

# Unannounced Care Inspection Report 9 October 2018



## Iniscora

**Type of Service: Residential Care Home**  
**Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE**  
**Tel No: 028 4461 2128**  
**Inspector: Alice McTavish**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with nine beds that provides care for adults who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individuals:</b> Helen Owen	<b>Registered Manager:</b> Christine McLean
<b>Person in charge at the time of inspection:</b> Christine McLean	<b>Date manager registered:</b> 3 October 2007
<b>Categories of care:</b> Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced care inspection took place on 9 October 2018 from 10.15 to 16.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 induction, training, supervision and appraisal, care records, audits and reviews, listening to and valuing residents and, maintaining good working relationships.

Areas requiring improvement were identified. These related a Legionella risk assessment, review of the home's statement of purpose and residents' guide, staff attendance at annual fire drills and individual written agreements.

Residents who spoke with the inspector indicated that they enjoyed living in Iniscora and that staff treated them well. Residents were observed to be relaxed and comfortable in the home.

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

Details of the Quality Improvement Plan (QIP) were discussed with Christine McLean, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 2018.

## 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, six residents and two staff. No visiting professionals and no residents' representatives were present.

A total of seven 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. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls), complaints, environment, catering
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements 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 23 January 2018**

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

**6.2 Review of areas for improvement from the last care inspection dated 23 January 2018**

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
<b>Area for improvement 1</b> Ref: Standard 23.3 Stated: First time	The registered person shall ensure that fire training is provided twice annually.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of training records confirmed that fire training is provided twice annually.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 24.5 <b>Stated:</b> First time	The registered person shall ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of documentation confirmed that staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> First time	The registered person shall ensure that the broken drawer in the chest in one identified bedroom is either repaired or replaced.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the premises confirmed that the broken drawer was repaired.	

### 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. No agency staff were used in the home although some bank staff were used. The registered manager stated that the use of bank 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 and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and 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.

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

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager described how all pre-employment documentation, including AccessNI enhanced disclosures, was reviewed by the registered individual and the registered manager before new staff commenced duty in the home. The registered manager further advised that all staff were provided with mandatory training before commencing duties.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager described how staff registration records were checked monthly by the registered individual.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The adult safeguarding champion (ASC) annual position report was available for April 2017 to March 2018.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 and a review of records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager advised 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 policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager advised the only restrictive practice within the home was the management of smoking materials for residents, where necessary. In the care records



examined the restriction was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The management of smoking materials was not described in the statement of purpose and residents' guide. Action was required to ensure compliance with the standards in this regard.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. 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 in the home.

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 in the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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 prevent falls within the home. Audits of accidents/falls were undertaken and analysed for themes and trends; where necessary, an action plan was developed to minimise the risk where possible. The registered manager advised that falls rarely occurred in the home but that referral would be 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. It was noted that new carpet had been laid and a new patio was being built.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

Whilst the home had up to date certificates for disinfection of the water supply, no Legionella risk assessment was in place. Action was required to ensure compliance with the regulations in this regard.

It was established that one resident smoked. A review of the care records of the resident during a previous care inspection 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.

The registered manager confirmed that safety maintenance records for the home's stair lift were up to date.

The registered manager advised that the latest fire risk assessment had been completed on 18 September 2018 and they were awaiting the report. One recommendation had been made and this had been actioned.

A 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. There was no system of managerial oversight, however, to evidence that all staff attended a practice fire drill at least annually. Action was required to ensure compliance with the standards in this regard.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

### Areas of good practice

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

### Areas for improvement

Three areas for improvement were identified during the inspection. These related to having a Legionella risk assessment completed for the home, to a review of the home's statement of purpose and residents' guide in regard to a description of restrictions in relation to smoking and staff attendance at annual fire drills.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 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 General Data Protection Regulation (GDPR). A review of the care records of two residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. Speech and Language Therapy

and epilepsy, 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. An individual agreement setting out the terms of residency was in place and appropriately signed. It was noted, however, that the individual agreements were out of date. Action was required to ensure compliance with the standards in this regard.

Discussion with staff confirmed that they were familiar with person centred care and 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.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight are responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists as required. Guidance and recommendations provided by dieticians and Speech and Language Therapy were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that no residents had wound care needs and that any such needs would be managed by community nursing services. Staff advised that they were able to recognise pressure area damage to skin and they were aware of the method of making referrals to the multi-professional team.

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 risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering 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.

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. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

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.

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.

## Areas of good practice

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

## Areas for improvement

One area for improvement was identified during the inspection. This related to keeping individual written agreements up to date.

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

A range of policies and procedures was in place which supported the delivery of compassionate care.

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 staff 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.

Discussion with staff 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.

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. Menus and the activity programme, for example, were written in a large print format and there was information regarding Human Rights on display in an easy read version.

Discussion with staff and residents 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 and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and advised 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. Policies 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.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide. 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.

A 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 retained compliments received, for example, thank you letters and cards and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were, in the main, effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

In a review of the information submitted to RQIA relating to one notifiable event and the corresponding care documentation, it was noted that a minor discrepancy was present in the recording of an event. This discrepancy had not been identified by the registered manager. The registered manager was given advice on how documentation submitted to RQIA, residents' representatives and the trusts could be reviewed to ensure that the information is accurate.

The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, Human Rights and swallow awareness.

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. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through 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 was 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.

The home collected only limited equality data on residents; the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to the range of data which should be collected.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Christine McLean, 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.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 December 2018	The registered person shall ensure that a Legionella risk assessment is completed for the home and any recommendations arising are fully addressed.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Legionella Risk Assessment was completed 27/11/18, we are awaiting the written report and will action accordingly
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.6, 20.9  <b>Stated:</b> First time  <b>To be completed by:</b> 7 December 2018	The registered person shall ensure that the statement of purpose and residents' guide are updated to include the management of smoking materials as a restrictive practice.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Both Statement of Purpose and residents guide have been updated
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 7 December 2018	The registered person shall ensure that a suitable system is put in place to provide managerial oversight of staff attendance at a practice fire drill at least annually with records retained.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> The bi annual drill was completed and all staff were in attendance

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 December 2018</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• residents and/or their representatives are given written notice of all changes to the written agreement</li> <li>• the written agreement is kept up to date to reflect the current weekly fee</li> <li>• the updated agreement is signed and dated by the resident and/or their representative</li> </ul> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Residents finance agreements have been updated and are now on file</p> <p>Residents and their representatives are given 4 weeks notice of any changes</p>

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



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