

Inspection Report

15 November 2021



Abbeylands

Type of service: Nursing Home
Address: 441 Shore Road, Whiteabbey, Belfast, BT37 9SE
Telephone number: 028 9086 4552

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Registered Person: Mrs Natasha Southall</p>	<p>Registered Manager: Mrs Roxana Mitrea</p> <p>Date registered: Acting – registration pending</p>
<p>Person in charge at the time of inspection: Ms Princy Mathew – nurse in charge</p>	<p>Number of registered places: 38</p> <p>The shall be 1 named resident in Category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 33</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 38 patients. Bedrooms and communal lounges are located over two floors in which patients receive general nursing care.</p> <p>There is also a registered Residential Care Home located within the same building and for which the manager also has operational responsibility and oversight.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 November 2021, from 9.15 am to 4.15pm by care inspectors.

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.

Four areas requiring improvement were identified during this inspection and these are discussed within the main body of the report and in the Quality Improvement Plan (QIP) in Section 7.0. Five further areas for improvement were stated for a second time.

Patients were happy to engage with the inspectors and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in Abbeylands was provided in a compassionate manner.

The findings of this report will provide the registered persons 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in Abbeylands. 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.

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

4.0 What people told us about the service

Six patients and five staff were spoken with. No questionnaires were returned and no feedback was received from the staff online survey.

Patients expressed satisfaction in relation to the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff.

Staff acknowledged the challenges of working through the COVID – 19 pandemic but all staff agreed that Abbeylands was a good place to work. Staff were complimentary in regard to the home's management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 29 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: <ul style="list-style-type: none"> • The use of fluid repellent surgical masks by all staff members when required • The cleaning of wheelchairs and moving and handling equipment. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations and appropriate actions taken post fall are recorded in the patient's care record.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans for the management of behaviours that challenge accurately reflect assessed patient need and any recommendations from the multidisciplinary team if required. Care plans should be written in keeping with the assessed needs of the patient. Daily progress notes should accurately record actions taken in keeping with best practice guidance.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure patient care plans are kept under review and accurately reflect the assessed needs of the patient.</p> <p>This area for improvement is made in reference to management of choking risk.</p> <p>Action taken as confirmed during the inspection: Examination of a selection of care records evidenced inconsistencies in record keeping in relation to the management of choking risk. This is discussed further in Section 5.2.2.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (k)</p> <p>Stated: First time</p>	<p>The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.</p> <p>Action taken as confirmed during the inspection: Examination of care records evidenced inconsistencies in record keeping. This is discussed further in Section 5.2.2.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • decluttering of storage cupboards • reusing single use syringes. <p>Observation of the environment and of staff practice evidenced some improvements although some deficits were identified. This is discussed further in Section 5.2.3.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure an accurate record is kept of staff working over a 24 hour period. The duty rota should include the first name and surname of each member of staff and be signed by the registered manager or a designated representative. The name of the nurse in charge of the home on each shift should be clearly identified.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure individual activity assessments are completed and reviewed as required. These should inform and compliment a patient centred care plan. Registered nursing staff should have oversight of these care records. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of records relating to activities evidenced that this area for improvement was not met. This is discussed further in Section 5.2.4.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure patients have an individualised care plan for each wound. Evaluations of wound care should be recorded in keeping with best practice guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 48</p> <p>Stated: First time</p>	<p>The registered person shall ensure fire doors in the home are not wedged or tied open.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement was met.</p>		

Area for improvement 5 Ref: Standard 39.4 Stated: First time	The registered person shall ensure all staff complete training in relation to Deprivation of Liberty Safeguards.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 Ref: Standard 46.2 Stated: First time	The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.	Partially met
	Review of governance records relating to infection prevention and control (IPC) practices evidenced that some improvement had been made although some deficits were identified. This is discussed further in Section 5.2.5. This area for improvement has been partially met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The home was staffed to the planned staffing level on the day of inspection. Staff confirmed that patients' needs were met when the planned staffing was achieved.

The staff duty rota accurately reflected the numbers and grade of staff working in the home on a daily basis. The rota inconsistently identified the person in charge when the manager was not present. This was discussed with the deputy manager who agreed to update the rota.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and confirmed that efforts were ongoing in relation to the recruitment of nursing and care staff.

Patients spoken with did not raise any concerns in relation to the staffing arrangements.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Review of the most recent monthly monitoring report confirmed improvement in mandatory training uptake was required. It was good to note this had been identified and was being addressed by the manager.

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm and while staff were busy they were working in an organised manner. Staff were observed communicating well with one another and responding to requests for assistance promptly in a caring and compassionate manner.

Patients were presented well in their appearance and attention had been given to personal grooming. Patients were complimentary on the care that they received. One told us that they were 'very happy' and that they had 'no concerns'.

Staff were knowledgeable in relation to patients' nutritional requirements. Patients' nutritional requirements were referenced within their care plans and were reflective of speech and language therapist recommendations. The management of choking risk was reviewed. Records for one identified patient confirmed that the patients risk assessment had not been completed for at least 12 weeks. Management of choking risk was identified as an area for improvement at the last care inspection and is stated for a second time.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed.

Where a patient was at risk of falling, measures to reduce that risk were put in place, for example, through use of an alarm mat. Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management of falls evidenced appropriate actions were consistently taken in keeping with best practice guidance.

Management of behaviours that challenge was reviewed. Examination of one identified patient's care records confirmed their plan of care had been updated detailing their behaviours that challenge and how these behaviours would be managed.

Records reviewed did not provide assurances that all patient care plans were consistently developed in consultation with the patient or patient's representative. This was discussed with the previous manager at the last inspection and despite assurances this would be reviewed during care record auditing, no improvements were noted. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and portions were generous. A variety of drinks were served with the meal. Patients may need support with meals ranging from simple encouragement to full assistance from staff. Staff attended to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Most patients spoke positively in relation to the quality of the meals provided although two patients did not. This was discussed with the deputy manager who agreed to follow up with the patients directly.

The position of the daily menu had not been reviewed since the last care inspection. In addition, plastic tumblers continued to be used at mealtimes for serving drinks to patients; glassware was not available. Some patients spoken with said they would prefer to drink from a glass. It was disappointing to note that this had been discussed with the previous manager during the last care inspection and no action was taken. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Examination of two patient's care records confirmed their care plans and risk assessments had not been reviewed in a timely manner. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcomes of visits from any healthcare professional were also recorded. Some of the daily records reviewed were seen to contain repetitive statements and it was agreed that the manager would monitor daily evaluations to ensure these entries were more person centred.

Deficits in record keeping were identified following examination of a selection of care records. Dates and staff signatures were missing from some records reviewed while some of the entries were not legible. An area for improvement was identified. Contemporaneous record keeping was identified as an area for improvement at the last care inspection and is stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was warm, generally clean and comfortable. There were no malodours detected in the home.

Patients could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. The lounges were arranged in such a way that residents could safely socially distance.

While resident areas were generally well maintained, deficits in environmental cleaning were identified in some bathrooms, patient bedrooms and some non-patient areas. This was discussed with the manager who agreed to meet with all staff as a priority to ensure standards are maintained. Discussions with senior management following the inspection confirmed that significant refurbishments were planned throughout the home and a copy of this plan would be shared with RQIA once completed.

Issues were observed which posed a potential risk to patients' health and wellbeing. A domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. These incidents were discussed with staff who took necessary action to mitigate any risk. An area for improvement was identified.

Deficits were identified regarding infection prevention and control (IPC) practices within the nursing home. Discussion with and observation of staff practice evidenced a lack of IPC awareness; for example, the incorrect use of Personal Protective Equipment (PPE); and hand hygiene behaviours were not in keeping with best practice. In addition, multiple storage cupboards were found to require decluttering. It was concerning that these issues had been identified previously as an area for improvement during the last care inspection on 29 April 2021. During the inspection feedback the manager gave assurances that these deficits would be addressed. This area for improvement is stated for a second time.

A small number of bedrooms were found not to have a full range of patient equipment. We asked the manager during the previous care inspection to audit the bedrooms in the home to ensure they were in keeping with standard E20 of the Care Standards for Nursing Homes 2015 and all equipment is fit for purpose. Discussion with staff confirmed an audit of all bedrooms had commenced with a view to ordering new equipment as required. This will be reviewed at a future care inspection.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, some patients told us they liked the privacy of their bedrooms, while others patients preferred to enjoy their meals and socialise in the lounge. Patients were observed enjoying listening to music, reading newspapers/magazines and watching TV.

There was no evidence that planned activities were being delivered for patients within the home. No activity planner was displayed. Staff told us a new magic moment's co-ordinator had recently commenced working in the home to lead on activity provision. The co-ordinator confirmed the programme of activity had been recently reviewed to focus on entertainment, the Christmas party and patient birthday planning. Staff spoken with stated that they find it difficult to provide activities to patients while carrying out their care duties. One patient told us that activities were not delivered in the home "for a while". Review of records evidenced an inconsistent approach to care planning for activities and not all patients had an individual activity assessment. There was no evidence that activity care plans had oversight from registered nursing staff. An area for improvement was stated for a second time.

5.2.5 Management and Governance Arrangements

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.

There has been a change in the management of the home since the last inspection. Mrs Roxana Mitrea has been the acting manager since 20 September 2021. RQIA were notified appropriately.

Discussions were held with management in relation to the current registration and categories of care and a variation application was submitted post inspection.

Examination of records relating to accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of most of the audits was generally good although given the deficits identified in some of the care records, the manager agreed to increase audit activity around this area.

Examination of the infection prevention and control audit system identified some concerns. Review of audit records and discussion with staff identified additional training was required to ensure that staff completing these audits had sufficient knowledge to be able to do so. There was evidence of inconsistent activity regarding the environment, hand hygiene and PPE use. In addition, robust actions plans were not developed when deficits were identified. This was identified as an area for improvement at the most recent care inspection and is 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. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Patients were observed to be comfortable in their surroundings and were attended to by staff in a timely and effective manner. Patients' dignity was maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

Areas requiring improvement were identified in relation to the planning and reviewing of care, the management of risks, the availability of glassware and the daily menu. Five further areas for improvement were stated for a second time.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing care in a compassionate manner. Compliance with the areas for improvement identified will further enhance the service provided.

7.0 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 the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	6*	3*

*The total number of areas for improvement includes five that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Roxana Mitrea, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure patient care plans are kept under review and accurately reflect the assessed needs of the patient.</p> <p>This area for improvement is made in reference to management of choking risk.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Weekly and monthly audits are in place. These audits will generate action plans if deficits are highlighted. These action plans will be addressed in a timely manner, to ensure each care record is reviewed and updated. Compliance will be monitored by spot checks by Manager and Deputy and via the Reg 29 Audit completed on behalf of the registered person.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (3) (k)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure accurate and contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out in relation to each patient, in accordance with NMC guidelines.</p> <p>Ref: 5.1 and 5.2.2</p>
	<p>Response by registered person detailing the actions taken: There is now a new matrix in place to ensure that all activity care plans are in place and reviewed in a timely manner. Compliance will be monitored as part of the Reg 29 audit.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene • decluttering of storage cupboards • reusing single use syringes. <p>Ref: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Support ongoing with the Quality Team. Supervisions in progress with all staff in the Home regarding the identified issues. Compliance will be monitored via spot checks carried out by senior staff and during the completion of the Reg 29 audit.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that care plans clearly evidence they are developed in consultation with the patient or patient's representative.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Audit of all care plans in progress to identify any short falls, including patient/representative input into the plan of care. Relatives where possible will be invited in to review and sign care plans as appropriate.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that care plans and risk assessments are reviewed in a timely manner.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: New matrix in place to ensure all plans of care are reviewed in a timely manner. Spot checks will be carried out to ensure compliance. This will also be monitored during the completion of the monthly Reg 29 audit.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the residents have access are free from hazards to their safety, and unnecessary risks to the health and safety of residents are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of chemicals.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Supervisions in progress with all staff in the Home regarding the safe storage of chemicals. Compliance will be monitored as part of the Managers/Deputy daily walk around the Home.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure individual activity assessments are completed and reviewed as required. These should inform and compliment a patient centred care plan. Registered nursing staff should have oversight of these care records. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process with daily progress notes reflecting activity provision.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: Training for person centred care planning held with the nursing staff on 9th December 2021. Spot checks will take place to ensure the training received has been embedded into practice. New daily activities progress notes have been implemented.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 46.2</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 5.1 and 5.2.5</p> <p>Response by registered person detailing the actions taken: Additional infection prevention and control audit in place to identify any short falls that need addressed. Compliance will be monitored via the auditing process and during the completion of the monthly Reg 29 Audit.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 15 December 2021</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • The patient dining experience is reviewed with regards to the availability of glassware • The daily menu is board is located in an area that is accessible to all patients. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Dining experience has been reviewed with the new Cook Manager and the Kitchen Staff. The findings of the inspection were discussed at the meeting held on 29th December. Compliance will be monitored via the internal auditing process.</p>

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



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