

# Inspection Report

**31 August 2022**



## Kintullagh Care Home

**Type of service: Nursing Home**  
**Address: 36 Westbourne Avenue, Carniny Road,  
Ballymena, BT43 5LW**  
**Telephone number: 028 2565 4444**

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<p><b>Organisation:</b> Kathryn Homes Ltd</p> <p><b>Responsible Individual:</b> Mr Stuart Johnstone</p>	<p><b>Registered Manager:</b> Mrs Dana Patterson - not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Dana Patterson</p>	<p><b>Number of registered places:</b> 61</p> <p>There shall be a maximum of one named patient in Category NH-LD. There shall be a maximum of one named resident receiving residential care in category RC-I.</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment LD – Learning disability.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 54</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 61 patients. The home is divided into three units over two floors; the Willow and Beech units are downstairs and the Oak unit is located upstairs. Patients have access to communal lounges, dining rooms and garden space.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 31 August 2022, from 9.30 am to 6.20 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It is disappointing that seven areas for improvement have not been met or have been partially met and have subsequently been restated for either a second or third time, a further two new areas for improvement have been identified and are detailed throughout the report and in section 6.0.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Dana Patterson, Manager and Tracey Anderson, Regional Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

During this inspection 24 patients were met with. One relative, 13 patients and 12 staff were consulted with individually. All the patients confirmed they were well looked after and that staff were kind, they also told us they enjoyed the food provided for them in the home. Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care, training and the teamwork. Staff did share that at times they are short staffed and this can affect staff morale these comments were shared with the Manager. Patients told us "the staff members are very good", "I am quite happy and content" and "the porridge is excellent". The relative we spoke with raised a number of concerns, we shared this information with the Manager who agreed to organise a meeting with the relative to further discuss.

## 5.0 The inspection

Areas for improvement from the pharmacy inspection on 1 August 2022		
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 16 (2) (b) <b>Stated:</b> Second time	<p>The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of care records evidenced that they were not up to date or regularly reviewed.</p> <p>This area for improvement has not been met and will be stated for a third time.</p>	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 12 (1) (a) <b>Stated:</b> Second time	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect any changes.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            A review of records evidenced slight improvement however some deficits were still evidenced. This is discussed in section 5.2.2.</p> <p>This area for improvement has been partially met and will be stated for a third time.</p>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the required information and documentation is present in staff recruitment and selection files kept in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that a recruitment checklist was in use, however, not all the required documentation was available in staff recruitment and selection files kept in the home.</p> <p>This area for improvement has been partially met and will be stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of records did not evidence that RQIA had been notified for a number of events.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> <li>• The menu is appropriately displayed</li> <li>• Food leaving the dining room to be delivered to patients is appropriately covered.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The inspector did not fully assess this area for improvement therefore it is carried forward for review at the next inspection.</p>	<p><b>Carried forward to the next inspection</b></p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home are completed, kept up to date and regularly reviewed.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records did not provide evidence that all nurses who have the responsibility of being in charge of the home had a competency and capability assessment in place.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of two patient care records evidenced the records had not been commenced timely.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring repositioning and a pressure relieving mattress:</p> <ul style="list-style-type: none"> <li>• The assessed repositioning regime must be documented in the patients care plan</li> <li>• The type of mattress in use must reflect the patients assessed need</li> <li>• The mattress should be set correctly to meet the assessed need of the patient</li> <li>• The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan and evidence regular review.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  A review of records evidenced patients were repositioned regularly as prescribed in there care plan. However, the care records did not have additional information regarding the patients prescribed pressure relieving mattress.  This area for improvement has not been met and will be stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and managerial oversight of all governance quality assurance audits.</p> <p><b>Action taken as confirmed during the inspection:</b>  There was evidence of improvement in the quality of the governance audits. Deficits were identified in the quality of the care record audits; this is identified as a separate area for improvement.</p>	<p><b>Met</b></p>

<b>Area for improvement 6</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	The registered person shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for the administration of these medicines in the management of the distressed reactions.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The home has implemented a recruitment checklist for staff files, this was in place however, it was not clear from the checklist or the staff files when the staff member commenced employment and due to some technical issues references for one staff member could only be reviewed on the computer, furthermore another staff file had one reference available. These deficits were discussed with the Manager and an area for improvement is stated for a second time.

There were systems in place to ensure staff were trained and supported to do their job. The Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the Manager was not on duty.

Any nurse in charge of the home during the Manager's absence should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. Review of these competency and capability assessments evidenced that all the nurses who are required to undertake this role did not have an assessment available for review; an area for improvement is stated for a second time. Confirmation was received from the management team on 8 September 2022 that the nurse competency and capability assessments are complete and up to date.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff members were knowledgeable of patients' needs, their daily routine, wishes and preferences.



It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review care records for two new admissions to the home evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was stated for a second time.

Review of a sample of care records evidenced that care plans and risk assessments were in place to direct the care required. However, it was noted that a number of care plans required updating and in addition the review of care plans and risk assessments was inconsistent. This is disappointing as this has been an area requiring improvement since the inspection dated 9 August 2021 with limited progress made in achieving compliance. An area for improvement was stated for a third time.

Daily records were kept of how each patient spent their day and of the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded. At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were frequently repositioned. Care plans now reflect the prescribed repositioning regime, however; no information was included as to the type and setting of pressure mattresses. An area for improvement was stated for a second time.

A review of two wound care records evidenced a number of deficits in one patients records, staff were not consistently documenting wound care on the wound assessment chart and it was not clear how often the wound required dressing. An area for improvement was partially met and will be stated for a third time.

Examination of care documentation for patients who had experienced a fall evidenced that neurological observations had not been completed for the recommended timeframe. An area for improvement was identified.

The dining experience was an opportunity of patients to socialise; the atmosphere was calm and relaxed. There was choice of meals offered and the food was attractively presented. There was a variety of drinks available. Patients told us they enjoyed their lunch. The inspector did not observe the complete dining experience on both floors therefore an area for improvement regarding the dining experience is carried forward for full review at the next inspection.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. =

### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

It was disappointing that some equipment was being stored in communal bathrooms given discussions with the Manager and a previous area for improvement. The Manager gave assurances the storage of these items would be reviewed by the maintenance personnel and removed to a more appropriate storage space. This will be followed up on the next inspection.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Staff members were consistently observed wearing face masks below their chin; this was discussed with the Manager for her appropriate action with the individual staff concerned.

The management team told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

### 5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

The activity coordinator was enthusiastic in her role and an activity schedule was on display within the home. Patients were observed taking part in some group exercises during the inspection. The activity coordinator showed with the inspector the newly refurbished garden space where the patients had grown some vegetables and flowers over the summer months. The garden won the "Blooming Marvellous" competition which was an award for the best garden throughout the whole Kathryn homes group of homes.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Improvement was observed in the quality of the audits reviewed with the exception of the care record audits, the care record audits did not evidence the identified deficits within the action plan had been addressed within an agreed timeframe, this was discussed with the Manager and a new area for improvement was specifically in relation to care record audits.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. A review of these records identified a number of reportable incidents which had not been notified to RQIA in keeping with regulation; this was discussed with the Manager and retrospective notifications were subsequently submitted to RQIA. An area for improvement was stated for a second time.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	6*

\*the total number of areas for improvement includes two areas which are carried forward for review at the next inspection, five areas which are stated for a second time and a further two areas which are stated for a third time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Dana Patterson, Manager and Tracey Anderson, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 16 (2) (b)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure patients' care plans and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> All care plans and risk assessments reviewed and a planner for monthly review is in place. All records are currently being transferred to the electronic Gold Crest system. This system enables a trigger to alert when care plans and risk assessments are due for evaluation.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12 (1) (a)</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect any changes.</li> </ul> <p>Ref: 5.1 and 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> A wound care pathway has been implemented and in place. This pathway is displayed within all Treatment Rooms and in the residents files that have wounds. Regular wound care audits are in place which address frequency of dressing changes and associated wound documentation. All Nurses have or will complete specialist online wound care training.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) (a) (b)</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 all persons are recruited in accordance with best practice and legislation and that the required information and documentation is present in staff recruitment and selection files kept in the home.</p> <p>Ref: 5.1 and 5.2.1</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> A checklist in place for the Administrator to ensure all documentation is obtained prior to commencement of employment. All existing Human Resource files have been audited for compliance.</p> <p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with regulation.</p> <p>Ref: 5.1 and 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A notification tracker is now place. The Home Manager will ensure all notifications are completed appropriately. An audit of all accidents and incidents will be completed monthly to ensure compliance is achieved.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1) (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 that all unwitnessed falls are managed in line with best practice guidance.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded</li> <li>• Care records should evidence review and an update to reflect the fall.</li> </ul> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A falls pathway has been implemented and in place. The falls pathway has been discussed with the Nurses and the same displayed in the Treatment Rooms and a copy held inside the incident books. Falls online training has been completed by the staff.</p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 8 August 2022	The registered person shall ensure that if medication is prescribed for the management of distressed reactions, the care plan identifies the parameters for the administration of these medicines in the management of the distressed reactions.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall review the dining experience for patients to ensure: <ul style="list-style-type: none"> <li>• The menu is appropriately displayed</li> <li>• Food leaving the dining room to be delivered to patients is appropriately covered.</li> </ul> Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 41.7  <b>Stated:</b> Second time  <b>To be completed by:</b> 14 September 2022	The registered person shall ensure that competency and capability assessments for nurses in charge of the home are completed, kept up to date and regularly reviewed.  Ref: 5.1 and 5.2.1
	<b>Response by registered person detailing the actions taken:</b> A full audit of all Nurses competencies and capability assessments has been completed. Appraisals are completed yearly which re-evaluates the Nurses competency to nursing practice. These competencies will also be revisited if required via the supervision process.

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4.1</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 an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The admissions pathway has been revised, implemented and displayed in the Treatment Rooms. All pre-admission information is used to prepare files for admission.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</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 the following in regard to those patients who are assessed as requiring repositioning and a pressure relieving mattress:</p> <ul style="list-style-type: none"> <li>• The type of mattress in use must reflect the patients assessed need</li> <li>• The mattress should be set correctly to meet the assessed need of the patient</li> <li>• The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan and evidence regular review.</li> </ul> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All pressure relieving mattresses have been audited for appropriateness. Mattress checks are completed on repositioning charts. Settings for pressure relieving mattresses are displayed at end of bed and documented on risk assessments and notes. The correct settings will also be recorded in the care plans and repositioning charts.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2022</p>	<p>The registered person shall ensure that care record audits evidence an action plan, timeframe for completion of the required actions plan and a review to ensure completion.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> All care plan audits have a section for developing action plan from identified shortfalls. Action plans will include the timeframe for completion and compliance documented.</p>

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





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

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

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

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care