



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 23 September & 2 October 2019



## Broadways Private Nursing Home

**Type of Service: Nursing Home**

**Address: Broadway, Main Street, Larne, BT40 1LT**

**Tel no: 028 2827 3464**

**Inspectors: James Lavery & Gavin Doherty**

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Broadways Private Nursing Home  <b>Responsible Individual:</b> Mrs Barbara Sloan	<b>Registered Manager and date registered:</b> Mrs. Jacqueline Davey 7 March 2012
<b>Person in charge at the time of inspection:</b> Upon arrival - Staff Nurse Mary Finnegan	<b>Number of registered places:</b> 33 comprising:  A maximum of 2 patients in category NH-PH.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24

### 4.0 Inspection summary

An unannounced care inspection took place on 23 September 2019 from 12.45 to 19.25 hours. An estates inspection was undertaken on 2 October 2019 from 11.30 to 12.45.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last 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 adult safeguarding, monitoring the professional registration of staff, falls management and Healthcare Acquired Infection (HCAI) management. Further areas of good practice were also noted in regard to staff interaction with patients and complaints management.

Areas requiring improvement were identified in relation to infection, prevention and control (IPC) practices, wound care, the provision of activities, monthly monitoring reports and quality assurance audits.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*4	2

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

Details of the Quality Improvement Plan (QIP) were discussed with Barbara Sloan, Responsible Individual, and Michele McIlwaine, Deputy Manager, 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 31 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 31 January 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, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, 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

Questionnaires and 'Have We Missed You' cards were provided to give patients 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. A poster indicating that an inspection was taking place was displayed at the entrance to the home. The following records were examined and/or discussed during the inspection:

- staff training records for the period 2019/20
- accident and incident records
- four patients' care records including relevant supplementary wound care/nutritional care records/repositioning records
- a selection of governance audits
- complaints records

- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the responsible individual and deputy manager at the conclusion of the inspection.

## 6.0 The inspection

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 <b>Stated:</b> First time	The registered person shall ensure that no individuals are employed within the home until all the information and documents as outlined in paragraphs 1 to 7 of Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 have been obtained.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of selection and recruitment records for one staff member highlighted that while an AccessNI check had been satisfactorily carried out, it was not clearly evidenced when this check was received and reviewed by the manager. In addition, while discussion with the responsible individual provided assurance that efforts had been made to obtain two written references, the dates on which this was done was not recorded.  This area for improvement was not met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure the following in regards to the management of patients who are being treated for any Healthcare Acquired Infection: <ul style="list-style-type: none"> <li>• A comprehensive and person centred care plan shall be in place which clearly outlines the necessary nursing care required based upon the patient's assessed needs. The care plan shall also be kept under regular review in order to accurately reflect any changes to the patient's assessed care needs/condition.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The care record for one patient who was receiving an antibiotic course of treatment confirmed that a person centred and accurate care plan was in place which was being closely monitored by nursing staff.	

The areas for improvement contained in the previous estates inspection undertaken on 31 January 2019, were all met.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Upon arrival to the home we were greeted by the responsible individual and the nurse in charge. Access to the reception area is via an elevator which is activated by staff when visitors make their presence known using an intercom at the main entrance; staff responded reasonably promptly to our arrival. Street level can also be accessed via a stairwell if needed.

The reception area appeared neat and tidy with the majority of patients noted to be relaxing in a communal lounge. A homely and relaxed atmosphere was noted throughout the inspection.

Staffing levels within the home were discussed with the responsible individual who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. The majority of staff expressed no concerns in relation to staffing levels. No patients or relatives expressed any concerns in regard to staffing levels. Staff were regularly visible throughout the inspection and consistently attended to any patients who were overheard requesting assistance or using their nurse call lead.

We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. One staff member stated "I think the patient care is great ... the staff here work great together..."

The way in which staff are supported in their roles was considered. Annual appraisal records evidenced that this aspect of staff support and development remained ongoing. Supervision records were not available during the inspection although were submitted to RQIA following the inspection; review of these records highlighted no concerns. It was stressed however that supervision records should be available for future care inspections.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required.

It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Appropriate governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home's adult safeguarding policy to help ensure that it is embedded into practice. The responsible individual also confirmed that an 'adult safeguarding champion' (ASC) was identified for the home. Staff who were spoken with expressed a good understanding of how to recognise and respond to potential safeguarding incidents.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was positive to note that the internal décor had improved in some areas since the previous care inspection, with new vinyl flooring noted in some corridors and several patients' bedrooms having been repainted. It was agreed with the responsible individual that there was a need for ongoing internal refurbishment; this was also discussed with the aligned RQIA estates inspector following the inspection. He confirmed that a detailed program of improvements had been submitted by the home in March 2019. This program of improvements is currently on track for completion by March 2020. A number of patients' bedrooms had new wall mounted lamps although some of these were not working on the day of inspection; the responsible individual agreed to action this.

Review of the rooftop terrace confirmed that new fencing was in place and helped to ensure the safety of patients and visitors who may use that part of the home.

Observation of the environment and staff compliance with infection prevention and control best practice standards was considered. Staff appropriately wore gloves and aprons (Personal Protective Equipment, PPE) at all times and were seen regularly using hand sanitisers. However, it was noted that one oxygen face mask which was to be used in the event of an emergency had

no appropriate cover; also, two commodes and one shower chair were found to be either torn or poorly cleaned. An area for improvement was made.

Fire exits and escape routes were observed to be free from clutter throughout the inspection while staff adhered to good fire safety practices. The poor condition of a handrail and walls in one identified stairwell was highlighted and should be included in the aforementioned refurbishment plan.

Observation of the kitchen highlighted that it had been left unattended by staff for a period of time. Although there were no immediate risks to patients noted while the kitchen was unattended, the need to ensure that this area is effectively secure at appropriate times was stressed; this includes ensuring that all kitchen doorways have functioning lock mechanisms; this will be reviewed at a future care inspection.

Compliance with Control of Substances Hazardous to Health (COSHH) regulations was also considered. It was noted that one domestic store was left unattended by staff for a period of time. Following the inspection, the responsible individual informed RQIA that a meeting would be held with kitchen and domestic staff on 1 October 2019 to stress the importance of COSHH compliance. This will be reviewed at a future care inspection.

## **Estates Inspection**

At the time of the inspection, the premises were found to be warm, clean and tidy. There were no malodours detected throughout the premises. The premises mechanical and electrical services were well maintained in accordance with current best practice guidance. The most recent risk assessment with regards to the control of legionella bacteria in the premises hot and cold water systems was in the process of being reviewed, and the most recent biological testing of the system had not detected any legionella bacteria.

With regards to the building fabric and the implementation of the home's program of improvements, the following was observed during the inspection:

- 12 bedrooms had been refurbished and redecorated. This included new drawer units and new doors to the existing built in wardrobes. The lighting in these rooms had also been upgraded.
- The visitor's room had been redecorated with a new floor finish and soft furnishings.
- The conservatory leading to the roof garden had been decluttered, redecorated and had new flooring and curtains fitted, creating a bright and comfortable communal space.
- The roof garden had been tidied and the concrete paving slabs had been re-laid to provide a safe level surface. Discrete palisade fencing had been installed to the perimeter of the roof garden, therefore providing a safe area for service users and visitors to the home.

The manager also showed the inspector the new wallpaper and paint which had been purchased to redecorate the main lounge of the home. This gives further confidence that the improvements are on-going and are on track to be completed within the stipulated time frame.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to adult safeguarding and monitoring the professional registration of staff.



## Areas for improvement

One area for improvement was highlighted in regard to infection, prevention and control practices.

No area for improvement was necessary from an estates perspective.

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

### 6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients. Following the inspection, the responsible individual advised that minutes would be maintained of daily management meetings which include a “walk around” the home to review matters such as fire safety, COSHH and, health and safety.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients’ care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The home operates a G.P. led initiative which allows for a fortnightly “Doctors round.” Staff stated that this helps to reduce unnecessary transfer of patients to the local emergency department and ensures that the changing needs of patients are responded to more promptly and appropriately. Nursing staff stated that this approach is “absolutely fantastic.”

The management of those patients who may be at risk of falling was considered. A thorough and accurate risk assessment was in place along with a corresponding care plan. It was agreed that the relevant care plan should include all agreed approaches to managing this particular risk.

The care record for one patient who required regular assistance with repositioning was also reviewed. These records provided assurance that staff had repositioned the patient as frequently as required.

Nutritional management for one patient was then examined. Relevant risk assessments were in place although the associated care plan did need to be updated to more closely reflect the patient’s current condition. Feedback from the deputy manager provided assurance that staff were closely monitoring the patient’s weight loss and liaising closely with the multiprofessional team as needed.

Care records for one patient requiring regular wound care were reviewed. The relevant care plan was found to have been updated by nursing staff although not in keeping with best practice standards. Review of ongoing wound care records and feedback from nursing staff highlighted an inconsistent and inadequate approach to assessing and documenting the patient’s wound

condition/needs at the time of each dressing change. In addition, the use of a 'Dressings' file by staff was inconsistent. While an audit of wounds within the home had been conducted on 31 August 2019, it failed to identify the aforementioned deficits. An area for improvement was made.

It was noted within several patients' care records that the quality of photocopied templates being used by staff was poor. It was also observed that some nursing documentation fell below expected best practice standards. This was highlighted to the responsible individual who confirmed following the inspection that a file of 'master' photocopying sheets was now available for staff to use.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to falls management and HCAI management.

### Areas for improvement

An area for improvement was made in regard to wound care.

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

#### 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 patients were observed to be compassionate, timely and caring.

Staff demonstrated a good knowledge of patients' wishes, and preferences as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information and confidentiality.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Discussions with staff provided evidence that they considered the manager to be supportive and approachable and they felt confident that they could raise concerns if they arose.

Feedback received from several patients during the inspection included the following comments:

- "Oh aye, the girls look after me well."
- "I like it here."
- "It's really nice here."
- "The wee girls (staff) are lovely."

Feedback received from several patients' relatives during the inspection included the following comments:

- "(The home) is absolutely brilliant ... staff pick up on things."
- "(I'm) happy with the home."
- "(The patient) is very well looked after."

Feedback from the responsible individual highlighted that an activity therapist had resigned from their post earlier in the year and that there was no activities programme in place for patients. Activities signage on display within the home was noted to be out of date. While staff interaction with patients appeared to be frequent and enthusiastic, the provision of an activities programme which promotes the emotional and social wellbeing of patients was stressed. An area for improvement was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients.

### Areas for improvement

One area for improvement was made in regard to activities.

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

#### 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.**

Discussion with the responsible individual and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. Discussion with the responsible individual evidenced that the home was operating within its registered categories of care.

A review of the staff roster highlighted that a significant portion of the manager's working hours throughout the previous four weeks was in the capacity of a staff nurse. This was discussed with the responsible individual who stated that this arose from the manager's efforts to 'cover' periods of staff leave. It was agreed with the responsible individual that with immediate effect, the manager will work no more than 12 hours per week in a staff nurse capacity so as to ensure that sufficient time is given to the manager to focus on managerial oversight of the home. This will be reviewed at a future care inspection.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, the 30 July 2019 report stated that "Record keeping is good" and did not identify the care record deficits highlighted in this report. In addition, an action plan within the 30 August 2019 contained vague timescales. The need for monthly monitoring reports to robustly review care records/associated audits and contain time bound action plans was highlighted. An area for improvement was made.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care plans, the use of bedrails and wound care. While some audits had been completed consistently and effectively, some had not. For instance:

- there was no available August 2019 audit focusing on patients' weights
- the action plan on one care record audit did not reflect all the deficits noted by the auditor

An area for improvement was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to complaints management.

### Areas for improvement

Two areas for improvement were highlighted in regard to monthly monitoring reports and quality assurance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Barbara Sloan, responsible individual, and Michelle McIlwaine, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any

future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

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

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that no individuals are employed within the home until all the information and documents as outlined in paragraphs 1 to 7 of Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005 have been obtained.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> The telephone reference show to the Inspector had, unfortunately, not been dated. The Home makes every effort to obtain references in a timely manner however, some establishments are very reluctant to provide written references.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The oxygen mask is routinely changed and covered however, on this occasion, it had not been noted that someone had removed the cover. The mask with cover was replaced during the course of the inspection. Staff are reminded to ensure mask is covered. Two shower chairs and two commodes were condemned and replaced.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> <li>• that care plan(s) are in place which accurately describe the assessed needs of patients</li> <li>• that nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The charts in question demonstrated that the wound was healed. The care plan detailed the prescribed care of the wound unfortunately, the wound evaluation sheet was not present. Staff have been issued with a nursing memo to remind them of all paperwork required. It is not sufficient to just record dressings in daily kardex.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of reviewing care records/care record audits and include time bund action plans to drive quality improvement and address any deficits identified by current quality improvement plans as outlined by RQIA.</p> <p>Ref: 6.6</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 November 2019</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensure the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p> <p>Ref: 6.5</p>
<p><b>Response by registered person detailing the actions taken:</b> At the time of inspection the Manager was in the process of appointing a new Activity Organiser. In the interim, activities were being carried out by care staff. Unfortunately that was not obvious to the inspector as an RQIA presence sometimes creates an atmosphere of self doubt. We are working towards changing these attitudes. The weekly schedule of activities will be posted on the notice board in advance.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically, care record audits and patients' weights audits.</p> <p>Ref: 6.6</p>

**Response by registered person detailing the actions taken:**

The registered person shall follow a robust system to ensure audits are implemented and maintained to a high standard. It is not normal practice for the Manager to work in the capacity of staff nurse however, sometimes due to emergency situations, the Manager feels it is more appropriate for the continuous care of Residents for her personally to cover a shift rather than an unfamiliar agency nurse. She will however, not exceed 12 hours in any one week. Ongoing evidence of this is being forwarded to the Inspector on a monthly basis as per his request.

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





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