found the home to be clean, warm and well lit. Fire exits were seen to be free from obstruction.

While the general areas of the home were found to be clean we did note that some areas required additional attention to detail during cleaning regimes, such as the undersides of some toilet paper dispensers and shower chairs. In addition some fixtures and equipment were noted to have damage or were degraded to a degree which did not allow for effective cleaning; namely some commode legs and wheels were rusted and several ensuite bathroom shower drains were damaged, had breached seals and were badly stained. An area for improvement was made.

Any areas with potential risk to health and safety, such as treatment rooms, cleaning stores and sluice rooms were found to be appropriately secured with key pads or locks. Linen stores were found to be clean and tidy; however in one store room we found a collection of laundered and unlabelled net pants which had the potential for communal use. This was highlighted to the management team during the inspection and immediate action was taken to dispose of the pants. An area for improvement was made.

During the inspection the home was operating a visiting policy in line with Department of Health (DOH) Covid-19 visiting guidance. An appointment system was in place for safe preparation of



the visiting area and efficient spacing between visits. Visitors used an allocated entrance and exit and wore Personal Protective Equipment (PPE). Hand sanitiser was provided and a visiting partition screen had been erected. We observed one visiting session take place without issue. The home had also engaged in the DOH's care partner initiative. Appropriate risk assessments and written agreements were in place and the manager reported that for those engaged in the programme, it was working well and of benefit to the patients involved. Following the inspection RQIA received testimonies from several care partners who expressed their experiences in positive terms and complimented the home for their professional and compassionate approach to this programme. This meaningful engagement in a new initiative is recognised by RQIA as progressive and dynamic, and is commended.

Staff spoken with said that they felt adequately trained and equipped to work during the pandemic, and that there was ample supply of PPE and cleaning materials. Staff were observed to practice good hand hygiene and used the PPE appropriately. Staff expressed that they felt safe in work and that the regular Covid-19 testing provided additional reassurance.

In relation to the pandemic, patients told us:

- “The virus has caused some things to stop but I get visits through appointments.”
- “I feel safe...my room is kept clean.”
- “I feel safe...they are cleaning my room every day and my (relative) gets appointments to come in...only thing is it seems every time you sneeze you get a Covid test.”
- “They take all the precautions...at one point it was no one in and no one out but my (relative) comes now and I saw them yesterday.”
- “The cleaners are in here every day...its good.”
- “I see my (relative) once a week.”

Relatives said:

- “The visiting is working better now...I'm pleased to get in...I also get to talk on the phone to (relative)...I'm pleased with how Covid has been managed...the vaccine is good news.”

Staff told us:

- “I was anxious at the start (of the pandemic), all good now...we get Covid test every week.”
- “We have enough PPE...kept up to date with the guidance.”
- “I feel safe in work.”
- “We have the PPE and were shown how to use it...we get regular updates on the guidance.”

### **6.2.3 Care Delivery**

During the inspection we observed both breakfast and lunch services and could see that dining rooms were prepared in advance of patients entering. Patients were offered a choice of where to have their meals and we could see that some patients chose to eat in their bedrooms. There was a choice of two main meals per sitting and choices were extended to those patients on modified diets. The meal times were unhurried and the food looked and smelled appetising.

As mentioned in section 6.2.1 staff were seen to be responsive to patient needs and were professional and warm in their interactions. We saw several different activity sessions during

the day and patients expressed that they enjoyed these sessions and the company of staff and fellow patients during these times. Both organised group activities took place in the nursing units. While we observed warm, social interactions between staff and patients in the dementia unit, we did not witness any organised activities. We spoke with staff who expressed that the organised sessions occur mostly in the nursing units. This was discussed with the management team who confirmed that two staff are employed to coordinate activities and that they would review how the time and resources were allocated between the units in the home. The manager also agreed to include recreational activities as a recurring topic on the patient meeting agendas. This will be reviewed at the next inspection.

We reviewed the care records of five patients over all three units. Risk assessments were in place and updated at least monthly. Relevant care plans were written based on the needs identified in the assessments. There was evidence of referrals made in response to identified needs to the respective disciplines, such as dietetics and speech and language therapy (SALT), and we could see that the recommendations made by such specialists were documented in the patients' care plans.

When reviewing the care records we noted that the home was going through a transitional process from one provider to another, and this could be seen with the use of documents from both providers. We noted that during the ongoing process of transferring patient information from one set of records to the other, some documents had been archived before the full updates had been completed, for example patient property records. This was discussed with the management team who acknowledged that this transitional process increased the risk of information not moving over correctly or being incomplete. The manager agreed to review this process with all nurses to ensure information was transferred over effectively. This will be reviewed at the next inspection.

Patients told us:

- "I love the activities...we play darts, skittles and bowls."
- "The food is not bad."
- "I don't fancy the group activities but I have enough to do."
- "The food is alright...we get plenty of teas, cake and snacks."
- "The food is great, I just had my breakfast of prunes, grapefruit, porridge, bacon, eggs and orange juice."
- "I get what I need done."

The relative questionnaire feedback indicated that all six were satisfied or very satisfied that the care was safe and effective. During the inspection one relative said, "They (staff) are quick to respond to illness...my (relative) is happy with the care (they) get...and (they) are able to keep active and have company...the main things for me is (relative) is looked after medically, is healthy, has good food and they enjoy the company."

Staff told us:

- "I love coming to see and care for the residents."
- "There is good care here."
- "Everyone loves the darts, it gets competitive."
- "I'm happy at work."

On the returned staff surveys, when asked if they felt the care was effective, four said they were very satisfied, five said they were satisfied and one said they were very unsatisfied. As stated in section 6.2.1, this was discussed with the manager. No staff availed of the survey section to add additional comments.

#### 6.2.4 Governance and management

At the time of the inspection there was an acting manager in post as part of the arrangements for planned manager leave. RQIA had been notified of this arrangement in the appropriate manner. Since the last inspection the home had also transferred providers and was now under the management of Healthcare Ireland Limited. As discussed in section 6.2.3 the process of transition with some records was ongoing.

We reviewed the governance systems through a selection of records including; accident and incident analysis, restrictive practice records, complaints and compliments records, NMC and NISCC monitoring, monthly provider reports, and a selection of manager audits.

We found that the manager audits covered the expected key areas, such as IPC, hand hygiene practices, the environment, care records and wound care. The manager audits were completed monthly and detailed the areas looked at, the findings and actions taken to address any anomalies. The action plans from audits detailed who was responsible for the actions and set expected dates for completion. NMC and NISCC records were cross referenced with the duty rotas and we could see that all staff were appropriately registered with the relevant bodies, aside from one new staff whose application had been submitted within the expected timeframe. The NMC and NISCC records were checked and signed off by the manager every month.

Provider monthly monitoring visits were conducted unannounced to the home. A written report was provided after each visit to the manager for ongoing quality improvement. The reports evidence consultation with patients, staff and relatives and contained clear action plans.

The returned relative questionnaires indicated that they were satisfied or very satisfied that the home was well led.

One patient said “Tina (manager) is a brilliant manager and brilliant nurse.”

Staff said:

- “I’m happy with the management.”
- “(Management) are doing fine...very helpful...if there is a problem I’d go speak to her (manager).”
- “Tina (manager) is brilliant...very helpful and goes all out for us.”
- “They do a good job...we can bring things up to them.”

From the staff surveys, when asked if they felt the home was well led; if there was a culture of staff empowerment, staff involvement in the running of the service, a culture of learning and upskilling and if leaders were open to whistleblowing; out of the ten responses, five said they were very satisfied, two said they were satisfied, two said they were unsatisfied and one said they were very unsatisfied. As stated in section 6.2.1 this was discussed with the manager, who plans to use the staff meeting forum to remind staff of the various ways they can raise concerns or engage with the running of the home. This will be reviewed again at the next inspection.

## Areas of good practice

Areas of good practice were identified in relation to mealtimes and feedback from relatives.

## Areas for improvement

Areas for improvement were identified in relation to MCA / DoLS training, environmental IPC and the practice of laundering net pants with the potential for communal use.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 6.3 Conclusion

The provision of staff was adequate to meet the assessed needs of the patients. It was acknowledged that some improvements had been noted in relation to the management of unplanned staff absences.

The feedback from patients on their experience with staff was mixed, with some reporting negative experiences and some praising staff for their work. No individual staff were identified by patients as displaying poor conduct and there had been no issues with staff conduct identified by management. All staff observations during the inspection were found to be appropriate. The manager later completed supervision sessions with all staff on the topic of attitudes and engagement with patients, and some patients have reported an improvement in their experiences. The manager has agreed to monitor this closely and will be reviewed again by RQIA at the next inspection.

Staff were compliant with the majority of mandatory training but required training in Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), and an area for improvement was made.

The home environment was found to be generally clean although some areas were identified as requiring more attention to detail. Some fixtures and equipment were identified as needing repaired or replaced to enable efficient cleaning. Therefore, an area for improvement was made.

We found a collection of unlabelled laundered net pants in a store room and there was sufficient concern that there was potential for communal use. This was immediately addressed by the manager once reported and an area for improvement was made to ensure such practice does not occur in the future.

It was acknowledged that the home was going through a transitional process in relation to the introduction and use of Healthcare Ireland systems and documents. This will be reviewed at the next inspection.

The manager provided some additional information within an agreed timeframe following the inspection, which included confirmation of the commencement of MCA and DoLS training, consultation with patients about their lived experience in Pond Park and testimonies of care partners.

In general the staff were welcoming and helpful during the inspection and patients looked well cared for and comfortable in their surroundings.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Florentina Moca, manager, Karen Agnew, regional manager and Amanda Mitchell, responsible individual, 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 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• the cleaning of undersides of toilet paper dispensers and shower chairs</li> <li>• the repair and/or replacement of identified shower drains and commodes.</li> </ul> <p>A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Meeting held with Domestic and Care staff to review their practices regarding Infection Prevention and Control. The cleaning schedules were reviewed and will be inspected by Home Manager on a weekly basis. The Acting Home Manager has purchased new commodes and replaced as required.</p>

### 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 5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 January 2021</p>	<p>The registered person shall ensure that all staff have completed training in relation to the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS), to a level appropriate to their role and responsibilities</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b> All Staff Nurses and Care Assistants have completed the Mental Capacity Act (NI)2016 and Deprivation of Liberty Safeguards (DoLS) to a level appropriate to their role and responsibilities. In addition to this , we have included this on our Induction Programme so all new employees will have training.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</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 net pants are only ever provided for individual patient use and any unlabelled items of clothing are identified and labelled or disposed of to eliminate the potential for communal use.</p> <p>Ref: 6.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Addressed immediately during Inspection. Home Manager will continue to monitor in a daily basis .</p>

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



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