

Unannounced Care Inspection Report

6 March 2021



Forest Lodge

Type of Service: Residential Care Home (RCH)

**Address: 1 Little Forest, Portadown,
Craigavon, BT63 5DX**

Tel No: 028 3833 0620

Inspector: Marie-Claire Quinn

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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 13 residents. The service is comprised of three distinct buildings: Forest Lodge, Little Forest and No.57 Killycomain Road.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group / Challenge Responsible Individual(s): Greer Wilson	Registered Manager and date registered: Sharon Livingstone 1 April 2005
Person in charge at the time of inspection: Jill Forde, team leader, from 10.50 hours to 12.30 hours Sandra McAteer, team leader, from 12.30 hours until the conclusion of the inspection.	Number of registered places: 13 Forest Lodge (6 places), registration incorporating 2 Little Forest (3 places) & 57 Killycomain Road (4 places).
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 12

4.0 Inspection summary

An unannounced care inspection was conducted on 6 March 2021 from 10.50 hours to 18.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Prior to the inspection, RQIA received intelligence on 12 February 2021 which raised concerns in relation to staffing and management arrangements in the home. Upon receipt of this information and following discussion with the Southern Health and Social Care Trust (SHSCT), RQIA decided to undertake an inspection.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals as these are the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- care delivery
- contact with relatives
- Infection Prevention and Control (IPC) measures
- the home's environment
- recording of care

- staffing and management arrangements.

We met with residents during the inspection who told us what they liked about living in the home, and about how staff supported them.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*8

*The total number of areas for improvement includes one under the standards which has been stated for a second time and two under the standards which were not reviewed and have been carried forward to be reviewed at the next inspection.

A summary of inspection findings was discussed with Sandra McAteer, team leader, at the conclusion of the inspection. Areas for improvement and details of the Quality Improvement Plan (QIP) were subsequently discussed with Sharon Livingstone, manager, on 8 March 2021, as part of the inspection process. The timescales for completion commence from the date of inspection.

A meeting was also held in the RQIA offices on 15 March 2021 to discuss the outcomes of the inspection in detail. This meeting was attended via video conference by Greer Wilson, responsible individual, Elaine McCrea, Head of Operations, and Sharon Livingstone, manager. At this meeting RQIA were provided with plans to address deficits which had been noted during this inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned QIP.

During our inspection we:

- where possible, speak with residents, 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.

We spoke with 10 residents, 10 staff and two residents' relatives during the inspection.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. Following the inspection, we received responses from five residents; these are referenced in the report below. No responses were received from staff or residents' representatives at the time of writing this report.

The following records were examined during the inspection:

- staff duty rota from 1 to 15 March 2021
- assessments relating to staffing levels
- staff sign in book
- accidents and incidents records
- care records for three residents
- minutes of residents' meetings from January 2021 and February 2021
- minutes of staff meetings from November 2020 to February 2021
- monthly monitoring reports from August 2020 to March 2021.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, not met or carried forward to the next inspection.

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 care and finance inspection on 14 & 21 November 2019

Areas for improvement from the last care and finance inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (5) (a) Stated: First time	The registered person shall ensure that the report of the monthly monitoring visits is available in the home, that any actions identified are addressed in a timely manner and signed off when they are completed.	Met
	Action taken as confirmed during the inspection: Review of completed monthly monitoring reports which were available in the home confirmed that detailed action plans were in place which had	

	been reviewed and updated by the manager. There was a clear procedure in place if required actions were not addressed in a timely manner.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty rota records the capacity of the staff working in the home.	Met
	Action taken as confirmed during the inspection: Following advice provided by the inspector to the manager, staff duty rotas were submitted to RQIA which clearly recorded the capacity of staff working within the home. We also noted that monthly monitoring reports stated that a new staff duty rota template was to be introduced to the home, which the manager confirmed.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the two identified shower chairs are cleaned or replaced.	Met
	Action taken as confirmed during the inspection: Shower chairs were clean and well maintained.	
Area for improvement 3 Ref: Standard 29.1 Stated: First time	The registered person shall submit an action plan with timescales confirming what actions are taken in response to the recommendations made at the fire safety risk assessment, dated 28 May 2019	Not met
	Action taken as confirmed during the inspection: Staff were unable to access the fire safety risk assessment during the inspection. The 28 May 2019 fire risk assessment was submitted to RQIA following the inspection and reviewed by the RQIA estates team; it was noted that actions within the fire risk assessment action plan had not been fully completed; the RQIA estates team will continue to liaise directly with the manager to ensure these actions are fully met. This area for improvement has not been met and is stated for a second time.	

Area for improvement 4 Ref: Standard 8.5 Stated: First time	The registered person shall ensure that care records are signed by the person completing them.	Met
	Action taken as confirmed during the inspection: Review of the care records provided assurances with regard to such records being reviewed and signed by the staff member who completes them.	
Area for improvement 5 Ref: Standard 4.6 Stated: First time	The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents. A signed copy of the agreements should be retained in the residents' files.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
Area for improvement 6 Ref: Standard 8.7 Stated: First time	The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	

6.2 Inspection findings

6.2.1 Care delivery

There was a busy, pleasant and homely atmosphere in all units. Residents looked well cared for and were content engaging in their usual weekend routines; for instance, some residents enjoyed a lie in, or had a leisurely breakfast. Some residents were observed chatting with each other in communal areas, such as the garden or lounges while others preferred the privacy of their bedrooms.

Staff were available to support and encourage residents to attend to their personal care, depending on the resident's needs and abilities. Residents wore clean and comfortable

clothing. Staff provided residents with prescribed pain relief as and when required and were observed responding promptly when one resident reported pain due to a skin condition.

Staff supported residents to engage in a range of activities. Some residents were excited about football matches on that day, which they were either watching on T.V. or listening to on the radio. Two residents proudly showed how they were wearing their team's kit for the match. Residents told us about the activities they enjoyed such as watching "old films", going for escorted drives with staff, watching Disney movies and Church services. Residents were delighted when staff returned from a weekly shopping trip with new magazines, newspapers and CDs for them, which was a regular routine. Residents showed us the garden and told us how they were looking forward to growing vegetables and plants in the warmer months. One resident told us they were going to grow lettuce, to serve at the home's summer barbeques, although they mostly preferred steaks and sausages!

Interactions between staff and residents were friendly and relaxed. It was observed that residents appeared comfortable with staff when seeking their support and when chatting and joking with each other. Residents told us they talked to staff if they had any worries or problems.

Staff were responsive and prompt in anticipating and responding to any signs of distress from residents, using a range of verbal, non-verbal and visual communication styles. Observation of practice and discussion with staff established that they possessed a good knowledge and understanding of residents' individual needs, wishes and preferences.

Residents confirmed they liked the food in the home and that their individual preferences were catered for. We observed staff offer residents a choice of hot or cold breakfast, including cereal, porridge, eggs, Weetabix and toast. Staff sought residents' preferences, including what bread they would like, how they would like their eggs served, and portion sizes. Kitchens were well stocked, and residents were offered a choice of hot and cold drinks, and snacks, throughout the day. One resident stated that they were very content enjoying "a cup of tea, a smoke and a biscuit" when requested.

Following the inspection we received questionnaire responses from five residents. All five residents confirmed that they felt the care in the home was safe, that staff are kind, that the care is effective and that the home is well organised.

6.2.2 Contact with relatives

Staff advised that families were offered a range of visits, including in person and using technology such as video calling. Residents were also supported and encouraged to maintain regular telephone contact with their relatives as often as they wished.

Some residents were observed enjoying window visits during the inspection. One resident was delighted as her family brought her dog along to the visit.

We spoke with two residents' relatives during the inspection, who told us they were content with the current visiting arrangements. Feedback from relatives spoken with during the inspection was positive about the home and management; one relative told us:

- "Sharon (the manager) is great, 100 per cent. The staff are great and we have no concerns whatsoever about the care."

6.2.3 Infection Prevention and Control measures

Within each unit, staff ensured that the inspector sanitised their hands and recorded the inspector's temperature and contact details, in line with COVID-19 guidance.

Staff confirmed and provided written records of twice daily temperature checks completed with residents and staff.

Staff wore Personal Protective Equipment as required. There was ample supply of PPE in stations throughout the home, and staff confirmed they had no concerns regarding the availability or quality of PPE.

Staff encouraged residents to wash their hands, and there was guidance in relation to maintaining effective hand hygiene, displayed throughout the home. However, observation of staff highlighted that there was poor compliance in regard to IPC best practice, specifically, being 'bare below the elbow' as some staff wore long sleeves, watches, bracelets and rings. An area for improvement was made.

This was discussed with the manager following the inspection, who confirmed that the frequency of hand hygiene audits would be increased, to further monitor staff's adherence to this aspect of infection prevention and control.

We were informed that a 'bubbling' arrangement was in place whereby staff were expected to only work within one of three properties which constitutes this service in order to reduce unnecessary footfall across the site as a whole. This arrangement is considered further in section 6.2.6.

6.2.4 The home's environment

Overall, residents' bedrooms and communal areas were clean and tidy. Residents' bedrooms were very personalised and homely. However, we noted deficits regarding the quality of the home's environment within each building, as outlined below.

Forest Lodge building

A hand towel dispenser in a communal bathroom was unclean and flooring in a downstairs communal bathroom required repair or replacement. There was damage observed to the walls in the downstairs lounge and one chair cushion in the dining room needed to be repaired or replaced.

Little Forest building

We noted water damage on the ceiling of the staff office. There was also some damage to the walls in the downstairs toilets, and one toilet seat needed to be replaced.

Following the inspection, the manager stated that repainting and decorating in Forest Lodge and Little Forest was under way, and the deficits identified above had already been reported to relevant estates staff. However, there was no time bound action plan to monitor and oversee this. An area for improvement was made.

No.57 Killycomain Road

The décor required improvement such as repainting of bannisters, radiator covers and walls, all of which were showing signs of wear and tear. The office door, which was a fire door, was wedged open; it was agreed that this practice is to cease immediately.

Discussion with the manager during the inspection highlighted that there was no plan in place to address the environmental deficits noted within No. 57 Killycomain Road; this was discussed with the manager and Praxis' senior management team following the inspection. RQIA were informed that it was the intention of Praxis to relocate residents living within 57 Killycomain Road to a newly purchased building later in the year. It was agreed that pending this proposed change, the quality of the environment within No. 57 Killycomain Road should be addressed as a matter of priority for the benefit of residents living there. It was therefore agreed that a time bound refurbishment action plan would be submitted to RQIA in relation to this building.

In addition, one resident's bedroom had been repurposed to be used as a staff office/bedroom. This had not been agreed with or notified to RQIA; following discussion with the manager and responsible individual post inspection, a variation application was submitted to RQIA in keeping with regulation.

6.2.5 Recording of care

Care records were individualised and holistic. Assessments and care plans were in place regarding residents' physical health, communication and activities. There was a good level of detail to guide staff on the care required to meet each resident's needs, wishes and preferences; this included information received from multi-disciplinary professionals such as psychiatrists and psychologists.

Progress notes were well maintained and included details about the daily care residents received, how residents were offered choice regarding spending their time in the home and how residents were encouraged to be independent where possible. Progress notes also clearly evidenced regular communication with residents' relatives and multi-disciplinary professionals, as required.

Accidents and incidents records evidenced that staff took appropriate action and escalated any concerns appropriately. However, a small number of incidents had not been notified to RQIA. This was discussed with the manager and found to be a technical error. This has since been addressed and the manager has submitted the required notifications retrospectively.

An examination of some care records highlighted that these required review and archiving. However, this issue had been identified within monthly monitoring reports, with plans in place for archiving documentation; this will be reviewed during a future inspection.

6.2.6 Staffing and management arrangements

During the inspection, there was sufficient staff on duty to attend to residents' needs promptly.

We spoke with 10 members of staff. The majority of staff were positive about their experiences working in the home and the care being delivered to residents; staff told us:

- “I love it. I wouldn’t have stayed working here if I didn’t. We have such a rapport with residents and you grow a bond with them. It’s a good team, and we work well together. There’s good management who recognise the challenges we face. Sharon (the manager) is amazing, you can ask her anything. It’s the same with the team leaders.”
- “I’ve just started working here and I can’t believe how good the training is. I’m enjoying working here. I have no issues with staffing levels. Management and team leaders address things as needed, like I know the menu is being changed and activities increasing because of lockdown. The residents are happy but bored of lockdown. I take them out for drives or short walks, when they’re interested.”
- “It’s great to work here and for Praxis. We really work as a proper team. Staffing levels are good. We have lots of new staff starting, and there’s good training and induction. We are always kept updated with handovers and residents’ care.”
- “Residents get plenty of choice. I think they are happy. They do get bored, because of Covid. I’ll always suggest a walk, but they don’t always want to go out. I’m happy enough working here, I started last year and got good training and induction.”

As stated in section 6.2.3, a ‘bubbling’ arrangement with regard to staff movement across the site was in place. Some staff told us that this arrangement had negatively impacted staffing deployment and workload across the site. Some staff also expressed frustration regarding a lack of clear communication in relation to which property they were required to work within on a daily basis. A number of staff also stated that there was poor staff morale within the service. All staff feedback was shared with the manager and senior management team during and/or following the inspection; we were subsequently told that members of the Praxis senior team and Human Resources department have undertaken to meet with staff to address these concerns.

Following the inspection, the home consulted with the SHSCT to review the ‘bubbling’ arrangements, in line with regional COVID-19 guidance in Northern Ireland. While staff must avoid unnecessary movement between units during a shift, they are now permitted to work in different units on different days, while continuing to ensure all IPC measures remain in place. The manager stated that this may also help to improve staff morale.

Discussion with staff and review of the duty rota confirmed that Team leaders are based within the Forest Lodge building; staff within No.57 Killycomain Road or Little Forest are required to contact the Team leaders by telephone if needed; however, it was noted that the team leaders are required to provide direct care to residents, which may result in them not being immediately available by telephone. In addition, Team leaders stated that they would visit units in person in response to an emergency, although this was very infrequent. A need to improve current monitoring and oversight arrangements by senior staff across all three buildings on a daily basis was identified; an area for improvement was made.

Some staff demonstrated a good knowledge of the Adult Safeguarding process. We were satisfied that staff knew what to do if, for instance, they observed a change in a resident’s physical health and/or behaviour. However, a minority of staff lacked robust understanding of their roles and responsibilities in regard to whistleblowing and adult safeguarding. An area for improvement was made.

A review of the staffing rota and discussion with the manager / staff highlighted inadequate staffing arrangements across the site as a whole. This relates to the specific need to ensure the

presence of 'wake in' staff overnight within each of the three properties which constitute the service; while night staff are rostered within each property overnight, these arrangements were not sufficiently robust to ensure that the potential needs of residents would be met in a timely manner. An area for improvement was made.

Areas of good practice

Areas of good practice were identified in relation to care planning and delivery which offered choice and promoted independence. We received positive feedback from residents and their representatives in relation to the quality of care provided.

Areas for improvement

New areas for improvement were identified in relation to IPC practices; the home's environment; staff knowledge and understanding in relation to Adult Safeguarding and whistle blowing; and staffing arrangements.

	Regulations	Standards
Total number of areas for improvement	0	5

6.3 Conclusion

Residents looked well cared for and we received positive feedback from them about their lived experiences in the home. Residents were offered choice and supported to engage in activities which are important to them, including contact with their loved ones. We saw care being delivered in a compassionate way, by friendly and cheerful staff. There were good interactions between staff and residents.

New areas for improvement were identified in regard to IPC practices; the home's environment; staff knowledge and understanding in relation to Adult Safeguarding and whistle blowing; and staffing arrangements. A meeting was held in the RQIA offices on 15 March 2021 to discuss the outcomes of the inspection in detail. At this meeting RQIA were provided with plans to address deficits and drive any necessary improvements.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Livingstone, manager, on 8 March 2021, as part of the inspection process. The findings of the inspection were also discussed with members of Praxis' senior management team on 15 March 2021. 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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 4.6 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that residents' written agreements are updated to show the current fee paid by, or on behalf of, residents.</p> <p>A signed copy of the agreements should be retained in the residents' files.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
Area for improvement 2 Ref: Standard 8.7 Stated: First time To be completed by: 31 December 2019	<p>The registered person shall ensure that the records of personal property belonging to each resident are updated and checked at least quarterly. The records are to be signed by the staff member undertaking the checks and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
Area for improvement 3 Ref: Standard 29.1 Stated: Second time To be completed by: 1 December 2019	<p>The registered person shall submit an action plan with timescales confirming what actions are taken in response to the recommendations made at the fire safety risk assessment, dated 28 May 2019.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: The Manager submitted the Fire risk Assessment action plan to RQIA estates inspector and can confirm the works have been completed.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: immediate and ongoing</p>	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA). Specifically that staff are bare below the elbow when on duty. Please refer to the following link for details: https://www.niinfectioncontrolmanual.net/hand-hygiene</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: All staff now adhere to infection control guidelines and bare below the elbows. Team Leader and Manager audit on a Wednesday weekly to ensure compliance.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2021</p>	<p>The registered person shall ensure that the premises both internally and externally are kept in good state of repair and are decorated to a standard acceptable for the residents. The registered person shall also submit a time bound refurbishment plan to RQIA which includes but is not limited to those environmental deficits highlighted within this report.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: This time bound refurbishment plan was submitted to RQIA. Decoration works have been completed in Little Forest and No 57 and painting has been scheduled by Southern Trust for Forest Lodge.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 6 June 2021</p>	<p>The registered person shall evaluate staff knowledge and understanding of procedures regarding Adult Safeguarding and whistle blowing; a written record of this evaluation should be retained.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: Manager has requested training by our HR department on whistle blowing. Sharon and HR will provide information on Adult Safeguarding procedures to all staff and staff will complete a written record of answers to questions on their knowledge of safeguarding which will be retained.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: from the date of</p>	<p>The registered person shall ensure that staffing arrangements take into account the size and layout of the home, the statement of purpose and fire safety requirements; this relates specifically to ensuring the presence of wake in staff at night within the following buildings: Forest Lodge, Little Forest and No.57 Killycomain Road</p> <p>Ref: 6.2.6</p>

inspection	<p>Response by registered person detailing the actions taken: Following assessments of individual residents needs a wakened Night Duty coveris present in LF, FL and in No 57 we await the decision of assessments to put in a second waking ND to meet service user need.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered person shall ensure that robust governance arrangements are implemented and maintained which ensure consistent and effective oversight by the manager and/or person in charge within all resident areas.</p> <p>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken: The Manager has been visiting all units frequently and staff appreciate the extra support and importantly the residents have said they enjoy this also.</p>

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



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