

# Unannounced Care Inspection Report

## 27 July 2017



## Andena

**Type of Service: Residential Care Home**  
**Address: 206-208 Ballymoney Road, Ballymena, BT43 5HG**  
**Tel No: 028 2564 4767**  
**Inspector: Bronagh Duggan**

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 36 beds that provides care for residents within the categories of care as listed on the homes certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> James Joseph McConville <b>Responsible Individual(s):</b> James Joseph McConville	<b>Registered Manager:</b> Christina Ann Shields
<b>Person in charge at the time of inspection:</b> Assumpta McKeown (deputy manager) Christina Ann Shields registered manager arrived later during the inspection and was present for feedback	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 36

### 4.0 Inspection summary

An unannounced care inspection took place on 27 July 2017 from 10.30 to 18.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to staff recruitment, adult safeguarding, dementia awareness, and communication between residents, staff and other key stakeholders.

Areas requiring improvement were identified regarding the improvement or removal of two identified chairs, and to ensure multi professional involvement regarding the care needs assessment for an identified resident. One area for improvement has been stated for a second time relating to the auditing of care records.

Residents and their representatives said “It is very comfortable, my room is lovely, and the food is good. No complaints from me” and “Staff are very good; they are attentive, with good communication”.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Assumpta McKeown deputy manager and Mrs Christina Ann Shields, registered manager who was present for feedback at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accident and incidents submitted to RQIA since the previous inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with nineteen residents, four staff and one resident's visitors/representative.

A total of fifteen questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Sample of competency and capability assessment
- Staff training schedule/records
- One staff recruitment file(s)
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met in four areas. One area relating to the auditing of care records has been recorded as partially met and has been stated for a second time in the QIP appended to this report.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 February 2017

The most recent inspection of the home was an unannounced secondary care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 7 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15.(2) (b) <b>Stated:</b> First time	The registered provider must ensure the assessment of residents needs is revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of three care records confirmed that the assessment of needs were reviewed and updated accordingly.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.2  <b>Stated:</b> First time	The registered provider should ensure care reviews are completed at least annually for any self-referred residents in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of records confirmed care review arrangements were in place for self-referred residents.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	The registered provider should ensure that regular audits are completed relating to assessments, care plans, and risk assessments.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of information in the home confirmed care records had recently been reviewed and updated. A template for auditing purposes had been developed; the deputy manager confirmed this was due to be implemented in the near future. Completion of audits shall be followed up during the next inspection.  This area for improvement has been stated for a second time in the QIP appended to this report.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 24.3  <b>Stated:</b> Second time	The registered provider should ensure that a schedule for annual staff appraisals and staff supervision is maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the deputy manager and review of information in the home confirmed a schedule was in place.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 16.1  <b>Stated:</b> Second time	The registered provider should ensure the homes adult safeguarding policy and procedure is reviewed and updated to reflect regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the adult safeguarding policy and procedure following the inspection showed it had been reviewed and updated accordingly.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Two staff raised concerns regarding staffing levels which were reduced during some afternoon shifts. This was discussed with the deputy manager who confirmed new staff had recently been recruited to fill vacancies and were due to commence employment in the near future which would ensure a full complement of staff. The deputy manager confirmed in the meantime staffing levels were being monitored accordingly.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of one completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of one completed staff competency and capability assessment was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The deputy manager confirmed there had been no recent safeguarding referrals and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed there were restrictive practices employed within the home, notably a keypad entry/ exit system, bed rails and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety, etc.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.



The deputy manager reported that any outbreaks of infection within the last year had been managed in accordance with the home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. Signage and orientation information was displayed around the home to aid residents. This was good practice. It was noted two chairs in the communal bathrooms were in need of improvement or replacement as they were badly stained. This was identified as an area for improvement to comply with standards.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 22 February 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 10 May 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “The induction was very informative and supported by other staff.”

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- “Staff friendly, welcoming, go above their job description to make my mother's stay as safe as possible, always high levels of cleanliness throughout and staff adhere to handwashing always.” (representative)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

One area for improvement was identified during the inspection this related to the improvement or replacement of two identified chairs.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.5 Is care effective?

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

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The need for multi professional involvement regarding the care needs assessment for an identified resident was discussed with the deputy manager. This should be done to ensure a thorough assessment is completed regarding the resident's care needs. This was identified as an area for improvement to comply with standards.

Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) and catering were available for inspection. Discussion with the deputy manager and review of information in the home showed a tool had been developed to audit care records and was due to be implemented. Further evidence of audit was contained within the annual quality report.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The benefit of having staff members sign when having read minutes of staff meetings was discussed. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and the representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The

deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- "I have been fully involved with all aspects of my mother's care review. Referrals to all other health care providers have been done in a timely manner and have I have been fully informed of same." (representative)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

### Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring multi professional involvement regarding a care needs assessment for an identified resident.

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

#### 6.6 Is care compassionate?

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

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example, care plans in place for management of pain.

Residents were provided with information, in a format that they could understand. This enabled them to make informed decisions regarding their life, care and treatment.

The deputy manager, residents and representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights,

independence and dignity and were able to demonstrate how residents' confidentiality was protected for example ensuring records are stored securely.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them for example residents' meetings, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. This was displayed on a notice board in a central part of the home. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activities therapist is present in the home five days per week. Residents are encouraged to participate in activities including arts and crafts activities, games and floral arrangements. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I am very happy here, the food is very good."
- "The company is great, the rollator gives me great freedom, I could recommend it to anyone."
- "It is very comfortable, my room is lovely, the food is good. No complaints from me."
- "I'm happy enough, there is a selection of activities it's good to change them."

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied/satisfied.

One resident's representative spoken with commented:

- "Staff are very good, they are attentive, with good communication. I would recommend it definitely there is good attention to detail like hair, nails and dressing."

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

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

The deputy manager confirmed that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA. A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the residents guide and information displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants and the outcome of the complaint. The need to ensure the complainant's level of satisfaction was recorded was discussed with the deputy manager.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example dementia awareness training and nutritional awareness. The deputy manager shared that a staff member had completed training to become a dementia champion for the home. This is good practice.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed towards the end of the inspection that the registered

provider was kept informed regarding the day to day running of the home through regular visits and updates.

The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The deputy manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from residents , residents representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied/satisfied.

Comments received from completed questionnaires were as follows:

- "This residential home is exceptionally well run, all staff from the manager, to cook, domestic, etc, are very motivated, caring and I don't have any complaints on any levels." (representative)
- "Andena Residential Home is very well led and managed. The home is clean, fresh and very welcoming." (representative)

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Assumpta McKeown, deputy manager as part of the inspection process. Mrs Christina Ann Shields, registered manager, was present during feedback at the conclusion of the inspection. 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 3 August 2017	The registered person shall ensure the identified chairs are improved upon or removed and replaced.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Both chairs identified have now been recovered.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.1  <b>Stated:</b> First time  <b>To be completed by:</b> 27 August 2017	The registered person shall ensure multi professional involvement regarding the care needs assessment for an identified resident to ensure a thorough assessment is completed.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> Assessment carried out and a plan of care is being carried out.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> Second time  <b>To be completed by:</b> 27 August 2017	The registered provider should ensure that regular audits are completed relating to assessments, care plans, and risk assessments.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> Regular audits have been commenced.

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





The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

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

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

 @RQIANews