

Unannounced Care Inspection Report 17 April 2018



Ashwood House

Type of Service: Nursing Home (NH)
Address: 2 – 10 Ashgrove Road, Glengormley, BT36 6LJ
Tel No: 028 9083 7270
Inspector: Michael Lavelle

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 registered nursing home which is registered to provide nursing care and residential care for up to 36 persons.

3.0 Service details

Organisation/Registered Provider: Ashwood Prop. Investment Ltd Responsible Individual: William Trevor Gage	Registered Manager: Anne Marie Morris
Person in charge at the time of inspection: ??	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category.	Number of registered places: 36 comprising: A maximum of 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 17 April 2018 from 09.15 to 16.45 hours.

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.

The term 'patients' is used to describe those living in Ashwood House which provides both nursing and residential care

The inspection assessed progress with any areas for improvement identified 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 staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, the home's environment, audits and reviews, communication between residents and other key stakeholders, the culture and ethos of the home, dignity and privacy, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in relation to the staffing rota, infection prevention and control, post fall management, staff meetings and monthly quality monitoring visits.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Anne Marie Morris, registered 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 26 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 26 October 2017. 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

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 10 patients, eight staff, one visiting professional and two patients' visitors/representatives. Questionnaires were left in the home to obtain feedback from patients and patients' relatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 9 and 16 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners

- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- 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 care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 26 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person must ensure that chemicals are stored in keeping with COSHH regulations. Ref: Section 4.3	Met
	Action taken as confirmed during the inspection: Review of the environment evidenced that chemicals were stored in keeping with COSHH regulations.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person should ensure that all wash-hand basin units are well maintained and fit for purpose. Ref: Section 4.3	Met
	Action taken as confirmed during the inspection: Review of the wash-hand basins referenced in the previous report evidenced that these had been replaced and fit for purpose.	
Area for improvement 2 Ref: Standard 35 Stated: First time	The registered person should ensure that a robust and comprehensive audit is accurately maintained specifically in relation to the auditing of accidents. Ref: Section 4.6	Met
	Action taken as confirmed during the inspection: Review of the audit template evidenced changes had been made to the tool since the previous care inspection. These audits were well completed and there was evidence of analysis of the findings.	
Area for improvement 3 Ref: Standard 35 Stated: First time	The registered person should ensure that a more robust and comprehensive system of auditing is maintained, specifically with regards to IPC. Ref: Section 4.6	Met
	Action taken as confirmed during the inspection: Review of audits evidenced the introduction of and infection prevention and control audit which was completed monthly.	

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 9 and 16 April 2018 evidenced that the planned staffing levels were adhered to. During discussion with staff some concerns were raised regarding staffing levels. However, the inspector was unable to validate any staff deficiency on the days of the inspection. The inspector also discussed staff availability with patients and their representatives and a number of positive replies were received. However, one patient suggested there should be more staff as sometimes they would have to wait if they wanted something, especially at night time. In addition, observation of the care delivered during this inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements.

Deficits were noted following review of the staffing rota. For example, it did not clearly identify the nurse in charge duty each shift, the full name of the staff working and it was not always signed by the registered manager or their designated representative. This was discussed with the registered manager post inspection and identified as an area for improvement under the care standards.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. A review of one personnel files evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed there were no potential safeguarding concerns since the last inspection. However, discussion with the registered manager confirmed they had the knowledge and skills to manage any issues appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients, representatives and staff spoken with were complimentary in respect of the home's environment.

Areas for improvement relating to infection prevention and control measures and practices were identified as follows:

- there was no system in place to ensure hoist slings are laundered
- silicone seal perished around an identified bathroom sink and malodour noted
- laundry staff not wearing and had no access to appropriate personal protective equipment (PPE)
- inappropriate storage noted in area beside the treatment room and downstairs linen cupboard
- limited availability of alcohol hand gels in communal areas
- chipped door on a vanity unit in an identified bedroom

Details were discussed with the manager and an area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to the staffing rota and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Review of supplementary care charts such as topical medicine administration records, personal care records and food and fluid intake records evidenced that records were generally well maintained in accordance with best practice guidance, care standards and legislation. Minor deficits were noted in the completion of some of these records. This was discussed with the registered manager who agreed to address any gaps identified.

Review of four patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Review of one care record evidenced that on an occasion where the patient had sustained a head injury neurological observations were not recorded. Discussion with the registered manager evidenced that despite the homes fall policy being updated on 27 March 2018, unwitnessed falls were not routinely treated as a potential head injury. This was discussed with the registered manager who agreed to review the falls policy to reflect the frequency of neurological observations and arrange supervision with registered nurses. An area for improvement under the regulations was made.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician, TVN and podiatrist. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were to be held on a three monthly basis and records maintained. However, review of records confirmed that three staff meetings had been held within the last year in February, March and August 2017. This was identified as an area for improvement under the care standards.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and review of records evidenced that relatives meetings were held on an annual basis, with meetings in April 2017 and February 2018. Minutes were available. The registered manager confirmed the home operates an open door policy for patients and relatives and agreed to review the frequency of relatives meetings.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management. They are asked to comment on their experience there by the activities co-ordinator. Patients and representatives were aware of who their named nurse was and knew the registered manager.

Areas of good practice

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

Areas for improvement

Areas for improvement were identified in relation to post fall management and staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	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.

Observations and discussion with patients evidenced that patients were afforded choice, privacy, dignity and respect. Staff interactions with patients were observed to be compassionate, caring and timely. For example staff were observed to knock on patients doors before entering and kept them closed when providing personal care. 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.

Discussion with the registered manager confirmed there was a patient activities co-ordinator in the home responsible for the provision of activities. Notice boards displayed some planned activities including reminiscence, painting, bingo, arts and crafts, manicures and armchair activities. Discussion with the activities co-ordinator evidenced a varied programme planned to meet the individual needs of the patient’s, including arrangements to meet patients’ religious and spiritual needs within the home. Seasonal activities were observed with patients and relatives enjoying a visit from a petting farm with baby goats, lambs, chicks, rabbits and tortoises on show. Additional activities were planned with patients looking forward to gardening and making flower boxes for the windows. During a review of the environment patient bedrooms were observed to be highly personalised. Although the activity planner was varied

and met the patients' needs it was not displayed in a suitable format. This was discussed with the activities co-ordinator and registered manager who agreed to review the format of the planned activities.

The serving of the midday meal was observed. Tables were attractively set with cutlery and napkins. A range of condiments and drinks were readily available. The menu was hand written on a whiteboard and had a number of choices including a selection of two main courses and two desserts. Alternative meals were provided to patients who did not wish to have the planned meal. The meals were nicely presented, were of good quality and smelt appetising. Patients who required a modified diet were afforded a choice at mealtimes; this was verified when reviewing the patients' meal choice record. Catering staff had recently updated a list of patients who required a modified diet to reflect a recent admission to the home. The care assistants were observed supervising and assisting patients with their meal and monitoring patients' nutritional intake. Hot meals were covered when transferred from the dining room to the patients' preferred dining area and care assistants were observed assisting patients who were unable to eat independently with their lunch. PPE was worn by staff involved with the serving or assisting patients with the meal.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

The registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Eight staff members and one visiting professional were consulted to determine their views on the quality of care within Ashwood House. A poster was given to the registered manager to be displayed in the staff room inviting staff to respond to an on-line questionnaire. None of the staff responded within the timeframe for inclusion in the report.

Some staff comments were as follows:

- "I am happy with the care here. There is good communication from the home staff."
- "I would have no concerns."

Ten patients consulted were very complimentary and some commented as follows:

- "I am very happy here."
- "I love it. The staff are great and give great attention I wouldn't have got at home."
- "I feel involved in decisions about my care. The staff are polite and friendly. The food could be more varied, especially for diabetics."
- "I am quite content with the way things are."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned within the time frame for inclusion in the report.

Two patient representatives were consulted during the inspection.

Some patient representative’s comments were as follows:

- “It’s a very good home.”
- “I am very happy with the care in the home and I have full confidence in the manager.”

Ten relative questionnaires were left in the home for completion. Two of the relative questionnaires were returned within the timeframe for inclusion in the report. Both were very complementary of the quality of care within Ashwood House, with one respondent scoring the home neutral under the well-led domain.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the acting manager for information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and dignity and privacy.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home.

A certificate of public liability insurance was current and displayed. The registration certificate was displayed appropriately but did not reflect accurately the number of residential clients in the home. This was discussed with the registered manager who agreed to formally notify RQIA of any changes in numbers in the residential category of care.

Discussion with the registered manager and review of records evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients and their representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Staff were knowledgeable of the complaints process.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the registered manager and 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 accordance with best practice guidance in relation to falls, care records, infection prevention and control, cleaning of equipment, night time checks and mattress settings. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that Regulation 29 (or monthly quality) monitoring visits, although completed, were not in sufficient detail to give an assurance that actions were taken to address deficits identified. This was discussed with the registered manager during feedback of inspection findings. The registered person should refer to guidance as to the areas to be included in a monthly monitoring report, available on RQIA's website. This has been identified as an area for improvement under the regulations.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

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

Areas for improvement

The following area identified for improvement was in relation to monthly quality monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	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 Anne Marie Morris, registered 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>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk of infection and spread of infection between patients and staff.</p> <p>This area for improvement is made with particular focus to:</p> <ul style="list-style-type: none"> • introduction of a system to ensure slings are laundered • silicone seal around a sink and malodour in an identified bathroom • the use of and availability of PPE in the laundry • storage in the open area beside the treatment room and downstairs linen cupboard • availability of alcohol hand gels in communal areas • replacing the chipped vanity unit door <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Whilst we have been laundering slings on a when required basis, a formal system of ensuring that the slings are being laundered has been introduced. The Homes Director has contacted Plumber to attend to issue in bathroom Glove and apron dispenser already actioned. Maintenance in the process of installing shelves to ensure appropriate storage Foam hand wall sanitizers installed in communal areas. Maintenance to replace vanity unit room 18</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure records of clinical/neurological observations and actions taken post fall are appropriately recorded in the patient care records.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: We arranged a staff meeting for nursing staff and discussed the new template for recording of clinical/neurological observations and actions taken post falls</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are in sufficient detail to be in accordance with the regulations and care standards and that action plans to address any areas for improvement are generated.</p>

To be completed by: 17 May 2018	Ref: Section 6.7
	Response by registered person detailing the actions taken: Registered person to refer to guidance as to the areas to be included in the monthly monitoring report.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2018</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Staffing rota to include full names of staff ,identify nurse in charge, and be signed by person compiling it.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2018</p>	<p>The registered provider should ensure that staff meetings take place on a regular basis, at a minimum quarterly.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: We will ensure that staff meetings are held on at least a quaterly basis.</p>



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