

Unannounced Care Inspection Report 29 August 2018



Annahilt

Type of Service: Residential Care Home
**Address: 246 Ballynahinch Road, Annahilt, Hillsborough,
BT26 6BP**
Tel No: 028 9263 8399
Inspector: Kylie Connor

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 registered to provide care and accommodation for 36 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Tamulst Care Limited Responsible Individual: Claire Royston	Registered Manager: Naomi Graham
Person in charge at the time of inspection: Naomi Graham, Registered Manager until 12.15 Myrtle Patterson, Deputy Manager from 12.15	Date manager registered: 17 February 2010
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia A – Past or present alcohol dependence	Number of registered places: Total number 36 comprising: 36 – RC - I 09 – RC - DE 06 – RC - A

4.0 Inspection summary

An unannounced care inspection took place on 29 August 2018 from 11.15 to 18.20.

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 the last care inspection and sought 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, quality improvement and maintaining good working relationships.

One area requiring improvement was identified in regard to written consents to access residents care records.

Residents and a representative said that they were satisfied with the standard of care delivered, staff attitude, activities and mealtimes.

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

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Myrtle Patterson, Deputy Manager and following the inspection with Naomi Graham, 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 medicines management inspection

No further actions were required to be taken following the most recent inspection on 22 September 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, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, the deputy manager, two care staff, one ancillary staff, seven residents and one resident's visitor/representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned by two residents' representatives and one staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule and audits of training
- One staff file
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- A sample of a range of audits
- NISCC registration check records
- Accident, incident, notifiable event records
- Annual Quality Review report 2017/18
- A sample of consultations with residents, visiting professionals and relatives
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- RQIA registration certificate and employer's liability insurance

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 November 2017

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified and the QIP from the inspection undertaken on 5 April 2017 was carried forward for review at the next care inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that supervision is carried out in line with the supervision policy and procedure.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager, staff and review of the supervision schedule.	
Area for improvement 1 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that monthly monitoring reports are completed in line with RQIA guidance for visits by a registered provider; the number of persons spoken to during a monitoring visit should be recorded in such a way, as to protect the persons' identity while enabling identification by the home, to support robust governance arrangements.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of a sample of Regulation 29 reports.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Staffing levels had been adjusted in line with occupancy numbers and resident dependency levels. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. One staff commented in a returned questionnaire, 'get no time with residents as staff have been cut.' This was shared with the registered manager who gave assurances that staffing levels were adequate to meet the needs of residents. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The number of vacant senior care assistant posts was discussed with the deputy manager and the registered manager who gave assurances that recruitment efforts were ongoing.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager was advised of the recently launched NISCC Induction Programme.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

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

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. The file reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications and care records confirmed that should there be any suspected, alleged or actual incidents of abuse, these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts, rails, pressure alarm mats and management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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 IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered 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.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Discussion with the deputy manager and staff confirmed that a number of bedrooms had been re-decorated and that there were plans to replace the carpet in the corridors. Following discussion, a wipe-able storage container was purchased for use in a resident's en-suite.

Inspection of the internal environment identified that the home was 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. No malodours were detected in the home.

The home had an up to date Legionella risk assessment in place dated 27 September 2016 and the registered manager stated that this was scheduled for review on 18 September 2018.

It was established that some residents smoked. A review of the care records of one resident identified that risk assessment and corresponding care plan had been completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Discussion with the registered manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated June 2018 and no recommendations had been made. The deputy manager gave assurances that good practice advice was implemented.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Three completed questionnaires were returned to RQIA from residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Records were stored safely and securely in line with the General Data Protection Regulation (GDPR). A review of two 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 daily/regular 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.

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. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff spoke of how they kept each resident at the centre of everything they did and described how they had assisted a resident with sight difficulties orientate to the environment to promote their independence and autonomy.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. The lunchtime meal was observed in the dining room. Lunch commenced at 12.45; residents were seated at tables that were appropriately set. Residents were served each course when they were ready. The mealtime was adequately supervised and staff were attentive and asked residents if they wanted more, if they were enjoying their meal and offering a choice of drinks. Residents appeared to be enjoying their lunch and residents spoken with afterwards reported that the food in the home was, 'home made' and 'excellent'.

Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that skin care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents (including falls, outbreaks), the environment and staff training were available for inspection and evidenced that any actions identified for

improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised 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, staff meetings and staff shift handovers. Staff stated that on occasion, care assistants did not receive a handover before the shift commenced. Discussion took place with the deputy and afterwards with the registered manager who gave an assurance that changes had been made to ensure that all care staff received a handover before the start of each shift. Minutes of staff meetings and resident meetings were reviewed during the inspection. A representatives' meeting had been organised recently and the registered manager expressed disappointment that no representatives had attended. The deputy manager described how the home was following this up with representatives, to explain the purpose of these meetings and encourage attendance at a future meeting. This represented good practice.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, quality of life surveys, the annual quality review report, resident meeting minutes were available on request for residents, their representatives any other interested parties to read.

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.

A resident and a resident's visitor/representative spoken with during the inspection made the following comments:

- "If you need any help, they are there." (resident)
- "She looks great (overall appearance) and very at home and content here." (representative)

Three completed questionnaires were returned to RQIA from residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered manager advised 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.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. Care plans detailed the arrangements for night checks to be carried out. Written consents for photography was in place however consents for professionals and RQIA to access residents' care records were not in place and a recommendation has been made.

Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, a suggestion box and visits by the registered provider.

Residents were consulted with regularly, about the quality of care and environment. Inspection of a sample of completed questionnaires evidenced that action was taken immediately to address any issues or suggestions made.

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. For example, residents spoke of how staff supported them to get out for regular walks, of visits by school-children and musical activities were thoroughly enjoyed. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, the home has participated in a generational activity earlier in the year, organised in partnership with the local primary school. One part-time activity co-ordinator was employed and had organised a number of outings and activities such as baking. Discussion with care staff evidenced that they engaged in activities with residents in an ad hoc manner. One staff suggested that more activities could be undertaken by care staff. The registered manager gave assurances that discussions would take place with care staff to support ideas for ad hoc activities that can be carried out in a 10-15 minute duration.

Residents, staff, a resident’s visitor/representative spoken with during the inspection made the following comments:

- “We encourage care assistants to get out a scatter pack activity and to chat with residents.” (staff)
- “There is bingo, floor games, singing and days out, recently to Lady Dixon park and Hillmount and the cinema outing is coming up.” (staff)
- “Staff seem to be very caring and thoughtful. It’s very nice. There is a relaxed atmosphere here.” (representative)
- “The girls are nice, I have the best of fun with them.” (resident)
- “We have a service nearly every week.” (resident)
- “I enjoy the day.” (resident)
- “We’ve got a new summer house, it’s great!” (resident)
- “The food is very good. You get what you want.” (resident)

Three completed questionnaires were returned to RQIA from residents’ visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and undecided.

Comments received from two representatives were as follows:

- “My (relative) regards Annahilt as his own personal ‘hotel’ and home. We are all very satisfied with his care in every way.”
- “In my experience the staff are very friendly and caring towards residents and engage well with visitors. Very pleased with care provided.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to obtaining written consent from residents in regard to access to their care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registered manager outlined the management arrangements and governance systems in place within the home and stated that 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.

A range of policies and procedures was in place to guide and inform staff. Discussion with staff confirmed that these were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

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. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. One recent choking incident had not been referred to RQIA; this was received following the inspection.

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

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

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

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

One staff made the following comment:

- "The seniors, deputy manager and registered manager are all very approachable."

Three completed questionnaires were returned to RQIA from residents' visitors/representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Myrtle Patterson, Deputy Manager and Naomi Graham, 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 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 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

<p>Area for improvement 1</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2019</p>	<p>The registered person shall ensure that written consents are in place in respect of access to residents care records by professionals and RQIA staff.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Consents are in place for photograph and any restrictive practice. The area around consent to records is currently being considered.</p>

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



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