



Unannounced Care Inspection Report 8 and 12 August 2019



Hollybank

Type of Service: Residential Care Home
Address: 13 Union Road, Magherafelt BT45 5DF
Tel no: 028 7963 3369
Inspectors: Bronagh Duggan & Judith Taylor

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to nine residents with learning disabilities who access the service for short break periods only. There are no permanently placed residents in the home.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager and date registered: Cecelia Donnelly 18 December 2017
Responsible Individual: Anthony Baxter Stevens	
Person in charge at the time of inspection: 8 August 2019 - Janine Stewart 12 August 2019 – Orlagh McMullan	Number of registered places: 9
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 4

4.0 Inspection summary

An unannounced inspection took place on 8 August 2019 from 10.30 to 17.15; and on 12 August 2019 from 10.30 to 13.20.

This inspection was undertaken by care and pharmacist inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care and medicines management inspections 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 induction, supervision and appraisal, care reviews, working with other professionals, using alternative communication strategies, the culture and ethos of the home, and maintaining good working relationships.

In relation to medicines management, there was evidence of good practice regarding the completion of medicine records, the management of controlled drugs and the safe storage of medicines.

Areas requiring improvement were identified in relation to fire safety training, improvement to the identified blinds in three bedrooms, reporting of notifiable events, care planning for pain management, review and updating an identified epilepsy management plan, and reporting of the manager's absence. One area for improvement regarding the completion of fluid intake charts was stated for a second time.

Residents in keeping with their level of understanding confirmed their stays in the home as being a good experience.

Comments received from residents, representatives and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*6

*The total number of areas for improvement includes one which has been stated for a second time. Details of the Quality Improvement Plan (QIP) were discussed with Janine Stewart, Deputy Manager, and Orlagh McMullan, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 25 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including medicines management, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

A poster was displayed to inform any visitors that an inspection by RQIA was being conducted.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 27 July 2019 to 8 August 2019
- staff training schedule and training records
- one staff induction record
- staff supervision and appraisal information
- a sample of residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from May 2019 to August 2019
- a sample of reports of visits by the registered provider from May to July 2019
- RQIA registration certificate
- medicines received
- personal medication records
- medicine administration records
- medicines transferred
- controlled drug record book
- medicine storage temperatures

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

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 last care and medicines management inspections

Areas for improvement from the last care inspection on 25 February 2019		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time	The registered person shall ensure a programme of refurbishment is undertaken in the home. This should include replacement of stained and faded carpets.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of the home showed the carpets had been replaced with new easily washable flooring. In addition paint work had commenced, and the deputy manager advised plans were in place for the replacement of an identified shower which was to be completed by the end of August 2019.</p>	
--	--	--

**Areas for improvement from the last medicines management inspection
on 6 November 2018**

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 30 Stated: First time</p>	<p>The registered person shall review the admission process to ensure that personal medication records are checked against incoming medicines supplies and any discrepancies followed up.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: There was evidence of improvement in the admission process for medicines. Of the five personal medication records examined, all but one of the medicines prescribed had been received for the period of short break care. Following discussion with staff, we were advised that the resident's family had informed them that the medicine was not required during this period of care. It was agreed that this information would be recorded. Given the improvements noted and assurances provided, this area for improvement has been assessed as met.</p>	
<p>Area for improvement 2 Ref: Standard 31 Stated: First time</p>	<p>The registered person shall review the record keeping in relation to enteral feeding and fluid intake records.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: There were charts in place to record the administration of enteral feeds and flushes of water; however, these were incomplete.</p>	

	This area for improvement is stated for a second time.	
Area for improvement 3 Ref: Standard 30 Stated: First time	The registered person shall further develop the audit process to ensure that it covers all aspects of medicines management.	Met
	Action taken as confirmed during the inspection: Running stock balances were maintained for all medicines. These were checked for accuracy at each shift change.	

6.2 Inspection findings

6.3 Is care safe?

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

We observed the home was clean, bright, and comfortably heated on arrival. Two residents were accommodated in the home upon arrival, two other residents were admitted later in the evening. Residents appeared well cared for and were seen to interact easily with staff. There was a relaxed friendly atmosphere in the home. During the inspection residents were observed completing puzzles, interacting with staff and supported to go for a walk up to the town centre.

The deputy manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. Staff confirmed levels were adjusted according to the needs of the residents which can vary due to the short term nature of admissions to the home. The deputy manager advised residents compatibility was also considered as part of the planned admissions. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

The deputy manager confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample was viewed and found to be satisfactory.

Residents spoken with confirmed staff were available to help when needed.

Recruitment records were not viewed during the inspection as the information was held centrally for the trust however the induction record for the most recently recruited member of staff was viewed and found to be satisfactory. Staff spoken with said they received good support from the manager who they found approachable and through the provision of supervision and annual appraisals. Information available in the home showed that staff supervision and appraisals were completed on a regular basis.

The deputy manager advised that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and recorded by way of a matrix that was regularly reviewed and updated. The matrix was available for review during the inspection and showed that it had been maintained on an up to date basis.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and was generally maintained on an up to date basis, however it was noted that there were a number of staff who had not completed fire safety training since early 2018. The need to ensure all staff complete fire safety training at least twice per annum was discussed with the deputy manager. An area for improvement was identified.

The deputy manager outlined the adult safeguarding champion arrangements for the home. The annual adult safeguarding position report for 2018 shall be reviewed during the next care inspection. Staff training in adult safeguarding was maintained on an up to date basis. Discussions with staff confirmed that they were aware of different types of abuse, signs of abuse and were able to describe what action they would take if they suspected or witnessed any form of abuse.

We reviewed records relating to accidents, incidents and notifiable events, records showed that these were generally effectively documented and reported on to relevant bodies; however it was noted that there were two incidents that had been reported and managed internally that should have been shared with RQIA. One related to medicines management and the other to follow up treatment. This issue was discussed with the deputy manager; an area for improvement was identified. The deputy manager was also advised on how to access RQIA guidance on Statutory Notification of Incidents and Deaths for Registered Providers and Managers of Regulated Services (2017).

Review of care records and discussion with the deputy manager showed measures in place to minimise the risk of falls included for example the completion of fall risk assessments, observations and ensuring availability of equipment as assessed by for example occupational therapy. One of the records reviewed contained specific guidance regarding the use of a wheelchair for an identified resident and included a relevant risk assessment and associated care plan. Care records reviewed also reflected human rights considerations including the use of a keypad entry exit system and restrictive behavioural interventions.

An inspection of the home was undertaken. Resident's bedrooms were found to be clean, tidy and functional. All areas within the home including communal areas were observed to be comfortably heated, odour free and clean. New flooring had recently been laid throughout most of the communal areas, the deputy manager advised plans were also in place to repaint parts of the home. It was noted in three bedrooms the blinds which were contained within the window panes were closed, inspection of these showed that they could not be opened as the opening device was missing, thus meaning natural daylight could not get into the bedrooms. This issue was discussed with the deputy manager. An area for improvement was identified.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Posters displaying the seven step handwashing technique were displayed throughout the home. Review of training records showed staff completed training in infection prevention and control (IPC). Hand hygiene audits were completed with staff on a regular basis, staff spoken with were aware of practices to be maintained to reduce or minimise the risk of infection.

Walkways throughout the home were kept clear, records showed fire safety checks were completed on a weekly basis.

Medicines Management

The following areas were examined during the medicines management inspection and were found to be satisfactory:

- staff training and competency
- admission process with regards to medicines management
- receipt and transfer of medicines records
- personal medication records
- medicine administration records
- management of controlled drugs
- management of distressed reactions
- storage of medicines
- auditing arrangements for medicines

There was evidence that residents were being administered their medicines as prescribed.

Largely satisfactory procedures were in place to ensure that residents had a continuous supply of their prescribed medicines. Clear records of medicines received on admission and transferred at the time of discharge were maintained. See also Section 6.2.

In relation to enteral feeding, details of the feeding regime were in place and recorded on the resident's personal medication record. A separate record was put in place to enable staff to record the administration of enteral feed and fluids. However, some of these records were incomplete, they did not state the total 24 hour fluid intake and we were unable to see the fluid intake for one full day. We had emphasised at the last medicines management inspection that fluid intake records must clearly show all fluids administered and the 24 hour total recorded, to ensure that the target volume prescribed has been achieved. The person in charge advised that this had been identified and communicated to staff following a recent audit. She stated this will be further highlighted to staff. The area for improvement has been stated for a second time. See also Section 6.2.

We examined residents care files. We noted that one resident's care plan regarding their medicines required updating following changes made in July 2019. It was agreed that this would be addressed with immediate effect.

We reviewed pain management. There was limited information on how a resident would express pain and how it should be managed; particularly if they could not tell staff if they were in pain; detailed care plans should be in place. Advice was given during the inspection. Staff assured that they were familiar with the non-verbal communication and would know when a resident was in pain or discomfort. An area for improvement was made.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the auditing processes for medicines, the completion of the majority of medicine records, the management of controlled drugs and the storage of medicines.

Areas identified for improvement:

The following areas were identified for improvement in relation to fire safety training for staff, improvement to the identified blinds in three bedrooms, reporting on notifiable events and pain management. One area regarding the management of enteral feeding fluid records has been stated for a second time.

	Regulations	Standards
Total numb of areas for improvement	1	3

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three residents care records reviewed that risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management. Care plans had been completed to reflect the risk assessments. The care plans in place were detailed and included a range of person centred information. Detailed behaviour support plans were also in place; these were reviewed regularly by the behavioural support team and updated as any changes occurred. Staff spoken with confirmed that they felt well supported with regard to accessing the behavioural support service. Review of one of the care records showed an epilepsy management plan in place was last reviewed in March 2013. The need for a more regular review was discussed with the deputy manager; an area for improvement was identified. Care reviews were monitored regularly.

Care records reviewed showed that speech and language therapist (SALT) guidance was in place for identified residents. Information relating to special diets for residents was also displayed in the kitchen for easy reference. Kitchen staff spoken with outlined the system in place regarding their awareness of specialist diets for residents admitted and explained how information was rotated in keeping with admissions.

Regarding the dining area we could see that the dining room was clean and bright. There was a picture menu on display and the menu was set according to the individual likes and preferences of residents for the duration of their stay.

There was a keypad in place on the front door to the home: other restrictive practices in use in the home included for example the use of monitors, and restrictive behavioural interventions. The deputy manager advised in any instance where restrictive practices are in use they were reflected in the residents risk assessment and care plans, and were reviewed regularly. From the sample of care records viewed restrictive practices were appropriately reflected. Care plans reviewed were signed by residents and/or their representative as necessary.

There was good evidence of effective team work; staff confirmed they were kept up to date with any changes. Staff said there was very good team work with few staff changes over the years.

Staff demonstrated good knowledge of residents' care needs and confirmed that all residents' care needs were being met.

The deputy manager explained review of residents' progress was ongoing throughout the duration of their stay in the home, and there were regular updates provided from staff. Views of residents were gathered at the end of each stay and this information was used to inform future planned visits.

Staff spoken with confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home's manager was "very approachable".

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to ensuring the identified care plan relating to the management of epilepsy is reviewed and updated accordingly.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

Throughout the inspection staff interactions with residents in the home were observed to be positive with detailed knowledge of residents' choices, likes, dislikes and assessed needs. There was a pleasant atmosphere within the home; residents interacted with staff in a relaxed manner. Two residents spoken with during the inspection in keeping with their level of understanding confirmed that they enjoyed their visits to Hollybank and were satisfied with the care provided. Staff were observed to respond promptly to residents requests for assistance.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents likes and dislikes. For example, food and activity preferences were recorded. Staff advised plans for each resident's short break were based around their assessed needs and preferences to ensure an enjoyable experience. Staff said that plans were flexible and that resident choice was always a priority.

We could see that residents were provided with information in a format that they could understand which enabled them to make informed decisions regarding their stays in the home. For example, the daily menu was displayed in pictorial format in the main dining area, individualised daily schedules were also used as needed to support residents using their individualised and assessed communication strategies.

Activities such as arts, crafts, board games, DVD's, and computer games were available for residents to use, a plentiful supply was observed in the home. In addition staff shared how residents were supported during stays to access local community facilities such as visiting shops, parks, and cafes.

Ten questionnaires were provided for completion and return by residents and or their representatives to ascertain their views about the service. There were no questionnaires returned within the specified timescale.

We met with one resident's representative during the inspection, comments received from the representative included :

- "Staff are great, I am very very pleased with it (the home). It has been (relative) first time away from me, she has settled so well. I am more than happy. You know you can ask them anything (staff) they only want to help."

Comments from staff included:

- "It is a lovely homely environment, the care is second to none."
- "Everything is good, it's a great wee place. Everyone just gets stuck in."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The deputy manager explained the organisational workings within the home and how staff including seniors and support workers, and the ancillary team of staff work to ensure the assessed needs of residents was met within the home. The deputy manager advised the registered manager was absent for a planned period, this information had not been shared with RQIA as required. This issue was discussed with a senior manager from Northern Health and Social Care Trust (NHSCT) following the inspection; an area for improvement was identified.

Staff confirmed they were aware of their roles and responsibilities and found the management within the home approachable and supportive if they were to raise any issues.

There was a complaints policy and procedure in place, a user friendly complaints procedure was also displayed in a central part of the home for resident's information. There was a system in place to record any complaints received including actions taken in response to the complaint. The deputy manager confirmed the home had not received any recent complaints.

Discussion with the deputy manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding, care reviews, staff training, NISCC membership and the environment.

We reviewed records relating to accidents, incidents and notifiable events, as stated in section 6.3 it was noted two notifiable events should have been reported onwards to RQIA an area for improvement was identified.

The deputy manager confirmed that there was training provided for staff in addition to mandatory training that was relevant to the needs of residents who would access the service. Records showed that staff had completed additional training in autistic spectrum disorder, epilepsy management and dysphagia awareness.

The home was visited by the registered provider's representative each month and all aspects of the running of the home were reviewed. We looked at the reports of the visits from May to July 2019 and found that these showed evidence of gathering views from residents, their families and staff on the care in the home; they also checked for example that incidents, complaints, and environmental issues were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Staff spoken with confirmed there was good working relationships in the home with both internal and external stakeholders.

Areas of good practice

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

Areas for improvement

One area was identified for improvement in relation to notification of the manager's absence.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Janine Stewart, Deputy Manager, and Orlagh McMullan, Senior Care Assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (d) Stated: First time To be completed by: 10 August 2019	<p>The registered person shall give notice to RQIA without delay the occurrence of any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All management staff aware of the above. Deputy Manager now has access to RQIA Portal. Furthermore, is aware of requirements for Notifiable Events and how to complete an Alert in the absence of the Registered Manager.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 31 Stated: Second time To be completed by: 12 September 2019	<p>The registered person shall review the record keeping in relation to enteral feeding and fluid intake records.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: Fluid balance chart in existence. All staff have now been made aware of the importance and necessity of completing all entries in this chart - input and/or output of fluids. This action required has been added to individual service user's in-house care plan.</p>
Area for improvement 2 Ref: Standard 29.4 Stated: First time To be completed by: 8 October 2019	<p>The registered person shall ensure staff complete fire safety training at least twice annually.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All staff attended fire training on 03/09/2019. Manager is arranging further dates with Fire Officer for fire training for the incoming year.</p>
Area for improvement 3 Ref: Standard 27.1 Stated: First time To be completed by: 22 August 2019	<p>The registered person shall ensure the blinds on the identified bedroom windows are repaired so they can be opened properly.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This has been actioned urgently to Estates on 08/08/2019 and has been escalated with Trust contracts/providers. Manager/Deputy Manager continuing to follow up as a matter of urgency.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 12 September 2019</p>	<p>The registered person shall ensure that care plans for the management of pain include details of how pain is expressed and managed.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: All senior staff will liaise with service user/families/carers on or before next admission of every service user and revisit existing pain management section of in-house care plan to ensure adequate/accurate information on how service user may present when in pain/discomfort.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 8 September 2019</p>	<p>The registered person shall ensure the identified care plan relating to the management of epilepsy is reviewed and updated accordingly.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This individual service user's Epilepsy Management Plan has been reviewed on 13/08/2019 by Epilepsy Nurse Specialist and Nurse in Hollybank. System currently in place has been further develop to highlight when each EMP is approaching annual review date and Manager/Deputy Manager will liaise with Epilepsy Nurse Specialist regarding same.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.4</p> <p>Stated: First time</p> <p>To be completed by: 15 August 2019</p>	<p>The registered person shall ensure any absence of the registered manager of more than 28 days is notified to RQIA and arrangements for managing the home in the absence of the registered manager are approved by the RQIA.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Deputy Manager raised Manager's absence with Head of Service on approach to 28 day period. Head of Service now aware of changes which necessitate this notification to be logged on RQIA Portal.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care