

# Unannounced Care Inspection Report 1 August 2017



## Fairlawns

**Type of Service: Residential Care Home**  
**Address: 63 Drumcairn Road, Armagh, BT61 8DQ**  
**Tel No: 028 3752 5074**  
**Inspector: Laura O'Hanlon**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 56 beds registered to provide care for residents under categories of care detailed on its certificate of registration.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fairlawns <b>Responsible Individual:</b> Michael Murphy	<b>Registered Manager:</b> Claire Cassidy
<b>Person in charge at the time of inspection:</b> Ruth Brimage, deputy manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 56

### 4.0 Inspection summary

An unannounced care inspection took place on 1 August 2017 from 10.15 to 16.30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 training, care records, the culture and ethos of the home and the management of incidents.

Areas requiring improvement were identified in regards to the enhanced AccessNI information, care plans, staff meetings and the monthly monitoring reports by the registered provider.

Residents said:

- “I am very happy in here the staff are all good to me.”
- “This is a no.1 spot, the food is lovely and I am getting on well in here. The staff are all lovely, they couldn’t do enough for you.”
- “This is a great place, it’s marvellous. The staff are all lovely. I get my paper every day and my bed is comfortable and clean. I couldn’t say enough good.”
- “I had a nice breakfast. Its home from home. The staff are 100% and they miss out on nothing.”
- “I couldn’t fault the staff, they are all great. Anything I ask for they always follow up.”

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

**4.1 Inspection outcome**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Claire Cassidy, registered manager and Ruth Brimage, deputy 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 care inspection**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2017.

**5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 26 residents individually and with others in large groups, the senior housekeeper, three care staff, one senior care assistant and the deputy manager. The registered manager came to the inspection and was present for feedback. The registered provider was present in the home for a brief period also.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 10 questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Two staff recruitment files
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- A sample of policies and procedures

Three areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met. One area for improvement identified was assessed as 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 the most recent inspection dated 7 February 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 7 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	The registered provider must ensure that the practice of propping doors open is ceased with immediate effect. In addition, the need for a self-closing device which is activated by the fire alarm system should be considered in conjunction with the regulations of the HTM 84.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that where doors were open, self-closing devices were installed in conjunction with the regulations of the HTM 84.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Second time	The registered provider should review and improve the flooring in the main sitting room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of the environment confirmed that the flooring in the sitting room was replaced.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time	The registered provider should ensure that the date on which the enhanced AccessNI disclosure is returned should be recorded in line with best practice.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two staff recruitment files confirmed that the date on which the enhanced AccessNI disclosure was returned was not recorded.  This will be stated for the second time.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time	The registered provider should ensure that any actions identified in the fire risk assessment are signed off when completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the fire risk assessment confirmed that written confirmation was in place to verify that the recommendations were addressed.	

**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 deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of two completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. However as identified in the QIP, the date which the enhanced AccessNI disclosure was returned was not recorded. This area for improvement was stated for the second time.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The deputy manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, CCTV at the front entrance and within the kitchen area and the use of pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose identified that restrictions were adequately described.

The deputy manager confirmed there were risk management policy and procedures in place. The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (IPC) policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.



Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 19 June 2017 and all recommendations were noted to be appropriately addressed.

Review of staff fire safety training records confirmed that staff completed fire safety training in April and May 2017. Fire drills were completed twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

10 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Six respondents described their level of satisfaction with this aspect of care as very satisfied and four respondents described their level of satisfaction with this aspect of care as satisfied.

Comments made on returned questionnaires included:

- “Watched and looked in on at night.”
- “Very good.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

One area for improvement was stated for the second time in regard to the recording of the enhanced AccessNI information.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care

needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

A review of one care record confirmed that this resident was a smoker. It was noted that there was no care plan or risk assessment in place to ensure this activity is undertaken in a safe manner. This was identified as an area for improvement.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced during discussion with staff in regard to the needs of the residents.

Records were stored safely and securely in line with data protection.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings and staff shift handovers. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

It was noted that the last staff meeting took place in March 2017. This was identified as an area for improvement to ensure that staff meetings take place on a quarterly basis.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

10 completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Six respondents described their level of satisfaction with this aspect of care as very satisfied and four respondents described their level of satisfaction with this aspect of care as satisfied.

A comment made on a returned questionnaire was:

- "My clothes are kept clean and washed."

### **Areas of good practice**

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

### **Areas for improvement**

Two areas for improvement were identified in regards to the need for a care plan/risk assessment for a resident who smokes and the need for quarterly staff meetings.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.6 Is care compassionate?

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

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff and observation of practice, confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. This was evidenced when staff knocked before entering a resident's bedroom.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. This was evidenced during the inspection when one resident sustained a fall. Prompt but calm action was taken to contact the emergency services. During this time a screen was installed to protect the dignity of the resident.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such systems included daily discussions with staff, residents' meetings and care management reviews.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection a number of the residents were participating in activities with the activity coordinator, while others attended the hairdresser in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff confirmed that family are welcome to visit the home at any time. Care records also reflected ongoing liaison with family members.

Comments made by residents during the inspection were:

- “I am very happy in here, the staff are all good to me.”
- “This is a no.1 spot, the food is lovely and I am getting on well in here. The staff are all lovely, they couldn’t do enough for you.”
- “This is a great place, it’s marvellous. The staff are all lovely. I get my paper every day and my bed is comfortable and clean. I couldn’t say enough good.”
- “I had a nice breakfast. Its home from home. The staff are 100% and they miss out on nothing.”
- “I couldn’t fault the staff, they are all great. Anything I ask for they always follow up.”

Comments made by staff members during the inspection were:

- “The care provided here is good. We have supervision six monthly with an annual appraisal. There is good communication. The staffing levels are satisfactory.”
- “Both of the management are very supportive and can always be contacted out of hours. We have a good settled staff team and we all enjoy working with each other.”
- The staffing levels are good. There is a good staff team and we all work well together. If someone needs help we help each other out. There is a good atmosphere in the home and any issues are always dealt with.”
- “I think the care here is good. Everyone works well together and the morale is good. I love working here.”

10 completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Seven respondents described their level of satisfaction with this aspect of care as very satisfied and three respondents described their level of satisfaction with this aspect of care as satisfied.

Comments made on returned questionnaires included:

- “Very good and very happy.”
- “Very good.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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**

The deputy manager outlined the management arrangements and governance systems in place within the home. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

The deputy manager confirmed that a range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Statement of Purpose.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

The deputy manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The records of the monthly monitoring visits by the registered provider were reviewed for the previous six month period. It was noted that there was no record of the visit for May and June 2017. This was identified as an area for improvement to ensure these visits are undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home as they visit the home most days.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Ten completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Seven respondents described their level of satisfaction with this aspect of care as very satisfied and three respondents described their level of satisfaction with this aspect of care as satisfied.

Comments made on returned questionnaires included:

- "Very good."
- "The home is well managed, good care."

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified in regard to the monthly monitoring visits by the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Claire Cassidy, registered manager and Ruth Brimage, deputy 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **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 to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) 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](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 2 August 2017	The registered person shall ensure that monthly monitoring visits are undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005.  Ref: section 6.7  <b>Response by registered person detailing the actions taken:</b> Monthly monitoring visits are undertaken and a schedule has been drawn up by the Director to meet regulations.
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.3  <b>Stated:</b> Second time  <b>To be completed by:</b> 2 August 2017	The registered provider should ensure that the date on which the enhanced AccessNI disclosure is returned should be recorded in line with best practice.  Ref: section 6.4  <b>Response by registered person detailing the actions taken:</b> Enhanced AccessNI disclosure- date of return of same is recorded in employee records. The Registered Manager is monitoring compliance with this Standard.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 16 August 2017	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.  Ref: section 6.5  <b>Response by registered person detailing the actions taken:</b> Staff undertake a risk assessment for all residents that smoke. The assessment is held in the individual's records and reviewed as situation dictates. The Deputy Manager is monitoring compliance with this Standard.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b>	The registered person shall ensure that staff meetings take place on a quarterly basis.  Ref: section 6.5  <b>Response by registered person detailing the actions taken:</b> A schedule has been drawn up to ensure staff meetings take place on



2 September 2017

a quarterly basis.

***\*Please ensure this document is completed in full and returned to [Care.Team@rqia.org.uk](mailto:Care.Team@rqia.org.uk) from the authorised email address\****



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)