

Inspection Report

14 January 2023



Cullion House

Type of Service: Nursing Home

Address: 20 Wheatfield Gardens, Belfast BT14 7HU

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Donnelly Care Group Ltd	Registered Manager: Mrs Dora Syatwinda
Responsible Individual: Mr Cathal John Donnelly	Date registered: 27 July 2017
Person in charge at the time of inspection: Mrs Claire Mercado – nurse in charge	Number of registered places: 22 Associated physical disablement
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 22
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 22 patients. Patients' bedrooms are located over two floors. Communal lounges and the dining room are located on the ground floor. Patients have access to a large enclosed patio area to the side of the property.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2023 from 9.55 am to 5.50 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Discussion with patients confirmed that they were able to choose how they spent their day. There was a range of activities planned and delivered and patients said that they enjoyed the activities provided. Photos were displayed in the home of patients enjoying some of the activities.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Staff were observed to be prompt in recognising patients' needs and skilled in communicating with them.

RQIA were assured that the delivery of care and service provided in Cullion House was provided in a compassionate manner by staff that knew and understood the needs of the patients.

New areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0. Review of areas for improvement from the previous care inspection noted that one was met; one area for improvement was partially met and has been stated for a second time.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in the home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One patient said, "I love it here, the staff are brilliant" while another patient said, "we are very well looked after."

Staff spoken with said that Cullion House was a good place to work. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No written questionnaires were returned by residents or relatives however a total of 28 responses were received from staff, relatives and a visiting professional in the online survey. The respondents were either satisfied or very satisfied with the care provided to patients in the home and the management arrangements. The comments received from respondents, which were overwhelmingly positive, were shared with the manager following the inspection and some examples are included in the report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 27 January 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that, prior to making an offer of employment, two written references are obtained and an Access NI check should be completed.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 27 (4) (e) Stated: First time	The registered person shall ensure that all staff complete suitable face to face fire awareness training.	Partially met
	Action taken as confirmed during the inspection: Discussion with staff and examination of fire training records confirmed that although some staff had attended face to face fire awareness training, the majority of staff had not. This area for improvement was partially met is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post.

Review of one staff member's induction record evidenced that not all elements were recorded as completed and there was no evidence of a final review by the manager. In addition, staff confirmed that a member of agency staff had not received an induction or orientation to the home to provide one to one care with an identified patient. This was discussed with the nurse in charge who arranged for the induction to be provided immediately. An area for improvement was identified.

Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty. However, the rota did not clearly identify the full name of all staff on duty and the actual hours worked by staff. The rota was not signed by the nurse manager or a designated representative and it did not clearly differentiate the manager's hours when they worked as the lead nurse or as the manager. An area for improvement was identified.

Review of records confirmed staff who take charge of the home in the absence of the manager had completed a competency and capability assessment to be able to do so.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and control of substances hazardous to health (COSHH). However, review of staff training records confirmed that all staff were not up to date with mandatory training. This was discussed with the manager who agreed to arrange for outstanding training to be completed. An area for improvement was identified.

Staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and most said they were satisfied with the level of communication between staff and management. This was supported by the volume of positive responses included in the staff online survey responses. Some staff told us that staff meetings did not always take place. One staff member responded to the online questionnaire by saying there was a need for regular staff meetings. No records were available to evidence that staff meetings were held on a regular basis. This was discussed with the manager who said they had experienced some challenges in attendance at these planned meetings; it was agreed they would schedule further meetings.

Staff reported good team work and said when planned staffing levels were adhered to they had no concerns regarding the staffing levels. The manager confirmed there was ongoing recruitment for staff in the home.

One relative said that the management were, “brilliant at leading the team and making the home a happy place for my family member. All the staff go above and beyond for everyone and I sleep well at night knowing my loved one is cared for excellently”.

While another commented saying, “Great wee home the care is brilliant staff friendly and approachable I have no worries and never have.” One visiting professional said, “Any staff I have encountered have been extremely professional and are very knowledgeable regarding the complex care needs of the residents within Cullion House.”

Patients spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. It was observed that staff responded to patients’ requests for assistance in a prompt, caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients’ needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients’ care throughout the day.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner and by offering personal care to patients discreetly. Staff were observed to be prompt in recognising patients’ needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required attention to their skin care. These patients were assisted by staff to change their position regularly.

Repositioning records for two patients were reviewed; it was noted that care had not been delivered in keeping with the frequency detailed in the care plans and some entries were illegible. In addition, the patients’ care plans did not clearly state the type of pressure relieving equipment to be used or the required setting. This was discussed with the manager who agreed to review the care plans as required. An area for improvement was identified.

The occurrence of falls in the home was monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to minimise the risk of further falls occurring. There was a system in place to ensure that accidents and incidents were notified to patients’ next of kin, their care manager and to RQIA, as required.

Review of the management of falls evidenced these were generally well managed, however, care plans, falls risk assessment and the patients' previous falls history were not consistently reviewed, post fall, to ensure they continued to reflected the needs of the patient in preventing or managing falls. These matters were discussed with the manager who agreed to meet with staff and support them further through supervision.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used. It was good to note that, where possible, patients and/or their next of kin were actively involved in the consultation process associated with the use of restrictive interventions and their informed consent was obtained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Breakfast was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. Patients were offered choice of drinks with their meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff, however an appropriate choking risk assessment was not in place for patients identified by Speech and Language Therapist (SALT) as at risk of choking. An area for improvement was identified.

Discussion with staff confirmed patients were consulted regarding their meal preferences. A three-week rotation menu was in place however, it did not clearly evidence that a variety of choice was available, particularly during the afternoon and evening meal. On the day of inspection, the second choice available for the evening meal was similar to that offered for the lunchtime meal. Both staff and patients said if patients did not want what was on the menu an alternative meal would be provided; patients commented positively on the quality of the meals provided. A record was maintained of variances to the planned menu. This was discussed with both catering staff and the manager advised that the catering manager was reviewing the menu and it was agreed that the need for meaningful choice would be discussed with them. The manager also agreed to consider implementation of a pictorial menu to meet the needs of all the patients. This will be reviewed at a future care inspection.

Supplementary care records were reviewed. Food and fluid intake records, room check lists, behavioural charts and personal care records examined evidenced that the date and exact time of care delivery was not always recorded and some charts did not contain the patients' name. An area for improvement as identified.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that not all appropriate care plans had been developed within a timely manner to accurately reflect their assessed needs. This was discussed with the manager who agreed to address this with registered nursing staff and monitor compliance. An area for improvement was identified.

Daily records were kept of the care and support provided by staff to each patient. The outcome of visits from and consultations with any healthcare professional was also recorded.

Examination of daily and monthly evaluations of care confirmed that while some entries were patient centred, there was evidence that some nursing staff were using repetitive statements to evaluate patient care. Assurances were provided by the manager that this would be discussed with staff and monitored through their audit systems. This will be reviewed at a future care inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

Discussion with staff and observation of the environment evidenced that some refurbishment works had been completed to a good standard since the last inspection. While communal areas were generally well maintained and some of the bedrooms were suitably furnished and very personalised, some bedrooms require painting and refurbishment; other areas of the home required painting including door frames and some bedrooms. One entrance to the home was littered and untidy. This was identified as an area for improvement. An action plan was shared with RQIA following the inspection with confirmation of the immediate actions taken and further actions planned.

A number of bedrooms were sparsely furnished. The manager agreed to audit the bedrooms in the home to ensure they were in keeping with relevant care standard and the patients' individual choice. This will be reviewed at a future care inspection.

While most areas of the home were found to be clean, a small number of items of linen were observed to require laundering. In addition, some bedside tables also required cleaning. This was discussed with the manager who arranged for the identified items to be laundered immediately and the bedside tables to be cleaned. The manager agreed to meet with staff to discuss this and ensure the nurse in charges monitors patient bedrooms as part of their daily walk around.

Shortfalls were identified in regard to the effective management of potential risk to patients' health and wellbeing. Cleaning chemicals on domestic cleaning trolleys were found to be left unsupervised on three occasions and storage of combustible items was noted at the bottom of an identified stairwell. This was discussed with identified staff who ensured that the risks were reduced immediately. Assurances were provided by the manager that further action would be taken to reduce risks to patients in the home. An area for improvement was identified.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. A fire risk assessment had been completed on 10 October 2022. Examination of records shared following the inspection confirmed actions identified by the fire risk assessor had been addressed.

Staff had completed fire training and were aware of how to respond to any concerns or risks however, review of records identified that face to face fire training had not been provided to all staff. This was identified as an area for improvement at the previous care inspection and is stated for a second time. In addition, discussion with staff and examination of records confirmed not all staff had taken part in a fire drill in the last year. These deficits were discussed with the manager and responsible individual who gave assurances that fire safety measures would be reviewed as a priority. An area for improvement was identified.

Staff members were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of personal protective equipment (PPE). There was an adequate supply of PPE and hand sanitisers were readily available throughout the home.

Discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided, although shortfalls in staff practice were noted. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff were not familiar with the correct procedure for the donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role. This will be reviewed at a future care inspection.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Patients were observed enjoying listening to music and watching TV, while others enjoyed a visit from relatives. Patient's told us they enjoyed the activities in the home. One patient said, "Some of us go to the Everton Centre and we do activities here. We play games and stuff. Paul comes every week and plays guitar and sings." Another patient said, "I like to watch TV and listen to music. I use my iPad too."

An activity planner displayed in the home highlighted upcoming events such as arts and crafts, music, board games and colouring in. Photos were displayed in the home of patients enjoying some of the activities. Staff said they did a variety of one to one and group activities to ensure all residents had some activity engagement.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There has been no change in the management of the home since the last inspection. Mrs Dora Syatwinda has been the Registered Manager in this home since 27 July 2017. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, there was inconsistent audit activity regarding oversight of care records and wound care. Review of audit records and discussion with staff identified additional training was required to ensure that staff completing these audits had sufficient knowledge to be able to do so, particularly in relation to oversight of the home's environment, hand hygiene and PPE use. This was identified as an area for improvement.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

Review of accidents and incidents records found that these were well managed and reported appropriately.

A review of records identified that monthly monitoring visits in accordance with Regulation 29 were not being conducted monthly and were insufficiently robust so as to identify deficits and drive necessary improvements within the home. An area for improvement was identified.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	6*	9

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dora Syatwinda, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (e) Stated: Second time To be completed by: Immediate action required	The registered person shall ensure that all staff complete suitable face to face fire awareness training. Ref: 5.1 and 5.2.1
	Response by registered person detailing the actions taken: Face to face fire extinguisher training is now incorporated into the mandatory fire training.
Area for improvement 2 Ref: Regulation 13(1)(b) Stated: First time To be completed by: Immediate action required	The registered person shall ensure choking risk assessments are in place for those patients at high risk of choking. Ref: 5.2.2
	Response by registered person detailing the actions taken: All residents at risk of choking had already been assessed by SALT and dietary modification where required implemented immediately. Care plans were already updated to reflect this. Any residents who are at risk of choking identified have now a choking risk assessment in place.
Area for improvement 3 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: Immediate action required	The registered person shall ensure that: <ul style="list-style-type: none"> • Domestic trolleys are supervised to ensure patients do not have unrestricted access to cleaning chemicals. • The practice of storing combustible items under stairwells ceases with immediately effect. Ref: 5.2.3
	Response by registered person detailing the actions taken: Domestic trolleys and cleaning products are supervised at all times and when not in use locked in a locked cupboard. The dismantled wardrobe that was at the bottom of the stairs was removed immediately and the stairwell remains completely clear.

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (f)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once per year.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have completed a fire evacuation drill and will participate in this at least once a year.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</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 area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All staff have redone infection and prevention control training. Audits in tis area have increased.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These visits should be robust and clearly identify the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Regulation 29 visits are completed on a monthly basis. Where the regulation 29 inspector is unable to attend, for example if the home is in outbreak which was the issue and reason for no report one month, another member of the management team will complete this report and visit.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 39.1 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that staff who all newly appointed, agency staff and students complete a structured orientation and induction in a timely manner and such records are retained within the nursing home at all times. Ref: 5.2.1
	Response by registered person detailing the actions taken: All new agency staff have an induction at the beginning of their shift. The induction form for the agency staff on the day of inspection was completed on the day of inspection. All other inductions had been completed.
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: Immediate action required	The registered person shall ensure the staffing rota includes the full name of each member of staff, the capacity in which the nurse manager worked and the actual hours worked by all staff. The rota must be signed by the nurse manager or a designated representative. Ref: 5.2.1
	Response by registered person detailing the actions taken: The staff rota has been modified to evidence when the registered manager is working manager hours and a separate column to evidence clinical hours. The actual hours worked by all staff is on the rota.
Area for improvement 3 Ref: Standard 39.9 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that mandatory training requirements are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: staff have completed mandatory training and future dates for mandatory training have been booked which will cover all staff. One of the management team is attending train the trainer training in manual handling, first aid etc this month which will allow any staff who are due to go out of date with the training or any new staff to start to receive training immediately.

<p>Area for improvement 4</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure repositioning charts are accurately maintained with legible entries to evidence care delivery.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Repositioning charts are audited by the home manager to ensure they are accurately maintained with legible entries to evidence care delivery.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that pressure relieving equipment required, and any equipment setting, are included in the relevant care plan.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: This information is included in the residents care plans.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that supplementary care charts contain the patient's name, date and exact time of care delivery.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: All supplementary care plans detail the patients name, date and exact time of care delivery. All staff have been reminded of this.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>Care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The area identified within standard 4.1 has been improved. All monthly evaluations are completed to a more detailed</p>

<p>Area for improvement 8</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the home's current audit processes to ensure they are effective.</p> <p>Ref 5.2.5</p> <p>Response by registered person detailing the actions taken: The home has a new regulation 29 inspector who has reviewed the auditing systems in place to ensure they are effective.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2023</p>	<p>The registered person shall ensure the necessary environmental improvements are made to the home.</p> <p>An update on the current refurbishment action plan should be submitted to RQIA with the returned QIP.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This was discussed at the feedback meeting and refurbishment is ongoing. As discussed major improvements to the environment and homes safety critical elements have already been completed incurring huge expense and has been ongoing since ownership takeover.</p>

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



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