

Unannounced Care Inspection Report

16 August 2017



Seapatrick

Type of Service: Nursing Home

Address: 80 Lurgan Road, Seapatrick, Banbridge, BT32 4LY

Tel No: 02840628289

Inspector: Donna Rogan

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 60 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: Edel McCaughley
Person in charge at the time of inspection: Edel McCaughley	Date manager registered: 18 March 2015
Categories of care: Nursing Home (NH): MP(E) - Mental disorder excluding learning disability or dementia – over 65 years I – Old age not falling within any other category. DE – Dementia PH – Physical disability other than sensory impairment.	Number of registered places: 60 comprising: 1 – NH-MP(E) 39 – NH-DE 21 – NH-I 1 – NH-PH

4.0 Inspection summary

An unannounced inspection took place on 16 August 2017 from 10.00 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.

Evidence of good practice was found in relation to staff recruitment practices; staff induction, training and development; adult safeguarding arrangements; infection prevention and control practices; risk management; the care records and care delivery and effective communication systems. The culture and ethos of the home promoted treating patients with dignity and respect. There was also evidence of good practice identified in relation to the governance and management arrangements; management of complaints and incidents; quality improvement processes and maintaining good relationships within the home. The environment of the home was conducive to the needs of the patients and was attractive and comfortable.

Three areas identified for improvement were in relation to the management of day space in the Riverdale unit; the management of menus; and the appropriate storage of equipment in the Meadowlands unit.

Patients' comments included:

"It is good, I am happy enough"; "the food is excellent", "staff are attentive"; and "I think it is a good home". Refer to section 6.6 for further comments.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Edel McCaughley, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 7 March 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 3 March 2017.

There were no further actions required to be taken following the most recent inspection.

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 22 patients, nine staff and five patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 7 to 20 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- seven 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
- patients' guide and statement of purpose.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 March 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 22 June 2016

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 27 (4) (a) and (b) Stated: First time	The registered person should ensure the use of the designated smoking room is reviewed. The fire safety precautions for the smoking room are required to be reviewed by the fire risk assessor to determine if the correct type of fire detector has been installed for the intended purpose. If this is to be changed to facilitate a different use it should be changed back if the room is to be returned to a smoking room.	Met
	Action taken as confirmed during the inspection: The smoking room was observed to be maintained as a smoking room, and was being appropriately managed.	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44.8 Stated: First time	The registered person should remove the un-used hot food trolley from the identified dining room.	Met
	Action taken as confirmed during the inspection: The un-used hot food trolley has been removed from the dining room.	
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered person should ensure that supplementary records are reviewed and consolidated by registered nursing staff. Information regarding patients' specimens should also be recorded appropriately.	Met
	Action taken as confirmed during the inspection: A review of supplementary care records evidenced that they were being reviewed and consolidated by registered nursing staff.	

	Review of the information pertaining to patients' specimens was appropriately recorded.	
Area for improvement 3 Ref: Standard 21 Stated: First time	The registered person should ensure that the formal evaluations of care are meaningful.	Met
	Action taken as confirmed during the inspection: Review of five patients care records evidenced that formal evaluations of care were meaningful.	
Area for improvement 4 Ref: Standard 7 Stated: First time	The registered person should ensure that the negative comments made by a small number of patients during the inspection are investigated by management and actioned as required.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that consultation took place with patients and any issues raised were addressed as part of the complaints process.	
Area for improvement 5 Ref: Standard 11 Stated: First time	The registered person should ensure records are maintained of activities provided and the name of the person leading the activity and patients' participation.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that activity hours have been increased to 40 hours per week. There were various photographs of patient participation in activities on display throughout the home. Records were maintained of the activities provided the name of the person leading the activity and patients' participation.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 7 August to 20 August 2017 evidenced that the planned staffing levels were adhered to. The review of the staffing rosters evidenced that there were ancillary staff on duty throughout the seven day period. Observation of the delivery of care and discussion with staff evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; eleven were returned prior to the issue of this report. Five of the respondents answered 'no' to the question, "are there sufficient staff to meet the needs of the patients?" Four patients and seven relatives also responded via questionnaire and confirmed their satisfaction with the staffing arrangements. A nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

Discussion with the registered manager and a review of two staff personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Where nurses and carers were employed, their registrations were checked with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC), to ensure that they were suitable for employment. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and satisfactory references had been sought and received, prior to the staff member starting their employment.

The registered manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe. We spoke with two staff who confirmed that they were provided with a period of induction during which they were supernumerary. Both staff commented positively on the induction they had received.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC were discussed with the registered manager and reviewed. The review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed training modules on for example; basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the registered manager had a system in place to ensure staff met their mandatory training requirements.

A review of the supervision and appraisal schedule confirmed that there were systems in place to ensure that staff received supervision and appraisal. In discussion with staff they confirmed they were in receipt of regular supervision and an annual staff appraisal.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that they had attended training which included the role of the safeguarding champion and there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. The adult safeguarding policy reflected the new regional operational procedures.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since January 2017 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients' bedrooms were spacious. There is a rolling refurbishment programme. Patients and staff spoken with were complimentary in respect of the home's environment. There was inappropriate storage of equipment observed in the Meadowlands unit of the home. There were a large number of oxygen cylinders observed in the hall near the exit door. A drip stand and hoists were observed in the corridor areas. Staff spoken with stated that there was inappropriate storage space available. An area for improvement is identified under the care standards to ensure that equipment is appropriately stored at all times. The dayroom in the Riverdale unit of the home was observed to be overcrowded; whilst there is other day space available in this unit, staff confirmed that the main dayroom is more popular with patients. An area of improvement is made under the care standards to ensure that this is reviewed and furniture is rearranged in order to ensure there is suitable space between each chair and that there is full access to the entrance or exit areas at all times.

Infection prevention and control measures were adhered to. We observed the domestic staff equipment trolley and equipment was maintained in accordance with the National Patient Safety Agency (NPSA) national colour coding scheme for equipment such as mops, buckets and cloths. Sluice rooms and bathroom/toilets were observed to be clutter free and well organised. Personal protective equipment (PPE) such as gloves and aprons were available throughout the home and stored appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and provision of staffing, recruitment and selection procedures, staff training and development, adult safeguarding, infection prevention and control.

Areas for improvement

Two areas for improvement were identified in this domain under the care standards. They are in relation to the management of storage in the Meadowlands unit and the management of day space in the Riverdale unit.

	Regulations	Standards
Total number of areas for improvement	0	2

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 and reviewed as required. There was evidence that risk assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and Language Therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN). Discussion with registered nurses 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.

A review of wound care records evidenced that wound care was managed in line with best practice. A review of the daily progress notes of one patient evidenced that the dressing had been changed according to the care plan. Wound care records were in accordance with the National Institute of Clinical Excellence (NICE) guidelines.

Patients who had been identified as being at risk of losing weight had their weight regularly monitored. This ensured that any weight loss was identified and appropriate action taken in a timely manner. The patients' weights were audited by the registered manager on a weekly basis. Patients who were identified as requiring a modified diet, had the relevant risk assessments completed. Care plans in place were reflective of the recommendations of SALT and care plans were kept under review. A sampling of food and fluid intake charts confirmed that patients' fluid intake was monitored.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. For example, a review of repositioning records evidenced that patients were repositioned according to their care plans, the frequency of repositioning was recorded on the repositioning record and staff were reporting on the condition of the patient's skin.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the registered manager confirmed that the patient register was checked on a regular basis.

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 confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and discussions at the handover provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective.

Staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meetings were held on 10 and 11 August 2017. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities.

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients who had their lunch in the lounge or their own bedroom were served their meal on a tray which was set with cutlery and condiments and the food was covered prior to leaving the dining room. The meals were nicely presented and smelt appetising. All of the patients spoken with enjoyed their lunch. The day's menu was displayed on each table in the dining room; a pictorial menu was also available. However, the written menus on the tables were hard to see as the writing was quite small and should be reviewed. The pictorial menus displayed the midday meal and the evening meal; this can be confusing to those with dementia. The lunch time pictorial meal was also incorrect to the meal served. An area of improvement is made that the menus are reviewed to be easily read and correct. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients' nutritional intake. Registered nurses assisted patients with their meals who were assessed as being at risk of choking.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping; wound care management and oversight of weight loss; audits and reviews; and communication between residents, staff and patient representatives.

Areas for improvement

An area identified for improvement under the care standards, was in relation to ensuring menus are easily read and correct.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 10:00 hours. There was a calm atmosphere and staff were busy attending to the needs of the patients. 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.

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. Staff were knowledgeable of patients' non-verbal cues and what they were trying to communicate; the positive non-verbal responses by patients confirmed staffs understanding was correct.

There is a varied and interesting activities programme in place. Activity hours have increased to 40 hours per week and a varied programme of activities is followed. There were various photographs of patients enjoying organised events on display throughout the home. Records are maintained of activities organised, who is conducting the activity and patient participation. The gardens are welcoming and themed with a dementia focus, this is commendable.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. The services available within the home were varied and plentiful. A summer party is organised for 24 August 2017 when the Four Seasons Healthcare Dementia Care Framework would be introduced to patients' relatives and visitors.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"Thank you for all that you have done for my (relative)"

"A very caring and compassionate group of staff"

"As a family member I feel safe and secure in the knowledge that my (relative) was receiving excellent care".

We spoke with 22 patients both individually and in groups who commented as follows:

"I am happy"

"The food is good and I feel well cared for"

"The food is nice"

"I am safe and content"

"Staff are caring and kind"

"I have no complaints".

We spoke with staff who commented:

"Great home and good teamwork"

"I love working here"

"I think we are well trained to do our job"

“Things are good, I am happy working here”
 “It’s hard work but it is very rewarding”.

Questionnaires

In addition 10 relative/representatives; eight patient and 12 staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report, five patients, eleven staff and seven relatives returned their questionnaires within the specified timeframe.

Patients

Two patients indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led. Three patients indicated that they were satisfied across the four domains. An additional comment included;

“Sometimes staff are very busy and under pressure at times”.

Relatives

Five relatives who responded indicated that they were very satisfied that the delivery of care was safe, effective and compassionate and that the service was well led. Two stated that they were satisfied with all aspects of the service. There were no additional comments made.

Staff

Five staff indicated that they were very satisfied and one was satisfied that the delivery of care was safe, effective and compassionate and that the service was well led. Additional comments included;

“There have been more people employed so this will hopefully make a difference”

“One more care assistant during the day would help”

“The manager is not very approachable”

“Short staff can be an issue for the standard of care”

“This is a great place to work”

“I am very satisfied with everything”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of the patients ‘and the provision of activities.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the management would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the manager.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with and who responded via questionnaire that that were confident that staff/management would manage any concern raised by them appropriately.

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

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

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

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. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Edel McCaughley, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
Area for improvement 1 Ref: Standard 43.1 Stated: First time To be completed by: 30 September 2017	The registered person shall review the management of day space in the Riverdale unit as discussed in section 6.4. Ref: Section 6.4
	Response by registered person detailing the actions taken: There are currently a large number of residents who require specialised seating in the Riverdale Unit and this has an impact on the amount of space available in the lounges. Staff are encouraged to position the chairs so that there is adequate space for moving between residents and also to use the additional lounges when appropriate.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: 30 September 2017	The registered person shall review the management of menus to ensure they are easily read and correct. Ref: Section 6.5
	Response by registered person detailing the actions taken: New pictures to accompany the visual menu boards are being sourced, kitchen staff will update the boards daily and new menus are to be printed out with larger lettering.
Area for improvement 3 Ref: Standard 45 Stated: First time To be completed by: 30 September 2017	The registered person shall ensure equipment is appropriately stored at all times. Ref: Section 6.4
	Response by registered person detailing the actions taken: All unsued equipment is to be returned or disposed off after use. Access Medical equipment will be stored in one of the larger treatment rooms. .

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



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews