

Inspection Report

30 November 2021



Clairville

Type of Service: Residential Care Home
Address: 62 Bann Road, Rasharkin, BT44 8SZ
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clairville Responsible Individual: Veronica Reid	Registered Manager: Emma Reid Date registered: 18/01/2021
Person in charge at the time of inspection: Annette McLernon (senior care assistant) – 9.30am – 10.00am Emma Reid (manager) – 10.00am to end of inspection.	Number of registered places: 17 No more than 2 persons in Cat. PH. No more than 6 persons in Cat. DE.
Categories of care: , Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 17 residents. Residents' bedrooms are located across two floors with two communal lounges and one communal dining room situated on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 30 November 2021, from 9.30am to 5.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Enforcement action resulted from the findings of this inspection. Serious concerns were identified in relation to the lack of robust managerial oversight and governance arrangements within the home; and residents' care plans.

The responsible individual and management team attended a serious concerns meeting with RQIA via video teleconference on 15 December 2021. During the meeting the registered person advised of the completed and/or planned actions to secure the necessary improvements and address the concerns identified during the inspection. Following the meeting, RQIA decided to allow the registered person a period of time to demonstrate that the improvements had been made and advised that a further inspection would be completed to ensure that concerns were effectively and consistently addressed.

Residents said that living in the home was a good experience. Residents less able to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents 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 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.

The findings of the inspection were discussed with the manager and a senior care assistant at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eight residents individually and six residents in a group setting; three members of staff; and one visiting relative.

Residents spoke positively about the home and the care they receive. Residents told us “I like it here”, “the staff are very good” and the “food is brilliant”.

A visiting relative told us that she was very satisfied with her experience of Clairville and the care her family member receives. The relative further advised that “communication is very good” and “I feel able to raise a concern and would be confident it would be addressed”.

Staff told us that Clairville is a good place to work and described the care as “very good”. Staff reported a strong sense of team work and that “everyone helps each other out”. Staff described the management team as good and “very approachable”.

Questionnaires were returned by six members of staff. All staff expressed their satisfaction that the care in Clairville was safe; compassionate; effective and well-led. Some of the comments recorded in the questionnaires included:

- “Great wee home to work in. Residents are cared for like your own family. Lots of special attention. The staff members are treated very well by management. Very caring environment”.
- “Worked here for many years, lovely home to home setting, staff residents and management are lovely and we all work well as a team”.
- “This is a job that I love. Management, residents and the whole team as a unit work great together. To me it is a home from home and I'm very happy in my job”.

Five questionnaires were returned from residents and relatives who expressed their satisfaction that the care in Clairville was safe; effective; compassionate and well-led. Some of the comments included:

- “I feel very happy and content here. The food is marvellous”.
- “I feel happy and very much at home in Clairville. The girls are all so good to me”.

A record of compliments received by the home was kept and shared with the staff team. The following comment was recorded on a thank you card:

- A special thanks to you all for the special care you give (relative) and us... I will never forget your kindness”.

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 19 November 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14.-(2) (c) Stated: First time	<p>The registered person shall ensure as far as reasonably practicable, that any unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated; specifically to ensure that hazardous substances are kept securely stored at all times.</p> <p>Action taken as confirmed during the inspection: Review of the home's environment evidenced that this area for improvement had been met.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 5.5 Stated: Second time	<p>The registered person shall ensure that a pain assessment for the identified resident is kept up-to-date to accurately reflect the needs of the resident.</p> <p>Action taken as confirmed during the inspection: Review of the identified resident's care records evidenced that this area for improvement had been met.</p>	Met
Area for improvement 2 Ref: Standard 28.3 Stated: First time	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow, keep finger nails short and do not wear jewellery or nail polish when on duty. Please refer to the following link for details: https://www.niinfectioncontrolmanual.net/hand-hygiene</p> <p>Action taken as confirmed during the inspection: Review of the home's environment and discussion with staff evidenced that this area for improvement had been met.</p>	Met

<p>Area for improvement 3</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure a full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked. This must include the hours worked by the manager, and identify the person in charge of the home in the absence of the manager.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the staff rota evidenced that the full names of staff were not recorded or the capacity in which they worked. While the person in charge of the home was marked on a board in the office, it is important that this is documented in a manner that can be retained at a later date.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of a recruitment file evidenced that this area for improvement had been met.</p>		

<p>Area for improvement 5</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The initial assessment details obtained at the time of referral are revised as soon as possible and at the latest within one month of the resident's admission, to ensure they are comprehensive.</p> <p>Assessments should also include details of: -</p> <ul style="list-style-type: none"> • The resident's social, emotional and psychological needs • Information about the resident's life history and current situation. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of care records evidenced that this area for improvement has been met. A comprehensive life history was included in residents' care records, providing detailed information to care staff in order to promote person centred care. It is important that this information is devised early in a residents' admission to the Home. The manager acknowledged the need to revise the pre-admission assessment form which is used in going forward.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>Resident's individual comprehensive care plan is kept up-to-date and reflects the resident's current needs.</p>	Not met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a sample of care records evidenced this area for improvement was not met. This will be discussed further in Section 5.2.2.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		

<p>Area for improvement 7</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>Individual comprehensive care plans should be in place for any resident who requires support with management of mental health, skin conditions or diabetes, detailing:</p> <ul style="list-style-type: none"> • The daily care, support, opportunities and services provided by the home and others • How information about the resident's lifestyle is used to inform practice • The management of any identified risks • Strategies or programmes to manage specified behaviours. <p>Action taken as confirmed during the inspection: Review of a sample of care records evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 8</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The staff bathroom will be kept clean and the radiator cover will repainted/replaced so that it can be effectively cleaned.</p> <p>Action taken as confirmed during the inspection: A review of the identified bathroom evidenced that this area for improvement had been met.</p>	Met
<p>Area for improvement 9</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The manager ensures working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Action taken as confirmed during the inspection: While there was evidence of some audits having been undertaken, these were not robust at identifying the deficits outlined in this report. This will be further discussed in Section 5.2.5.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	Not Met

Area for improvement 10 Ref: Standard 20.11 Stated: First time	The registered person monitors the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	Partially met
	Action taken as confirmed during the inspection: While a review of available monthly monitoring reports evidenced that residents were being consulted in order to ascertain their views, these reports were insufficiently robust so as to identify the deficits outlined in this report and drive necessary improvements. A new area for improvement has been partially met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two recruitment files evidenced that enhanced AccessNI checks had been sought and received prior to staff commencing employment. There was evidence that a robust system was in place to ensure staff were recruited correctly in order to protect residents.

There was evidence that all staff were registered with the Northern Ireland Social Care Council (NISCC). However, the system used to track staff registration with NISCC was insufficiently robust; this is further discussed in Section 5.2.5.

There was evidence that staff were attending mandatory training, such as adult safeguarding; manual handling; infection prevention and control (IPC); basic first aid; level two deprivation of liberty; and dementia care. However, on the day of inspection there was no clear system in place to monitor mandatory staff training. The manager indicated post inspection that a matrix is maintained but it was not available on the day on inspection. This is discussed further in Section 5.2.5. The manager further advised that staff training was going to be managed using an online platform which would enable greater managerial oversight. The manager provided assurances post inspection that all the staff have attended mandatory training for 2021.

There was a system in place to ensure staff received supervision and an annual appraisal and there was evidence that these had taken place within the agreed timescales.

Staff told us that the residents' needs and wishes were very important to them. Staff were observed to respond to requests for assistance promptly and in a caring and compassionate manner. Staff presented as knowledgeable about resident's individual needs and preferences.

Staff told us:

- "The care in Clairville is very good. There is good team work and everyone helps each other out".
- "My induction to the home was good...the care in the home is really good and the residents get a lot of attention from staff".
- "If it was my mother I would have no hesitations in placing her in Clairville".

Residents told us:

- "The staff are all very nice; if I have any worries or concerns I feel like I can talk to them".
- "The staff are just great to me...you just have to ask and it's there".
- "I like it here...the staff are exceptional. Annette (staff) is exceptional. Nothing is ever too much".

A visiting relative was available on the day of inspection. They told us:

- "The staff are excellent and attentive to mum...they are quick to identify issues (ill health) and respond quickly. I feel able to raise a concern and would be confident it would be addressed".

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and relaxed. Residents appeared settled in their surroundings and were able to choose how they spent their day. Residents were observed in communal areas such as the lounge and dining area while they conversed with other residents; other residents were observed spending time in their own bedrooms. Residents were bright and alert and happy to engage in conversation throughout the inspection.

Staff were observed to be skilled in communicating with residents. One staff member was attending to a resident's hair by adding rollers and was observed to be kind, compassionate and patient with the resident.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff routinely created a personal history record for each resident which is retained in the resident's records. While this was not implemented at the point of admission it provided comprehensive details about a resident's past life and interests in order to direct person centred care delivery.

Concerns were identified in relation to care plan documentation. Review of a sample of care plans evidenced that while these were in place, they were not kept up to date by staff; for example, changes in the assessed needs of identified residents in regards to wound care, nutritional care and/or weight loss were not reflected in current care plans. Assurances were provided on the day of inspection that residents' identified needs were being met and that relevant healthcare professionals were involved.

The manager acknowledged the deficit in terms of record keeping and this was discussed with the responsible person during the meeting on 15 December 2021. During this meeting the home provided a satisfactory action plan as to how they planned to address this deficit in a sustained manner going forward. An area for improvement was stated for a second time.

Detailed and comprehensive care plan evaluations were retained in residents' care records. These provided up to date information about each resident and any change in their condition. These monthly evaluations evidenced communication with the wider multi-disciplinary team including the GP, district nurses, and care managers.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and the overall dining experience.

Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff had also implemented two sittings in order to maintain social distancing of residents in keeping with infection prevention and control guidance. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and that an appropriate onward referral had been made to the GP in respect of an identified resident's weight loss.

5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and dining rooms. The home was clean, warm and well maintained.

Residents' bedrooms were personalised with items important to them such as pictures and sentimental items. Communal areas were well decorated, suitably furnished and comfortable.

The manager explained that work was planned in the home to refurbish a number of floors.

Fire safety measures were observed on the day of inspection. While a fire risk assessment had been completed on 16th March 2021, it was unclear if the actions outlined in this report had been addressed. Assurances were provided to RQIA by the manager post inspection that all actions had been addressed. This action plan was also shared with the RQIA estates team. Fire training records were not available on the day of inspection.

The manager provided assurances post inspection that all staff had completed the necessary fire training. These governance and oversight arrangements are further discussed in Section 5.2.5.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and the manager advised that any outbreak would be reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

There were some deficits identified in respect of infection prevention and control practices within the home. For instance, one identified commode within a bathroom needed to be replaced and items on a notice board were not laminated to help ensure effective cleaning. This was discussed with the manager who advised that new commodes had been ordered and that she will make the necessary changes to the notice board. This will be reviewed at a future inspection.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Positive interactions were observed between staff and residents throughout the inspection. Residents spoke positively about the care they received in Clairville and were complementary towards the staff.

There was an activity schedule in place outlining the activities on offer for the week. Staff indicated that activities were important to them and that the residents were encouraged to participate. Staff also advised that they prioritise one to one discussion with residents throughout the day and viewed this as an important aspect of their role.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff 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 residents, care practices or the environment.

Concerns were identified regarding the lack of robust managerial oversight and governance arrangements within the home. For instance, a review of accidents and incident records evidenced that these were not consistently reported to RQIA.

No regular analysis was undertaken so as to identify trends/patterns and to drive any necessary improvements. An area for improvement was made.

Review of governance records also highlighted that while some quality assurance audits had been carried out, these were insufficiently robust so as to drive improvement and lacked traceability. An area for improvement was stated for a second time.

Shortfalls were also noted in regard to managerial oversight of staff; for example, on the day of inspection there was no system in place to effectively monitor the provision of staff training. While the manager was able to provide the necessary assurances post inspection that all staff have attended mandatory training, it is necessary that a record is maintained of this in the home. It is also essential that the manager ensures relevant staff are registered with the Northern Ireland Social Care Council and this is regularly reviewed. Two areas for improvement were made.

Review of the staff duty rota highlighted that this was not maintained in keeping with best practice; it was disappointing that this deficit concerning the duty rota had previously been identified as an area for improvement during the last care inspection on 19 November 2020. An area for improvement was stated for a second time.

In addition, review of the most recent fire risk assessment evidenced that the accompanying action plan had been inconsistently updated and/or kept under review by the Manager. An area for improvement was made.

No complaints had been raised since the last inspection and the manager had a system in place to manage these should a complaint arise. Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

These deficits were discussed with the manager on the day of inspection and with the responsible person during the meeting on 15 December 2021. At this meeting the responsible person provided a full account of what actions they have taken and will take to address these shortfalls.

6.0 Conclusion

[Enforcement action](#) resulted from the findings of this inspection. The responsible person and management team were invited to attend a Serious Concerns meeting with RQIA on 15 December 2021. At this meeting the responsible individual provided a plan of what actions they have taken and plan to take in order to address these shortfalls in relation to care planning, managerial oversight and governance arrangements within the home. RQIA were satisfied with the actions taken by the home and these areas will be reviewed at a future inspection.

Feedback from staff and residents provided RQIA with assurances that the care delivered in Clairville was person centred and compassionate. Residents spoke very positively about their experience of living within Clairville and staff described the home as a good place to work.

The home's environment was clean, tidy and comfortable for residents.

Four new areas for improvement were made and four areas for improvement were stated for a second time and are outlined in the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)

	Regulations	Standards
Total number of Areas for Improvement	2	6*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Emma Reid, manager and Annette McLernon, senior care assistant 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that all accidents and incidents and any events occurring in the home which adversely affect the wellbeing or safety of any residents are reported promptly to RQIA.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: All staff have been reminded that all accidents and incidents which adversely affect the wellbeing and or safety of any residents should be reported to RQIA promptly. A notice has been placed in the office to reflect the accident/incident protocol.</p>
Area for improvement 2 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that any management plan outlined in the fire risk assessment is actioned as necessary and a record maintained of same.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken: The Fire risk assessment management plan is actioned and a record of the same maintained.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25.6 Stated: Second time To be completed by: Immediate and ongoing	<p>The registered person shall ensure a full and accurate record is kept of all staff working in the home over a 24-hour period and the capacity in which they worked. This must include the hours worked by the manager, and identify the person in charge of the home in the absence of the manager.</p> <p>Ref: 5.1 & 5.2.5</p>
	<p>Response by registered person detailing the actions taken: There is a full and accurate record of all staff working in the home over a 24hr period. Including the hours worked by the manager and the person in charge is clearly stated in the absence of the manager.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Resident's individual comprehensive care plan is kept up-to-date and reflects the resident's current needs.</p> <p>Ref: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan records are being reviewed and monitored regularly by the manager to reflect that the residents' current needs are recorded clearly and frequently.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The manager ensures working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Ref: 5.1. & 5.2.5</p> <p>Response by registered person detailing the actions taken: A monthly managerial auditing file is in place to reflect compliance with the homes documented policies and procedures.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person monitors the quality of services in accordance with the home's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The registered persons monthly audits have been reviewed to reflect the same.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a robust system is place which provides effective managerial oversight in relation to all training undertaken by staff.</p> <p>Ref: 5.2.1 & 5.2.5</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Response by registered person detailing the actions taken: A training compliance matrix is displayed in the office and reviewed and monitored by the manager regularly. The most up to date training compliance reports can also be accessed online and an updated report can be printed off when required.</p> <p>The registered person shall ensure oversight arrangements are in place to monitor staff registration with NISCC and this is reviewed on a regular basis.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: NISCC registration is monitored by the manager regularly and a matrix is displayed in the office. All staff in our employment are compliant.</p>

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



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