

Unannounced Care Inspection Report 3 August 2017



Croaghpatrick

Type of Service: Nursing Home

Address: Miller Hill, 235 Millisle Road, Donaghadee, BT21 0HY

Tel No: 028 9188 8383

Inspector: Heather Sleator

www.rgia.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 registered nursing home which is registered to provide nursing care for up to 67 persons.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Claire Royston | Registered Manager: Mrs Wilhelmina Devoy |
| Person in charge at the time of inspection: Wilhelmina Devoy | Date manager registered: 1 April 2005 |
| Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. | Number of registered places: 67 |

4.0 Inspection summary

An unannounced inspection took place on 3 August 2017 from 09.15 to 17.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

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 staffing and the empathy displayed to patients, adult safeguarding, infection prevention and control and fire safety. The home's environment was fresh smelling and clean throughout. We observed good practice in communication between staff and between patients and staff. Our observations confirmed that staff were knowledgeable of patients' wishes and preferences. There were good working relationships between staff and good support from management. The focus and provision of activities was commended.

The following areas were identified for improvement under the standards; registered nurses should ensure that they are reporting on the patients' response to planned care in care records and a programme of refurbishment to identified areas of the home should be commenced.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Wilhelmina Devoy, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 26 June 2017

The most recent inspection of the home was an announced premises inspection undertaken on 26 June 2017. The inspection was in response to an application of variation regarding the premises of the home. The findings of the inspection were discussed with estates representatives from Four Seasons Healthcare. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with 17 patients, nine staff and one patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 17 to 30 July 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction file
- four patient care records

- four patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 June 2017

The most recent inspection of the home was an announced premises inspection undertaken on 26 June 2017. The inspection was in response to an application of variation regarding the premises of the home. The findings of the inspection were discussed with estates representatives from Four Seasons Healthcare. Enforcement action did not result from the findings of this inspection.

6.2 Review of areas for improvement from the last care inspection dated 23 August 2016

| Areas for improvement from the last care inspection | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 43 Stated: First time | The registered provider should submit an action plan, which includes timescales for completion, of the proposals to upgrade/refurbish areas of the home. | Met |
| | Action taken as confirmed during the inspection: An application of variation regarding changes/adaptations to the environment of the home had been submitted to RQIA and the identified works have been considered by RQIA and the provider has been informed. | |

| | | |
|--|---|------------|
| Area for improvement 2 Ref: Standard 4.2 Stated: First time | The registered provider should ensure that systems are established to evidence consultation with patients or representatives regarding the planning of care, (intermediate care patients). | Met |
| | Action taken as confirmed during the inspection: The review of patient care records and discussion with the registered manager evidenced that as far as possible, patients and or their representatives confirm that they have been consulted regarding the planning of care. | |

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 confirmed the planned daily staffing levels for the home and that staffing was subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 17 to 30 July 2017 evidenced that the planned staffing levels were adhered to. The duty rota reflected the support of ancillary staff including catering staff, housekeeping, laundry and maintenance personnel. A member of staff was employed to deliver activities. Observation of the delivery of care and discussion with staff, at the time of the inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty. The registered manager stated that recruitment was on-going for registered nurse vacancies and it was problematic, at times, to roster for two registered nurses to be on duty however agency staff provided additional support as and when required.

Staff spoken with were satisfied that there were sufficient staff to meet the needs of the patients. We also sought staff opinion on staffing via questionnaires; five were returned prior to the issue of this report. Two of the respondents answered 'yes' to the question "Are there sufficient staff to meet the needs of the patients?" The other staff replied 'no' to this question. Individual comments were shared with the registered manager prior to the issue of the report. Comments included; "Staff levels are low," "Sometimes not enough staff to see to the needs of the patients quickly enough" and "Not enough staff to meet to the demands on the floor."

A nurse was identified on the staffing rota to take charge of the home when the registered manager was off duty. A review of records evidenced that a competency and capability assessment had been completed with nurses who were given the responsibility of being in charge of the home in the absence of the registered manager. The assessments were signed by the registered manager to confirm that the assessment process has been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home.

Staff recruitment information was available for inspection and two recruitment and selection personnel records were reviewed. The review of the personnel records evidenced that they were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

The registered manager confirmed that newly appointed staff commenced a structured orientation and induction programme at the beginning of their employment. A review of two completed induction programmes evidenced that these were completed within a meaningful timeframe.

The arrangements in place to confirm and monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC. A review of the records evidenced that a robust system was in place to monitor the registration status of nursing and care staff.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, undertook competency and capability assessments and completed annual appraisals. Staff also confirmed that individual supervision was on-going.

Discussion with staff and a review of the staff training records confirmed that training had been provided in all mandatory areas and records were kept up to date. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on basic life support, medicines management, control of substances hazardous to health, fire safety, food safety, health and safety, infection prevention and control, safe moving and handling and adult prevention and protection from harm. The records reviewed confirmed that the training statistics to evidence completion were between 87 to 100 percent in all areas.

Observation of the delivery of care evidenced that training had been embedded into practice. Overall compliance with training was monitored by the registered manager and this information informed the responsible persons' monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified within the organisation and all registered managers/managers attended regional training on the new procedures in June 2017. Discussion also evidenced that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures

Review of four patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Care records are further discussed in section 6.5.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since August 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, fresh smelling and clean throughout. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Whilst the appearance of the home was pleasing, areas were also evidencing some signs of aging. The registered manager stated that it was anticipated that the proposed building works will result in the redecoration of some areas of the home. However, and as discussed with the registered manager a gradual replacement programme of bed linens, curtaining and chairs in the lounge and bedrooms would further enhance the overall appearance of the environment. This was identified as an area for improvement. The home had a welcoming and very pleasant atmosphere.

As previously stated, an application of variation had been submitted regarding the change of use of a number of rooms in the home and adaptations to others. The works had not commenced at the time of the inspection however when completed the environment and the functionality of these areas will be greatly improved.

Infection prevention and control measures were adhered to. There was evidenced of the availability of and adequately stocked personal protection equipment (PPE).

We discussed the management of fire safety with the registered manager who confirmed that fire checks were completed weekly. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas of good practice

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

Areas for improvement

An area identified for improvement was in relation to introducing a gradual refurbishment programme including the provision of new bed linens, curtaining, lounge and bedroom chairs.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care effective?

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

A review of four patients care records evidenced that a comprehensive assessment and a range of validated risk assessments were completed for each patient; these assessments informed the care planning process.

There were a number of examples of good practice found throughout the inspection in this domain. For example, registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), Speech and language therapist (SALT), dietician and Tissue Viability Nurse Specialists (TVN).

Discussion with registered nurses and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record. Care plans for a patient's elimination needs were reviewed. The care plan detailed a continence management plan and information regarding when catheter care was provided, including serial numbers of any catheter used when the catheter was changed.

Patients' bowel movements were monitored by the registered nurses on a daily basis, using the Bristol Stool guidance as a reference, to ensure that any changes from the patients' usual bowel patterns were identified and timely action taken.

An area identified for improvement was in relation to the daily progress records completed by registered nurses. The recording viewed within the four patient care records gave limited information regarding the wellbeing of the patient. Information was generalised, for example, "Eating and drinking well." Registered nurses should ensure that they are reporting on the patient's response to planned care

Personal or supplementary care records evidenced that records were maintained in accordance with best practice guidance, legislative requirements and care standards. For example, the review of repositioning records evidenced that patients were repositioned in accordance with their care plan, the frequency of repositioning was recorded and staff reported on the condition of the patient's skin. Nutritional and fluid intake records were being maintained diligently.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005; the manager confirmed that the patient register was checked on a regular basis.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Observations of staff interactions evidenced that communication was good within the home and that there was effective team work. Staff confirmed that they were provided with the relevant information in response to patients' daily needs and changing needs. Staff also confirmed that they enjoyed working in the home and with colleagues and if they had any concerns, they could raise these with the registered manager or the regional manager who was in the home regularly. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Staff meetings were held and records were maintained and made available to those who were unable to attend. The most recent general staff meeting was held on 21 February 2017. One staff member responded via questionnaire that they would like to see more team meetings on a regular basis. The registered manager was informed of this comment prior to the issue of the report. Staff stated that there was effective teamwork with each staff member knew their role, function and responsibilities. Staff spoken with during the inspection stated, "We have a tight wee team" and, "We all work together."

The serving of the midday meal was observed. Tables were attractively set with cutlery, condiments and napkins. Those patients, who had their lunch in the lounge, or their own bedroom, were served their meal via tray service. Tray service should be improved as not all meals were observed to be covered during transportation and condiments were not available. The registered manager agreed to inform staff of the need to improve the tray service of meals to patients. The meals were nicely presented and smelled appetising. All of the patients spoken with enjoyed the meals provided in the home. The day’s menu was displayed in the dining room. Registered nurses were observed supervising and assisting patients with their meals and monitoring patients’ nutritional intake.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the care planning process and communication between patients and staff.

Areas for improvement

An area identified for improvement was in relation to registered nurses reporting on the patients’ response to planned care in the daily progress notes within care records.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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.

We arrived in the home at 09:15. There was a calm atmosphere and staff were busy attending to the needs of the patients. A number of patients were having breakfast in the dining rooms throughout the home. Other patients were observed either in their bedrooms as was their personal preference, walking around the home or seated in the lounge areas, again in keeping with their personal preference. Staff interaction with patients was observed to be compassionate, caring and timely. Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

All patients spoken with were happy living in the home. Patients were well informed of the activities planned for the day and one patient commented, “(Personal activities leader) is brilliant, always something to do.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their bedrooms and in their interactions with staff. Staff were knowledgeable of patients’ non-verbal cues and what they were trying to communicate; the positive non-verbal responses by patients, where applicable, confirmed staffs’ understanding was correct.

In discussion the personal activities leader (PAL) informed of the range of activities and social opportunities provided for patients both in the home and from the local community. There had been a number of choirs, church and youth groups and old thyme dancing entertaining the patients along with coffee mornings and barbeques. The activities provision in the home is and was commendable. During the inspection activities were observed in a group/communal setting and the activities leader was also observed spending time with patients who were in their bedrooms. There was a lively atmosphere in the room and a great sense of community.

There was evidence that patients were involved in decision making about their care. Patients were consulted regarding meal choices and were offered a choice of meals, snacks and drinks throughout the day. Staff encouraged those patients who could express their preference to do so and demonstrated a detailed knowledge of patients' likes and dislikes for those patients who were unable to express their opinion.

Numerous compliments had been received and were displayed in the home in the form of thank you cards. The following are examples of comments received on thank you cards:

"Thank you for your kindness and support over the last two years, everyone looked after my (relative) so well and I'm so glad that they were in Croagh Patrick."

"Thank you for all the kindness and care that you gave my (relative), not just on special days, but every day."

Discussion with the manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided.

An electronic feedback system was also situated in the reception area. This was available to relatives and other visitors to give general feedback on an ongoing basis or answer specific questions on the theme of the month. The feedback was summarised automatically by the system and the results were available to the registered manager and the regional manager.

Staff and patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, patients and a review of the compliments record, there was evidence that the staff cared for the patients and their relatives in a kindly manner.

During the inspection, we met with 17 patients; five care staff, housekeeping staff, two registered nurses and one patient's representative.

Some comments received are detailed below.

Staff

"It's a great place to work."

"We have a tight wee team."

"We all work together."

Patients

“I was surprised at how good these places are, staff have been great.”

“I know the staff very well and they’re great.”

“You couldn’t get a better home to live in.”

“Staff are like you’re family, you can trust them all.”

“I would definitely recommend this home.”

“Great home, staff are very good.”

Patients’ representatives’ comments as per electronic feedback to the home

“I’m very happy with the care in Croagh Patrick.”

Questionnaires

We also issued ten questionnaires to staff and relatives respectively and eight questionnaires to patients. Eight staff, five patients and four relatives completed and returned their questionnaires. Two relatives indicated that they were ‘very satisfied’ that the delivery of care was a safe, effective and compassionate and that the service was well led and two relatives indicated that they were ‘satisfied.’ Seven staff indicated that they were ‘very satisfied’ that the delivery of care was safe, effective and compassionate. Seven staff indicated that they were ‘very satisfied’ that the service was well led and one staff respondent indicated that they were ‘satisfied’.

Patients responded that they were ‘very satisfied’ across the four domains.

Additional comments regarding staffing levels were made and the comments were shared with the registered manager, by telephone, for consideration and action, where possible.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the atmosphere in the home, listening to and valuing patients and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection with the delivery of compassionate care.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its' registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussions with the staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff described how they felt confident that the registered manager would respond positively to any concerns/suggestions raised.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff and patients spoken with confirmed that they were aware of the home's complaints procedure.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents and bed rails. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

As a further element of its Quality of Life Programme, Four Seasons Healthcare operate a Thematic Resident Care Audit ("TRaCA") which home managers can complete electronically. Information such as home governance, information governance, housekeeping, resident care and health and safety checks are recorded on various TRaCAs on a regular basis. This information was subject to checks by the regional manager once a month.

A review of the patient falls audit evidenced that this was analysed to identify patterns and trends, on a monthly basis. An action plan was in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection, confirmed that these were appropriately managed.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and copies of the reports were available for patients, their representatives, staff and trust representatives. An action plan was generated to address any areas for improvement; discussion with the registered manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

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 within the home.

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 Wilhelmina Devoy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 or contact the web portal team in RQIA on 028 9051 7500.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | |
| <p>Area for improvement 1</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2017</p> | <p>The registered person shall ensure that registered nurses are reporting on patients' response to planned care, in accordance with NMC guidelines.</p> <p>Ref: Section 6.5</p> |
| | <p>Response by registered person detailing the actions taken: Meetings and supervision with nursing staff has been carried out to ensure that nursing staff are recording the daily progress notes in a more meaningful and person centred manner.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2018</p> | <p>The registered person shall consider implementing a gradual refurbishment programme including the provision of new bed linens, curtaining, lounge and bedroom chairs.</p> <p>Ref: Section 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Refurbishment programme has been commenced, furniture including chairs, curtains and flooring for 11 bedrooms has been ordered. There is also a plan to replace lounge chairs, curtains and flooring in 2 lounges. We also have an ongoing replacement programme for bedlinen.</p> |

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



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