

Unannounced Care Inspection Report 24 April 2018



Ashgrove

Type of Service: Nursing Home (NH)
Address: 55 Belfast Road, Newry, BT34 1QA
Tel No: 028 3026 9110
Inspector: Gerry Colgan

www.rgia.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 for up to 52 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Maureen Claire Royston	Registered Manager: Alison Dunlop
Person in charge at the time of inspection: Alison Dunlop	Date manager registered: Alison Dunlop - application received - "registration pending".
Categories of care: Nursing Home (NH) DE – Dementia.	Number of registered places: 52

4.0 Inspection summary

An unannounced inspection took place on 24 April 2018 from 08.20 to 17.15 hours.

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

The 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.

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents and staff, supervision and appraisal, adult safeguarding and risk management. Other examples of good practice were found in relation to the culture and ethos of the home, maintaining patients dignity and privacy, governance arrangements, management of complaints and quality improvement.

The following areas were identified for improvement under the regulations in relation to the safe administration of medication, recruitment of vacant staff positions, repair or replacement of the broken hoist in the Clanrye unit and ensuring that notifiable events were investigated and reported to RQIA or other relevant bodies in a timely manner.

The following areas were identified for improvement under the standards in relation to, infection prevention and control, the environment and ensuring that patient's bedrooms are provided with appropriate nurse call systems, the development of a robust audit tool to ensure timely review and evaluation of patient records and the reintroduction of relatives meetings.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	5

Details of the Quality Improvement Plan (QIP) were discussed with Alison Dunlop, manager, Caron Moriarty, bank support manager and Lorraine Thompson, area 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 22 May 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 May 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
- 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 20 patients, 12 staff, and four patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients, and patients' representatives. Ten questionnaires for relatives and eight for patients were left for distribution. Staff have been invited to complete an on-line questionnaire.

The following records were examined during the inspection:

- duty rota for all staff from 16 April 2018 to 29 April 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- three staff recruitment and induction file

- five patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 May 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.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 03 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) (b) Stated: First time	The registered persons must ensure that all records required to be retained within the home are made available for inspection.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that all records were available and up to date at the time of inspection.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered persons should ensure preventative diversional measures other than the blanket restrictive practice such as locking most bedroom doors should be considered and used in accordance with best practice.	Met
	Action taken as confirmed during the inspection: On this inspection there was no evidence of blanket restrictive practices. Observation confirmed that all bedroom doors were not locked at the time of the inspection.	
Area for improvement 2 Ref: Standard 12 Stated: First time	The registered persons should ensure that patient choice and independence is promoted during the serving of all meals.	Met
	Action taken as confirmed during the inspection: Observation of breakfast and lunch and discussion with catering and care staff confirmed that patient choice and independence is promoted during the serving of all meals.	
Area for improvement 3 Ref: Standard 7 Stated: First time	The registered persons should ensure that the comments made by staff, patients and their representatives are considered and are addressed accordingly.	Partially met
	Action taken as confirmed during the inspection: Staff meetings are held on a three monthly basis, the manager confirmed there was an open door policy. The home has a new manager and deputy manager so is in the process of change. Some staff and relatives feel that their comments are not being properly addressed. There has not been a relatives meeting since August 2016. This will be discussed in more detail in section (6.5) of this report. This area for improvement has been partially met and has been stated for the second time.	

Area for improvement 4 Ref: Standard 41 Stated: First time	The registered persons should ensure that the registered manager's working hours are included on the duty roster to ensure that staff are aware of when the registered manager is available in the home. Ref: Section 4.6	Met
	Action taken as confirmed during the inspection: A review duty rotas and discussion with the manager confirmed that the manager's working hours are included on the duty roster and staff are aware of when the manager is available in 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 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 16 April 2018 and 23 April 2018 evidenced that the planned staffing levels were adhered to. However, discussion with patient's representatives and staff evidenced that there were some concerns regarding staffing levels. Relatives and some staff felt that there was a lack of continuity for the patients due to staff shortages and a greater reliance on agency staff and the goodwill of existing staff. The manager confirmed that there were 5.8 staff nurse vacancies and 3 care staff vacancies. This is identified as an area of improvement under the regulations to expedite recruitment for the vacant posts within the home.

Discussion with the manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty on the day of the inspection.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff receive regular supervision, annual appraisals and competency and capability assessments as applicable.

Review of the training matrix/schedule for 2017/18 indicated that training was planned to ensure that mandatory training requirements were met.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had largely been embedded into practice. However, a nurse was observed locking the medicine trolley in a corridor with patients present and leaving a cup containing tablets on top of the trolley. An area for improvement is stated under the regulations.

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

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified.

A review of documentation confirmed that any potential safeguarding concern was being managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. Where any shortcomings were identified safeguards were put in place.

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

A patient standing hoist in the Clanrye unit has been broken for some time. Staff confirmed that with the increase in patient dependency this hoist is urgently needed. An area for improvement has been stated under the regulations.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these had not been appropriately managed. This is discussed in section 6.7 of this report.

A review of the home's environment was undertaken and included observations of the majority of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, generally well maintained, fresh smelling and clean throughout.

Patients/representatives/staff spoken with were complimentary in respect of the home's environment. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Some areas for improvement were identified in relation to the environment in relation to the replacement of a wooden panel at the side of a toilet in bathroom 14 and the redecoration of

the scuffed walls in an identified shower room. This is identified as an area for improvement under the standards.

It was observed that many bedrooms did not have nurse call leads attached to the emergency call boxes preventing patients from alerting staff for help. All patients should have this facility unless it is risk assessed as a danger. This is identified as an area for improvement under the standards.

Some areas for improvement were identified in relation to infection prevention and control specifically:

- Six chairs in the Carlingford lounge and an identified patients chair in a bedroom were found to be scuffed and ripped and could not be effectively cleaned.
- Rust and dust was found on the arm aid at the side of the toilet.

These actions were discussed with the manager and an area for improvement is identified under the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, supervision and appraisal, and adult safeguarding.

Areas for improvement

The following areas were identified for improvement under the regulations in relation the safe administration of medication, recruitment of vacant staff positions and repair or replacement of the broken hoist in the Clanrye unit.

The following areas were identified for improvement under the standards in relation to, infection prevention and control, the environment and ensuring that patient’s bedrooms are provided with appropriate nurse call systems.

	Regulations	Standards
Total number of areas for improvement	3	3

6.5 Is care effective?

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

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. However, some were not being reviewed or evaluated as required. An area for improvement under the standards has been identified to introduce a more robust system to audit care records.

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

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation.

Review of five patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that communication between nurses and care staff was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

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

Discussion with the manager confirmed that staff meetings were held on a three monthly basis and records were maintained. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their manager or regional manager if appropriate.

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

Discussion with the manager and review of records evidenced that patient meetings are held twice yearly but there has not been a relatives meetings held since August 2016. This is identified as an area for improvement under the standards. Four patient relatives spoken with expressed their desire to meet with the new manager to raise their concerns regarding the home's staffing and management.

Management have begun to rotate staff between the two units in the home but the rationale relating to this decision has not been communicated to relatives. Some staff and all relatives spoken with expressed their concern about this rotation stating that this has the potential to adversely affect the patients due to lack of continuity. Patients and representatives were aware of their named nurse, but relatives spoken with stated did not yet know the new manager. These concerns were discussed with the manager at feedback following the inspection.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement under the standards in relation to the development of a robust audit tool to ensure timely review and evaluation of patient records, the reintroduction of relatives meetings.

	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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. As discussed in section 6.5 improvement is required to obtain the views of patient's representatives and staff on the running of the home.

There was no patient, staff or relative questionnaires returned to RQIA.

Consultation with twelve patients individually, and with others in smaller groups, confirmed that Ashgrove was a good place to live.

Some patient comments received were as follows:

- "There is nothing wrong with this place. They are all great people."
- "People are nice and food is good."

Some representatives comments received were as follows:

- "We don't like this crossover of staff. A lot of us feel residents are better with staff they know."
- "There has not been a relatives meeting for a long time now. I feel this is an issue. I would like a meeting shortly. Also there is not enough staff in the evenings."

- I am very happy with the personnel care. It is first class, but there has been a lot of agency staff in recently and they don't know the patients. Also, I know the staff and they are not happy with this moving about. More good staff are going to leave."

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

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

The manager and deputy manager are only in post a few months and are currently undergoing an induction programme.

A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Staff were able to identify the person in charge of the home.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was available. Discussion with the manager and review of records and observation evidenced that the home was operating within its registered categories of care. The manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis. Staff confirmed that they had access to the home's policies and procedures.

Discussion with the manager and review of the home's complaints record evidenced that complaints are being managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients and representatives spoken with confirmed that they were aware of the home's complaints procedure. A copy of the complaints procedure was displayed in the foyer of the home. Staff were knowledgeable of the complaints process.

Discussion with the manager and review of records evidenced that systems were not in place in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies in a timely manner. This is identified as an area for improvement under the regulations.

Discussion with the manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, infection prevention and control, environment and complaints. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

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

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

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

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

Areas for improvement

An area was identified for improvement under the regulations in relation to ensuring that notifiable events were investigated and reported to RQIA or other relevant bodies in a timely manner.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Alison Dunlop, manager, Caron Moriarty, bank support manager and Lorraine Thompson, area 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 20 (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2018</p>	<p>The registered person shall ensure that staff are recruited for all vacant positions in the home.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The Home is actively recruiting to fill all vacant posts, however the national shortage of RN's makes this difficult. The Home is backfilling vacancies with agency staff. C/A vacancies have been recruited into and we are awaiting the completion of the pre-employment process</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (5)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure the safe administration of medication.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: Daily medication audits are completed via the Quality of Life platform, weekly audits are being completed by Resident Experience Support team. Monthly medication audits are completed by the Home Manager. Boots attended the Home to complete training with all Registered Nurses on 04/06/2018</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure the identified hoist and all aids and equipment are properly maintained and in good working order.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The Hoist has been ordered and delivered w/c 04/06/18</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that there is no delay in sending notifications to RQIA.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: The Home Manager is reviewing datix daily and all notifications being made within 24hrs with the exception of weekends. Trained staff are to complete paper based REG 30 and attach them to the 24 shift report for the Home Manager to review and decide if on line referral needs to be complete</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015).	
Area for improvement 1 Ref: Standard 26.6 Stated: First time To be completed by: 31 May 2018	The registered person shall have systems in place to ensure all care records are subject to timely review/evaluation. Ref: Section 6.4
	Response by registered person detailing the actions taken: A new care documentation audit system has been put in place to ensure all care files within the Home are reviewed and maintained up to date at all times. This is an ongoing process. The Trust have also completed a care documentation review of all files in Ashgrove.
Area for improvement 2 Ref: Standard 43 Stated: First time To be completed by: 31 May 2018	The registered person shall ensure the issues in relation to the environment are addressed. Ref: Section 6.4
	Response by registered person detailing the actions taken: A total refurbishment of the identified bathroom is currently being undertaken and will be completed by 20/06/2018. The Chairs for the day room in the Carlingford unit have been ordered and the Home is awaiting delivery.
Area for improvement 3 Ref: Standard 7.3 Stated: First time To be completed by: 31 May 2018	The registered person shall ensure that all patients have access to a nurse call system. Ref: Section 6.4
	Response by registered person detailing the actions taken: All bedrooms have a nurse call lead in place
Area for improvement 4 Ref: Standard 46 Stated: First time To be completed by: 31 May 2018	The registered person shall ensure the issues in relation to infection prevention and control are addressed. Ref: Section 6.4
	Response by registered person detailing the actions taken: Issue raised by inspector was in relation to one residents chair and the need for it to be recovered. The family have been advised of this by the Home staff and also during the care review, unfortunately they will not give their consent for this to be completed.

<p>Area for improvement 5</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered persons should ensure that the comments made by staff, patients and their representatives are considered and are addressed accordingly. Specifically in relation to patient representatives.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: A relatives meeting was held on the 03/05/2018, attended by 20 relatives. The rotation and movement of staff was addressed. Questions around staffing numbers and vacancies also discussed.</p>
---	---

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care