



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 10 September 2019



Lisnisky Care Home

Type of Service: Nursing Home

Address: 16 Lisnisky Lane, Portadown, Craigavon, BT63 5RB

Tel No: 028 3833 9153

Inspector: Dermot Walsh

www.rqia.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.

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 56 patients.

3.0 Service details

<p>Organisation/Registered Provider: Four Seasons Health Care</p> <p>Responsible Individual(s): Dr Maureen Claire Royston</p>	<p>Registered Manager and date registered: Jolly Joseph – 17 April 2018</p>
<p>Person in charge at the time of inspection: Jolly Joseph</p>	<p>Number of registered places: 56</p> <p>A maximum of 14 patients in category NH-DE. The home is approved to provide care on a day basis only to 9 persons.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 44</p>

4.0 Inspection summary

An unannounced inspection took place on 10 September 2019 from 09.25 to 18.30 hours.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to staffing arrangements, adult safeguarding, décor of the dementia unit, management of incidents, staff handover and nutrition management. Further good practice was identified in relation to maintaining the dignity and privacy of patients and maintaining good working relationships.

Areas requiring improvement were identified in relation to falls management, compliance with best practice on infection prevention and control, propping open of doors, positioning of pull cords, storage of oxygen and updating of care records to reflect other healthcare professional recommendations. An area for improvement in relation to wound care has been stated for the third time and areas for improvement in relation to pressure risk management and completion of admission records in a timely manner have been stated for the second time.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	3	*6

*The total number of areas for improvement includes two which have been stated for a second time and one which has been stated for a third time.

Details of the Quality Improvement Plan (QIP) were discussed with Jolly Joseph, 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 12 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for week commencing 9 September 2019
- 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
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not 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 previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4.9 Stated: Second time	The registered person shall review the recording of wound care to ensure that records consistently evidence care delivery.	Partially met
	Action taken as confirmed during the inspection: A review of patient care records pertaining to wound care evidenced that this area for improvement has not been fully met and will be stated for the third time.	

<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staff duty roster is accurately maintained to reflect the staff working.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the duty rota evidenced that this area for improvement has now been met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a comprehensive and holistic assessment is commenced on the day of admission to the home and completed within five days of admission.</p> <p>Initial plans of care should be in place within 24 hours of admission.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of a recently admitted patient's care records evidenced that this area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that care plans are put in place to manage the care of patients identified as at risk of developing pressure ulcers</p> <hr/> <p>Action taken as confirmed during the inspection: Two of three patient care records reviewed evidenced a care plan in place for skin integrity when a risk of developing pressure ulcers was identified; the third did not have a care plan.</p> <p>This area for improvement has not been fully met and has been stated for the second time.</p>	<p>Partially met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a system is established to ensure the therapy dolls are regularly washed.</p> <hr/> <p>Action taken as confirmed during the inspection: Therapy dolls were observed clean during the inspection. A cleaning schedule was evident to ensure the dolls were regularly cleaned.</p>	<p>Met</p>

<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following minor repairs are completed:</p> <ul style="list-style-type: none"> • Privacy curtain in the identified room requires to be hung • ceiling roses in two identified rooms were broken and require replacing • chairs with damaged upholstery must be repaired or replaced. <p>Action taken as confirmed during the inspection: During a review of the environment we observed that the identified works had been completed.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 44.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the equipment stored in the identified bathroom is removed.</p> <p>Action taken as confirmed during the inspection: A review of the environment evidenced that this area for improvement has now been met.</p>	<p>Met</p>

6.2 Inspection findings

6.3 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 that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 2 September 2019 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing levels and skill mix were sufficient to meet patients' needs.

A review of one recently recruited staff member's recruitment records evidenced that the appropriate pre-employment checks had been conducted prior to the staff member commencing in post. Records also indicated that the new staff member had gone through an induction process at the commencement of their employment to assist them in gaining knowledge of the homes' policies and procedures.

The manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) as appropriate. New care staff were required to join the NISCC register as soon as possible following commencement of employment.

A record of any training that staff had completed was maintained in the home. Identified staff within the home had been trained to train staff on moving and handling. Staff were satisfied that the training provided assisted them in their roles within the team. However, three staff consulted confirmed that the majority of training provided was through electronic methods and that they found face to face training of a greater benefit to them. The staffs' comments were passed to the manager for their review and action as appropriate.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager confirmed that there were no ongoing or recent safeguarding concerns relating to the home.

Falls in the home were monitored on a monthly basis for any patterns and trends. This would be to review the pattern to proactively plan measures to reduce the incidences of falls where possible. A falls safety calendar was used to identify the number of falls in any month. A review of the management of falls in the home evidenced that these had not been managed appropriately in relation to the monitoring of the patient following the fall. This was discussed with the manager and identified as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was clean and fresh smelling. However, areas were identified with the manager which were not in keeping with best practice on compliance with infection prevention and control. An area for improvement was made.

Fire exits, stairwells and corridors were observed to be clear of clutter and obstruction. A door in the home was first observed to be propped open and then observed to be wedged open when unoccupied. This was discussed with the manager and identified as an area for improvement. Appropriate signage was on doors signifying the purpose of the rooms. Patients were seated in one of the lounges or in their bedroom as was their choice.

We observed that pull cords to indicate assistance required were not accessible to patients in two separate areas in the home. This was discussed with the manager and identified as an area for improvement. Oxygen cylinders were unsafely stored within two identified oxygen storage areas which were accessible to patients. This was also discussed with the manager and identified as an area for improvement.

Communal corridors in the dementia unit had been decorated in themes. The hairdresser's room had been painted outside to give the appearance of a hairdresser's shop. The nurses' station was designed to appear like a train station. Another area in the communal corridor was dedicated to the seaside and one area was set aside commemorating world war two. In addition to this, tactile ornaments were positioned on walls which patients could engage with. This was commended. The personal activities leader discussed the development of a sensory room within the dementia unit. Plans for mood lighting, massage and beauty therapies were in place. Work on the sensory room had commenced.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, adult safeguarding and with the communal corridor décor of the dementia unit.

Areas for improvement

Areas for improvement were identified in relation to the management of falls, IPC, propping open of doors, positioning of pull cords and storage of oxygen cylinders.

	Regulations	Standards
Total numb of areas for improvement	3	2

6.4 Is care effective?

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

Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. Nursing and care staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

A nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience during the inspection. Lunch commenced at 12.45 hours. Patients dined in the main dining rooms in each unit or at their preferred dining area such as their bedroom. The menu offered a choice of meal for lunch. Food was served from a heated trolley when patients were ready to eat or be assisted with their meal. The food was plated in the kitchen with the covering identifying the consistency of the meals. The food served appeared nutritious and appetising. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. A range of drinks were offered to patients. Patients consulted confirmed that they enjoyed the meal.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. Though, where a risk of pressure damage was identified in two patients' care records, care plans had not been developed to guide staff in managing this risk. This was discussed with the manager and an area for improvement in this regard has been stated for the second time. A review of one patient's wound care records evidenced that a wound care plan had not been developed to guide treatment of an identified wound. A body map had been completed to identify the location of the wound and wound observation charts had been completed to monitor the progress of the wound. This was discussed with the manager and an area for improvement in this regard has been stated for the third time.

Falls risk assessments and care plans had been developed and updated monthly or following a fall. A review of a recently admitted patient's care records evidenced that not all appropriate risk assessments and care plans had been completed in a timely manner from the date of admission. This was discussed with the manager and an area for improvement in this regard has been stated for the second time.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient’s care records of an initial assessment completed to ensure safe use. This assessment was reviewed regularly. The continued use of this restrictive practice was monitored at the evaluation of the patients’ care plans.

A review of one patient’s moving and handling records evidenced that the moving and handling care plan had not been updated to reflect the recommendations of another healthcare professional. This was discussed with the manager and identified as an area for improvement.

Each staff member was aware of their roles and responsibilities within the team. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff handover and nutrition management.

Areas for improvement

An area for improvement was identified in relation to updating care plans to reflect other healthcare professionals’ recommendations. An area for improvement in relation to wound care has been stated for the third time and areas for improvement in relation to pressure risk management and completion of admission records in a timely manner have been stated for the second time.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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 were observed to deliver care in a caring and timely manner. Patients confirmed that they were happy with the interactions that they had with staff. Some of their comments can be found in this section. Staff knocked on patients’ doors before entering and personal care was delivered behind closed doors. Patients were afforded choice, privacy, dignity and respect.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- “We could never repay all the care and kindness you showed to mum.”
- “I would like to express our appreciation and gratitude for the excellent care provided to”
- “It was always a real pleasure to visit her in Lisnisky and to see the lovely interactions she had with the caring staff and other residents.”

Consultation with 14 patients individually, and with others in smaller groups, confirmed that living in Lisnisky was a positive experience. Patient questionnaires were left for completion. None were returned.

Patients consulted during the inspection commented:

- “I like it here. They (the staff) are very attentive. Never have to wait long if I buzz.”
- “It’s alright here. The foods the best. Nice people here.”
- “The home is very good. Staff are nice. There is always plenty to do.”
- “I am very happy here. No concerns about anything.”
- “It is dead on here. The staff are great. I want for nothing.”
- “I love it here.”
- “It is alright here. Foods not too bad.”
- “It is very nice. They (the staff) play games here. Music comes in.”
- “I like it here. Like all the services it provides.”

Two patients’ visitors were consulted during the inspection. Patient representatives’ questionnaires were left for completion. None were returned. Patients’ representatives consulted during the inspection commented:

- “Overall the home is very good.”
- “I can trust the staff here. They always keep me well informed.”

Staff were asked to complete an online survey; we had one response within the timescale specified. The respondent indicated that they were unsatisfied the home was providing safe, effective, compassionate care and that the home was well led, though, left no comment to substantiate the rating. Comments from eight staff consulted during the inspection included:

- “I love it here.”
- “There are good leaders here. Very easy to talk to. Everything is grand.”
- “I really like it. We all work really well together.”
- “Like the atmosphere here.”
- “I am enjoying working here.”
- “I am happy at the minute where I am.”
- “Generally happy so far.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including all actions taken in response to the complaint. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care and infection prevention and control.

Monthly monitoring visits to the home were conducted by a responsible individual. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

Areas for improvement

No new areas for improvement were identified during the inspection in the well led domain.

	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 Jolly Joseph, 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 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 12 (1) (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that falls management in the home is maintained in accordance with best practice guidance such as National Institute for Health and Care Excellence guidance.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Neurological observations are carried out for all unwitnessed falls, however this was not evident on the Epic on the day of Inspection. This has been resolved. Compliance will be monitored through the auditing process.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2019</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: There are individual shower chair cleaning /decontamination schedules put in place to prevent / minimise the risk of spreading infection between residents and staff. Registered Manager will monitor this through the audit process.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: Third time</p> <p>To be completed by: 10 October 2019</p>	<p>The registered person shall review the recording of wound care to ensure that records consistently evidence care delivery.</p> <p>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered Manager has completed a full review of wound management. Supervision has been completed with Registered Nurses relating to wound management. Registered manager will monitor compliance in documentation ensuring care plan and associated risk assessments are fully updated following each procedure and the outcomes are documented.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: 10 October 2019</p>	<p>The registered person shall ensure that a comprehensive and holistic assessment is commenced on the day of admission to the home and completed within five days of admission.</p> <p>Initial plans of care should be in place within 24 hours of admission.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has completed a supervision with Registered Nurses and reiterated the importance of commencing the assessment on admission, care plans within 24hours and all documentation within five days. Registered Manager will monitor complinace through care plan auditing</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.2</p> <p>Stated: Second time</p> <p>To be completed by: 10 October 2019</p>	<p>The registered person shall ensure that care plans are put in place to manage the care of patients identified as at risk of developing pressure ulcers.</p> <p>Ref: 6.2 and 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager has completed a full review of wound management, and Registered Nurses have been reminded to implement a care plan for residents who have been identified as at risk of developing pressure ulcers.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2019</p>	<p>The registered person shall ensure that pull cords, used to attract staffs attention, are accessible to patients at all times.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager resolved the identified issue at the time and reiterated the importance to all staff to ensure that pull cords are accessible to residents at all times. Registered Manager will monitor this through the daily walk about .</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that oxygen cylinders are stored in a safe manner at all times.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: Registered Manager resolved the identified issue and reiterated the safe storage of oxygen cylinders to Registered Nurses. Registered Manager will monitor complinace through daily walk about and monthly medication audit.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients’ care plans are updated to reflect the recommendations of another healthcare professional or the reasons why not clearly documented.</p> <p>Ref: 6.4</p>
<p>To be completed by: 10 October 2019</p>	<p>Response by registered person detailing the actions taken: Registered Manager has reiterated the importance to Registered Nurses that any advice or recommendations received from relevant health care professionals must be updated in Residents plan of care and can be shared with other social care professionals appropriately.</p>

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



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