



Unannounced Care Inspection Report 1 May 2018



Glenkeen

Type of Service: Nursing Home (NH)

Address: 100 Glenkeen Church Road, Randalstown, BT41 3JX

Tel no: 02894479794

Inspector: Dermot Walsh

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 40 persons.

3.0 Service details

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals: Janet Montgomery Naomi Carey	Registered Manager: Jacqueline Elizabeth McShane
Person in charge at the time of inspection: Jacqueline Elizabeth McShane	Date manager registered: 1 April 2005
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment	Number of registered places: 40 The home is approved to provide care on a day basis to 5 persons. There shall be a maximum of 2 named residents receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 1 May 2018 from 09.25 to 17.45 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 Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Glenkeen which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staffing arrangements and recruitment. Good working relationships were maintained and patients' opinions were sought and valued. Patients were treated with dignity and privacy was maintained. Governance arrangements in respect of accident and incident management and quality improvement was managed appropriately.

New areas requiring improvement under regulation were identified in relation to post falls management and maintaining a record of visitors to the home. New areas requiring improvement under standards were identified in relation to care planning, repositioning records and training on textured meals. An area for improvement under regulation in relation to wound care and an area for improvement under standards in relation to bowel management have been stated for a second time.

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. Some patient comments can be found in section 6.6.

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	*4

*The total number of areas for improvement includes one under regulation and one under standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McShane, 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 12 October 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 12 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 12 patients, seven staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff duty rota for week commencing 30 April 2018
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patients' daily care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector and will be validated at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 14 September 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 13 (1) (a) and (b) Stated: First time	<p>The registered persons shall ensure that patient care records accurately reflect the assessed needs of any patient and evidence that assessed need has been reviewed and that care plans have been developed and reviewed to reflect the current assessed need of an individual. Wound care records should also be supported by wound photography, in keeping with the National Institute of Clinical Excellence (NICE) guidelines.</p>	Partially met
	<p>Action taken as confirmed during the inspection: A review of one patient's wound care records evidenced that the care plans were insufficient to direct appropriate care. See section 6.5 for further information.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	
Area for improvement 2 Ref: Regulation 12 (4) (d) and (e) Stated: First time	<p>The registered persons shall ensure that the provision of meals is reviewed, to ensure that the meals served are varied and that records are maintained to evidence that all patients are given a choice in relation to their meals. This relates particularly to, but is not limited to patients who require a modified diet.</p>	Met
	<p>Action taken as confirmed during the inspection: A review of the menu available in the home evidenced that meals were varied over a three week period and offered patients a choice in meals.</p>	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered persons must ensure that registered nurses review patients' elimination records on a daily basis and record any actions taken in the patients' daily progress notes. Entries should also be made when there have been no bowel movements, to ensure the accuracy of the records.	Not met
	Action taken as confirmed during the inspection: A review of one patient's bowel management records evidenced a gap of six days between bowel movements and this had not been referenced within the patient's daily progress records. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 35.18 Stated: First time	The registered persons shall implement a robust system to manage alerts received in relation to medication, equipment and devices; and Chief Nursing Officer (CNO) alerts regarding staff who have sanctions imposed on their employment by professional bodies	Met
	Action taken as confirmed during the inspection: A file had been maintained including a register of all alerts received and evidence of staff signature and date on alerts pertinent to the home.	

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 30 April 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

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

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. There was evidence that staff had received recent updated training on adult safeguarding. An adult safeguarding champion had been identified.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Notifications were submitted in accordance with regulation. However, a review of one patient's accident records did not demonstrate that neurological observations had been monitored in accordance with best practice guidance. This was discussed with the registered manager and identified as an area for improvement under regulation.

Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout. There was evidence of recent refurbishment completed on the ground floor. Flooring, lighting, beds and furnishings had been replaced in all patients' bedrooms on the ground floor. The registered manager confirmed plans to refurbish the first floor bedrooms similar to that of the ground floor. Fire exits and corridors were observed to

be clear of clutter and obstruction. Compliance with best practice in infection prevention and control had been well maintained.

It was observed that a visitor’s sign in book at the reception area had not been made readily available for visitors to record the date and time when they entered or left the home. A visitors’ book contained minimal entries, for example, one entry recorded in the month of April 2018. This was discussed with the registered manager and identified as an area for improvement under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, staff training, monitoring registration status of staff and the home’s general environment.

Areas for improvement

Areas were identified for improvement under regulation in relation to post falls management and a record of visitors to the home.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

We reviewed the management of nutrition, patients’ weight, management of infections and wound care. Review of four patient care records evidenced that risk assessments were conducted on admission and reviewed as required. Risk assessments informed patients’ care plans. However, one patient’s nutritional care plan had not been reviewed to reflect a change in the patient’s needs. This was discussed with the registered manager and identified as an area for improvement under standards.

As previously stated in section 6.2, a review of wound care records on a second patient evidenced that the wound care plans were insufficient to direct appropriate care. Wound dressing regimes had not been included within the wound care plan. An area for improvement in this regard has been stated for a second time.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Supplementary care charts such as reposition, bowel management and food and fluid intake records evidenced that contemporaneous records were maintained. However, there were significant gaps between repositioning on two patients’ repositioning records reviewed. There was also no evidence that skin checks had been conducted on the records reviewed. This was discussed with the registered manager and identified as an area for improvement. As previously

stated in section 6.2, a review of one patient’s bowel management records evidenced a gap of six days between bowel movements and this had not been referenced within the patient’s daily progress records. An area for improvement in this regard has been stated for a second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Comments from staff included teamwork was ‘very good’ and ‘team members are very supportive of each other’. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home’s management were ‘very friendly’ and ‘welcoming and listen to concerns’.

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

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment, staff handover and teamwork.

Areas for improvement

New areas were identified under standards in relation to a nutritional care plan and records of repositioning.

An area for improvement identified under regulation in relation to wound care was stated for a second time.

An area for improvement identified under standards in relation to bowel management was stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

We arrived in the home at 09.25 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The registered manager advised that patient and relatives meetings were held on a quarterly basis. A relatives' notice board was updated to provide information to relatives and patients. Information displayed included results of a 'client satisfaction survey' conducted in the home during January 2018. There was also detail of arrangements to meet patients' religious and spiritual needs within the home.

A 'pets as therapy' person was present during the inspection who had brought along a dog to visit the patients. Patients were observed enjoying the interaction with the dog. The registered manager confirmed that this was a weekly visit to the home from pets as therapy team.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room. Patients were seated around tables which had been appropriately set for the meal. Food was served when patients were ready to eat or be assisted with their meals. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience. A shortfall was identified in relation to four staffs' inability to differentiate between the different prescribed textures of meals. This was discussed with the registered manager and identified as an area for improvement under standards.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “Thank you all very much for the care, love and attention given to”
- “Thank you to all the staff for looking after our mum. This was home for her and she cared for every one of you.”
- “Thank you for all your care, kindness and support to My brother and I found your communication A1.”

Consultation with 12 patients individually, and with others in smaller groups, confirmed that living in Glenkeen was a positive experience.

Patient comments:

- “It is very good here. Staff are very good.”
- “This is a very very good home. Staff are brilliant.”
- “The home is great. I love it here.”
- “The home is ok. Has its ups and downs.”
- “I’m really happy here.”
- “It’s generally all ok here.”
- “It’s pretty good here. Food is good.”

Ten patient questionnaires were left for completion. None of the patient questionnaires were returned.

One questionnaire was returned which did not identify if it was from a patient or a patients’ representative. The respondent indicated that they were very satisfied with the service provision across all four domains.

Two patient representatives were consulted during the inspection. Ten patient representative questionnaires were left in the home for completion. Four of the questionnaires were returned within the timescale for inclusion in this report. Some patient representative comments were as follows:

- “It is a wonderful place this.”
- “The care here is excellent.”
- “There are not sufficient hand sanitisers and these are poorly signposted.”

Staff were asked to complete an online survey, we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- “I enjoy working here.”
- “We are happy working here.”
- “I love it here.”
- “It’s a great place to work.”
- “I love working here.”

Any comments from patients, patient representatives and staff in returned questionnaires received before and after the return date were shared with the registered manager for their 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, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

An area for improvement was identified under standards in relation to staff training on textured meals.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the registered manager and staff, and observations confirmed that the home was operating within the categories of care registered.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and restrictive practice. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis 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.

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 staff confirmed that there were good working relationships and that management were supportive and 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 incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline McShane, 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 (1) (a) and (b)</p> <p>Stated: Second time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered persons shall ensure that patient care records accurately reflect the assessed needs of any patient and evidence that assessed need has been reviewed and that care plans have been developed and reviewed to reflect the current assessed need of an individual. Wound care records should also be supported by wound photography, in keeping with the National Institute of Clinical Excellence (NICE) guidelines.</p> <p>Ref: Sections 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken: All care plans are personalised and accurately reflect the assessed needs of each resident. Assessments are reviewed monthly, or updated as the need indicates, care plans are evaluated monthly or as changes occur. All residents who have any wound/s a photograph is available on their care plans.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall ensure that post falls management is conducted in accordance with best practice guidance.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: If any resident suffers a head injury or suspected head injury, CNS Observations are carried out for the initial 24 hour period</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a record is maintained of all visitors to the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The visitor's register is readily available for all visitors when they enter the home and a record is maintained</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered persons must ensure that registered nurses review patients' elimination records on a daily basis and record any actions taken in the patients' daily progress notes. Entries should also be made when there have been no bowel movements, to ensure the accuracy of the records.</p> <p>Ref: Sections 6.2 and 6.5</p>
	<p>Response by registered person detailing the actions taken: The resident's elimination records are recorded on a daily basis, entries are made when no bowel movement occurs, any action taken is recorded on the elimination record when required</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 5 May 2018</p>	<p>The registered person shall ensure that the identified patient's nutritional care plan is updated to reflect the current needs of the patient.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Any changes made by dietician, SALT the care plan is updated immediately. If any resident is commenced on supplements, when the home receives the referral, it is faxed to the health centre, dated and signed and staff follow this up to ensure supplements are received within a timely manner.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 15 May 2018</p>	<p>The registered person shall ensure that repositioning records evidence each occasion the patient is repositioned and records include evidence of skin checks.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Repositioning charts have been revised to include evidence of skin checks which are recorded whenever the resident is repositioned</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure training is provided to confirm that staff involved in providing/assisting with patients' meals can differentiate between the different prescribed textures of meals.</p> <p>Ref: Section 6.6</p>
<p>To be completed by: 31 May 2018</p>	<p>Response by registered person detailing the actions taken: All catering staff will be attending Dysphasia Training organised by the Northern Trust within the next few months. Care staff have received supervisory updates regarding different texture of diets within the home</p>

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



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