

Inspection Report

4 August 2021



Copperfields

Type of service: Nursing Home
Address: 1-3 Moore Street, Aughnacloy, BT69 6AX
Telephone number: 028 8555 7922

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Edwards Enterprises NI Ltd Responsible Individual: Mr William Henry Hume Edwards	Registered Manager: Mrs Cherith McKeown Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Cherith McKeown	Number of registered places: 32 There shall be a maximum of 8 patients accommodated within category NH-DE and a maximum of 1 patient accommodated within category NH-LD/LD(E). The home is also approved to provide care on a day basis for 1 person. There shall be a maximum of 2 named residents receiving residential care in category RC-I and 1 named patient in category NH-PH.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 31
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 32 persons. The home is divided into two units over two floors. Patients have access to communal lounges, dining rooms, sunroom, garden house and a well maintained garden.	

2.0 Inspection summary

An unannounced inspection took place on 4 August 2021, from 9.00 am to 4.55 pm by a care inspector.

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

All areas for improvement identified at the last inspection were reviewed; two were found to be met and one relating to visiting and care partner policy was stated for a second time.

Areas for improvement were identified in relation to infection prevention and control (IPC) in the environment, governance of IPC, moving and handling practices, complaints management and monthly monitoring reports.

Patients looked well care for and spoke positively about the care and services provided in Copperfields. Patients who were unable to express their opinions looked comfortable in their surroundings.

Staff were seen to conduct their duties in a prompt, professional and warm manner.

RQIA were satisfied that the delivery of care provided in Copperfields was safe, effective, compassionate and well-led, and action taken to address the areas for improvement will further enhance patient experience and staff practice.

Enforcement action did not result from this inspection.

3.0 How we inspect

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

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

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

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

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

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

4.0 What people told us about the service

During the inspection seven patients and eleven staff were spoken with. Survey and questionnaire responses were received from one staff, two relatives and two patients. Patients spoke highly of the care and services provided in the home and said that staff were available to them when they needed something. Staff were described as “lovely” and “the best”. Patients told us that they were happy with the quality and variety of the food on offer with one patient telling us that they looked forward to meal times. When talking about their bedrooms and communal areas, patients said that they were happy with the décor and facilities and the level of cleanliness.

It was evident from conversations with some patients that they could express their individuality through various interests, and items of importance in their bedrooms; with some talking about maintaining hobbies such as knitting or having posters or pictures of favourite singers displayed.

Patients who could voice their opinion expressed that they had choice throughout the day, from when they got up to how and where they spent their day. One patient said that there was “not much to do” during the day and that they occupied their own time with reading or watching television. Comments expressed by patients were shared with the manager.

Comments from patients included, “this home is first class”, and “highly recommended to others”.

No relatives visited the home during the inspection. Relatives who provided feedback via the questionnaires said that they were very satisfied that the care and services within Copperfields was safe, effective, delivered with compassion, and well managed.

Staff said that they were “very happy” working in Copperfields, they told us that they felt supported in their roles with training, adequate supplies and resources and that there was good communication within teams and departments, and between staff and the manager. Staff said that they felt comfortable approaching the nurse manager and/or responsible individual if they had any queries or concerns. Staff also described positive teamwork and how patient welfare and satisfaction was important to them.

Some staff told us that there was usually enough staff on shift to meet the needs of the patients but that planned reduced staffing at weekends was impacting on their workload, with some expressing that “it can be tough”, and “more pressured...we don’t get to do the one to one or social chats with patients as much”. Staffing levels are discussed in section 5.2.1.

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 4 March 2021		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 5 & 8 Stated: First time	The registered person shall ensure that the visiting arrangements for the home are reviewed and revised and include the implementation of care partners to the home. Policy documentation should be in accordance with recent departmental guidance and patient representatives should be made aware of the revised policy on visiting.	Partially met
	Action taken as confirmed during the inspection: Review of records showed that a revised visiting policy was in place; however the revised policy did not make provision for care partners. This area for improvement has been stated for a second time.	
Area for Improvement 2 Ref: Standard 48.1 Stated: First time	The registered person shall ensure that the fire risk assessment report is reviewed as soon as possible and RQIA informed of the outcome of the fire risk assessment visit and report. The subsequent fire risk assessment report should be submitted to RQIA.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 3 Ref: Standard 18.6 and 18.7 Stated: First time	The registered person shall ensure that the use of a potentially restrictive practice is prescribed and regularly evaluated and that evidence of this is within patient care records.	Met
	Action taken as confirmed during the inspection: There was evidence that appropriate documentation was in place for restrictive practices.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

New staff were provided with an induction programme relevant to their department and to prepare them for working with patients. One member of staff who had completed their induction within the last twelve months described the process as “excellent”.

Review of governance records showed that established staffs’ registration status with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) was monitored monthly by the manager. The NISCC registration status of some staff new to care was unclear from the records. Staff new to care have a limited period of time to complete the application process for NISCC registration and it is important to monitor this closely to ensure that this grace period is not breached. This was discussed with the manager who later provided assurances that all new staff were added to a NISCC registration tracker on commencement of employment. This will be reviewed again at the next inspection.

There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics. The manager had oversight of staff compliance with mandatory training via a matrix. It was noted that the topic of Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS) was not included on the training matrix and it was therefore unclear if all staff had completed this training to the required level for their roles. The manager provided some assurances that some staff had completed this training and later confirmed that the topic had been added to the matrix. This will be reviewed at the next inspection.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager’s hours and capacity worked were clearly stated on the duty rota and the nurse in charge at each shift in the absence of the manager was identified. Staff told us that they were aware of who was in charge of the home at any given time and that if they had any queries or concerns they would approach the nurse in charge or the manager. Records showed that any nurse taking charge of the home in the absence of the manager had competency and capability assessments reviewed yearly.

The manager confirmed that safe staffing levels were determined and/or adjusted by ongoing monitoring of the number and dependency levels of patients in the home. It was observed that while staff were busy at certain times of the day, there was enough staff in the home to meet the patients’ needs.

Staff described having good teamwork and talked about “pulling together” at peak times. Staff told us that they were generally happy with the staffing levels but some staff described feeling under pressure at weekends when the staffing was reduced in the afternoon and evening. Staff described feeling “more pressured...less care staff at weekends...we don’t get to do the one to one stuff or have those social chats with patients as much” and “weekends can be tough”. Review of the duty rotas reflected this planned reduction in staffing at weekends. This

was discussed with the management team who failed to provide a robust rationale for this. The manager agreed to conduct a review of staffing arrangements at the weekends and to inform the inspector of the outcome. Staffing arrangements will be reviewed again at the next inspection.

Records showed that staff were provided with an annual appraisal and supervision sessions were ongoing throughout the year. Staff were kept informed of topics relating to the running of the home via staff meetings and a WhatsApp group which was facilitated by the manager. Records for the last staff meeting held on 5 February 2021 showed attendance, agenda, and set expectations for staff.

Patients told us that they were happy with the staffing arrangements, that staff were available to them when needed and that staff conducted themselves in a pleasant and friendly manner. Patients described staff as “lovely” and “helpful”, with one patient saying “the nursing care is excellent”. Staff were seen to uphold patient dignity and respect through acts such as knocking on bedroom doors before entering.

Relatives indicated through the returned questionnaires that they were very satisfied that the care was delivered in a compassionate manner.

Staff spoke with pride about working in Copperfields, with some staff stating their long standing service as an indicator for how happy they were at work. Some staff also had relatives living in the home and said they would recommend the home to others. It was evident from discussions with staff that patient welfare was of paramount importance to them, with comments such as “it’s the patients’ home not ours”, and “we listen to what the patients want”.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff confirmed the importance of good communication and in addition to handover meetings at the start of each shift, other communication tools such as unit diaries and handover sheets were used.

Staff were seen to provide a prompt response to patients’ needs and demonstrated an awareness of individual patient preferences. Staff were observed to be respectful and warm during interactions. Patients looked well cared for in that personal care was attended to and it was positive to see that attention was paid to finishing touches such as some ladies having their hair set in rollers in the morning.

Patients’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs. These care plans included any advice or recommendations made by other healthcare professionals and patients’ records were held securely.

Patients who are less able to mobilise require special attention to their skin. These patients were assisted by staff to change position regularly. While staff were seen to assist with repositioning and mobility needs in a timely manner, there was some inconsistency seen in relation to moving and handling practices. An area for improvement was identified.

Where a patient was at risk of falling, measures were put in place, for example aids such as alarm mats and bedrails were in use. Falls risk was seen to be managed well and those patients assessed as being at risk of falling had care plans in place.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple verbal encouragement through to full assistance from staff.

Lunch time serving was observed and found to be a relaxed, pleasant and unhurried experience for patients. The dining room on the first floor was very small and catered for a small number of patients, while a dining table and chairs were set up in the lounge to cater for others. Some patients chose to have their meals in their bedrooms. Staff were seen to set dining tables in advance of the meal and to ensure a variety of drinks were available. The food looked and smelled appetising and the portion sizes were generous. Kitchen staff told us about menu planning and talked about how patients had contributed by giving meal suggestions which have been very popular such as the corn beef pie.

Staff were seen to offer the appropriate level of support or assistance during the meal and maintained a record of patients' food and fluid intake. Patients' nutritional records also referenced their likes and dislikes.

Patients' weights were monitored at least monthly or more often if recommended by dietetics. Records showed that there was appropriate onward referral to Speech and Language Therapy (SALT) or dietetics, and any recommendations made were detailed in the patients' individual care records.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of any healthcare professional visit or communication was recorded.

Patients spoke in positive terms about the care provided, saying "this home is first class", and "nursing care is excellent...staff are pleasant, friendly and helpful...I'm glad I made the move...home from home...highly recommended...I feel very safe and content".

Relative questionnaire responses indicated that they were very satisfied that the care provided was effective.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms and bathrooms, and storage spaces. The home was generally clean, warm, well-lit and free from malodour.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 19 April 2021; four recommendations were made and there was evidence that action had been taken to address these.

Patient bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and framed pictures. Communal bathrooms were accessible and generally clean.

The décor and furnishings in the home were in keeping with the style of the building and contributed to the welcoming atmosphere. The condition of some furnishings and equipment were found not to be conducive to effective cleaning, such as rusting on the underside of a shower chair, some seating covers were worn, some bedframes were damaged, and nurse pull cords required covering. In addition it was observed that the underside of some shower chairs had not been properly cleaned after use. An area for improvement was identified. It was positive to note that the manager provided some evidence of actions taken to address these areas immediately following the inspection.

Review of infection prevention and control (IPC) governance records showed that the last environmental audit was conducted in February 2021 and covered only a limited area of the home. It is important that IPC auditing is conducted regularly and covers all areas of the home to ensure that areas for improvement such as those identified above are detected and addressed in a timely manner. An area for improvement was identified. Governance systems are discussed further in section 5.2.5.

Measures were in place to manage the risk of COVID-19. There was signage at the entrance of the home reflecting the current guidance and everyone entering the home or the external visiting room had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

Hand hygiene facilities were available and Personal Protective Equipment (PPE) such as masks were provided. Visiting arrangements in place at the time of inspection included visiting sessions in the specially built garden house and provision for end of life visiting in-house if required.

Staff were seen to practice hand hygiene at key moments and most staff were seen to use PPE appropriately. One staff member was seen to repeatedly enter patient and communal areas with their mask worn incorrectly. This was discussed with the manager who addressed the matter with the individual staff member. All other staff were seen to be compliant with IPC practices.

Domestic staff maintained records of cleaning schedules and told us that they had the staffing and resources to conduct their duties. All staff confirmed that they had ample supply of cleaning materials and PPE.

Patients did not express any concerns about the cleanliness of the home or the facilities available.

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 preferred to spend time in their bedrooms while others used the communal areas or moved between the two.

One patient said that there was “not much to do” during the day but that they could occupy their own time with reading or watching television. Another patient told us that they enjoyed maintaining hobbies such as knitting and that staff supported this by helping to get supplies in.

Some patients took great delight in talking about some recent parties which were held outdoors in the warm weather. Patients said that they particularly enjoyed the music and singing with one saying that it was a lovely “trip down memory lane”.

The manager showed photos of the recent entertainment which included, visits from a local school, dancers, music and DJ, and a visit from a fish and chip van.

A record of compliments from relatives showed appreciation for the entertainment and the efforts made by staff to ensure patients had a good time. Comments included, “big thank you to all the staff for their hard work...”, “what a fantastic weekend of entertainment...thank you all so much for the efforts and hard work that this all takes”, and “we are so lucky to have our family so well looked after”.

As mentioned in section 5.2.3 visiting arrangements were in place although not fully reflective of the current Department of Health (DoH) visiting pathway as visiting in the main building was suspended by the management team as part of their own risk assessment. Discussion with the management team concluded that consideration would be given to bedroom visiting in certain circumstances such as end of life but that they had made the decision to have garden room visiting only due to local COVID-19 infection rates. No patients had availed of trips out of the home, again the management team felt that infection rates were still too high to allow this and advised that all relatives and patients were in agreement with this decision. The home’s policy had recently been revised but did not allow for the provision of the care partner role if requested. The manager provided assurances following the inspection that provision for care partners was added to the policy. This area for improvement was stated for a second time.

Patients did not express any concerns in relation to the current visiting arrangements, “I am happy with visiting at present”.

Patients told us that they were happy and content in the home and relatives indicated that they were very satisfied with all aspects of the care and services provided.

Staff demonstrated a good understanding of patients’ wellbeing and could give examples of how they prioritised this such as showing respect at all times, offering choice, and helping patients stay in touch with family.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was at any given time. Staff reported that in the absence of the manager they would approach the nurse in charge. Discussions with staff also evidenced that they understood their roles and responsibilities in reporting concerns or worries about patient care, staffs’ practices or the environment.

Staff told us that they felt the manager and responsible individual were very approachable, and some staff talked about the manager as a positive role model with comments such as, “any concerns I would go straight to Mrs McKeown”, “Mrs McKeown is wonderful...she puts her heart and soul into the home...very dedicated”, and “very supportive and approachable”.

There was evidence that systems of auditing were in place to monitor the quality of care and other services provided to patients. As stated in section 5.2.3 some auditing required to be conducted more regularly and with more detail.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified to the patients' next of kin, commissioning Trust key worker, and if required RQIA.

A complaints policy was in place and patients and relatives were provided with a written copy of the complaints procedure on admission to the home. Records showed that the last documented complaint was made in November 2020. It was noted that the complaints policy was not followed in this instance as no acknowledgement of the complaint was issued and there was no follow-up, investigation or closure. An area for improvement was identified.

The home is visited most days by the registered provider and a monthly monitoring report is completed. The purpose of the monthly monitoring report is to consult with patients, staff and relatives, to examine all areas of the running of the home, and to provide the manager with a clear action plan to further drive improvements. Review of the report completed on 17 July 2021 showed consultation with patients and relatives, the remainder of the report contained basic information with little detail, for example the action plan stated "to stay safe and free from COVID-19 and continue moving forward", but did not give any details on how they planned to move forward. In addition the report talked about "environmental improvements" but did not provide any detail on what areas were to be improved, who was responsible for addressing this and the expected timeframe for completion. In addition the report stated that there were four people in charge of the home at the time of the visit which included the registered provider, the registered manager, a deputy manager and a general manager. It was unclear from the report who would assume charge of the home. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The deputy manager was identified as the appointed safeguarding champion of the home. The deputy manager demonstrated a good understanding of this role and was conversant in how to record any incidents considered under the regional protocol.

Patients and staff spoken with said that they knew who to report concerns to and staff said that they felt assured that any queries or concerns would be dealt with appropriately.

6.0 Conclusion

Patients looked well care for in that they were well dressed, clean and comfortable in their surroundings. Patients spoke positively about the care and services provided and said that staff were good to them.

Staff were seen to respond to patients' needs in a prompt, professional and compassionate manner. Staff also demonstrated a good understanding of their roles and responsibilities and spoke with pride about working in the home. Staff were welcoming and accommodating during the inspection process.

Patients' privacy and dignity were maintained throughout the inspection.

Five new areas for improvement were identified and work on these areas will further improve patient experience and staff practice.

Based on the inspection findings, discussions held and follow up communications with the manager, we are satisfied that this service is providing safe and effective care in a compassionate manner, and that the service is well led.

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)

	Regulations	Standards
Total number of Areas for Improvement	2	4*

*The total number of areas for improvement includes one that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Cherith McKeown, 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	
Area for improvement 1 Ref: Regulation 29 Stated: First time To be completed by: 29 October 2021 and going forward	<p>The registered person shall ensure that monthly monitoring reports contain sufficient detail to drive improvements. This includes an action plan which stipulates what action is required, who is responsible for addressing and the expected timeframe for completion.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: I accept that my monthly monitoring reports require further clarification of the actions required and the actions that are required to drive forward improvements. In future I will enter into the monthly monitoring reports all details from my tracker system which identifies all works that have been completed stipulating what action was required and what action took place and by whom on a daily basis. At Copperfields PNH I pride myself on carrying out repairs and other improvements as and when required.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 24 (3) (4)</p> <p>Stated: First time</p> <p>To be completed by: Going forward</p>	<p>The registered person shall ensure that the complaints policy is followed in the event of any expressions of dissatisfaction, and that records are maintained.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: I have advised my Nurse Manager to ensure that all care and support staff are reminded of the need to record all incidences of dissatisfaction, whether it be an informal comment or a formal complaint ensuring that our complaints policy is adhered to at all times. These records will be examined on a monthly basis and on a rolling timescale to identify any trends that require further action. Staff will be reminded to bring all individual incidences to the attention of the Nurse Manager who will ensure that any follow up action is taken to resolve and, formal record of outcome made in the Complaints Book.</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 5 & 8</p> <p>Stated: Second time</p> <p>To be completed by: 31 August 2021</p>	<p>The registered person shall ensure that the visiting arrangements for the home are reviewed and revised and include the implementation of care partners to the home. Policy documentation should be in accordance with recent departmental guidance and patient representatives should be made aware of the revised policy on visiting.</p> <p>Ref: 5.1 and 5.2.4</p> <p>Response by registered person detailing the actions taken: I regret that the Visiting Policy provided to the Inspector was not the most up to date as it is constantly being reviewed. I can assure the RQIA that the Policy and information on how to become a Care Partner, their roles and responsibilities has been brought to the attention off all of our next of kin, copies of this policy can be located in our outside visiting areas for all visitors to read.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47 Criteria 3</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect and going forward</p>	<p>The registered person shall ensure that moving and handling training is embedded in practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: I will ensure that all training records particularly relating to Moving and Handling are examined by the Nurse Manager who is scheduled to start updated training in the above on Tuesday 19th October and will be completed by mid November 2021. The Nurse Manager will provide me with assurance that training has been embedded in practice.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 46 Criteria 2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified in this report are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The areas in the environment and practice identified by the Inspector were completed in most cases within 48 hours. All others are now complete.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46 Criteria 3</p> <p>Stated: First time</p> <p>To be completed by: 30 July 2021 and going forward</p>	<p>The registered person shall ensure that there is a robust system in place for the regular auditing of infection prevention and control standards in the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Whilst I am aware of the very low incidence of infection within Copperfields PNH particularly throughout the Pandemic which I believe is a credit to my Managerial, Nursing and Supporting Staff and the good working partnership and relationship we have with our Residents and their Families. We fully recognise and except that regular auditing is essential to ensure compliance with standards and best practice. This has been actioned with immediate effect and will be subject to monthly review.</p>

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



The Regulation and Quality Improvement Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care