

# Unannounced Care Inspection Report 26 April 2018



## Limetree

**Type of Service: Residential Care Home**  
**Address: 133 Comber Road, Dundonald, BT16 2BT**  
**Tel No: 028 9048 0252**  
**Inspector: Kylie Connor**

[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 registered for forty four places to provide care and accommodation for persons within the categories of care detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Limetree  <b>Responsible Individual:</b> Gertrude Alexandra Nixon	<b>Registered Manager:</b> Gertrude Alexandra Nixon
<b>Person in charge at the time of inspection:</b> Gertrude Alexandra Nixon, Registered Manager	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment	<b>Number of registered places:</b> Total number 44 comprising: 44 – RC – I 04 – RC – PH 32 – RC – DE

### 4.0 Inspection summary

An unannounced care inspection took place on 26 April 2018 from 10.20 to 17.00.

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 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 communication between residents, staff, staff training, appraisal, communication between residents, staff and other key stakeholders, management of complaints and incidents and quality improvement.

Areas requiring improvement were identified in regard to staff supervision, the recruitment policy and procedure and the Quality Review Report for 2017.

The registered manager gave assurances that the activity programme would be reviewed and improved following a suggestion from a resident.

Residents and their representatives said that they were satisfied with the standard of care received and their lifestyle 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Nixon, Registered Manager and Myran Fulton, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 1 June 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, 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, the business manager, ten residents, three staff and two residents' visitors/representatives.

A total of ten questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned by residents' representatives within the agreed timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for two new staff
- Supervision and annual appraisals records for three staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Two staff recruitment files
- Three resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care reviews; accidents and incidents (including falls, outbreaks), residents' weight; dependency levels, walking aids and eye tests
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation reports from annual resident, staff and resident representative quality assurance surveys

- Fire safety risk assessment
- Fire drill records
- Individual written agreement
- Records of activities
- Policies and procedures manual

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 1 June 2017

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 1 June 2017

There were no areas for improvements made as a result of the last care inspection.

## 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 discussed the staffing levels for the home and that advised that these were subject to regular review to ensure the assessed needs of the residents were met. The registered manager advised that a recruitment process was taking place for catering staff; discussion confirmed that adequate short-term arrangements had been put in place. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it largely reflected the staff working within the home. The registered manager's hours had not been amended on the duty rota to reflect that a period of annual leave planned for this week had not been taken; assurances were given by the registered manager that this would be amended immediately. Following the inspection the registered manager reported that this had been actioned.

Review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The registered manager was advised that the Northern Ireland Social Care Council (NISCC) were due to publish an Induction Programme in the next few months. The deputy manager gave assurances that a copy of this best practice guidance would be obtained.

Discussion with staff and review of staff files confirmed that mandatory training and appraisal of staff was regularly provided. Staff supervision had taken place once in the last 12 months which is not in accordance with the minimum standards and an area of improvement was identified. A schedule for mandatory training was maintained and was reviewed during the inspection.

Discussion with the deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed. The deputy manager was advised that it was good practice to review and update these annually.

Review of the recruitment and selection policy and procedure identified that it was in need of review to comply with current legislation and best practice guidance. An area of improvement was made to comply with the standards. Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Discussion took place in regard to the procedure for acting-up and internal recruitment processes. The registered manager advised that the home had recently engaged the services of human resources consultants and that the recruitment and selection policy and procedure would be reviewed and updated with their input. The inspector advised that information and training courses are available from a range of sources including the Labour Relations Agency.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. 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, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

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

The registered manager confirmed there were restrictive practices employed within the home, notably keypad entry systems, lap belts, pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The registered manager advised there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The deputy manager stated that the home had a copy of the current best practice guidance regarding infection prevention and Control. Review of the Infection Prevention and Control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. 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 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The dining room was being re-decorated at the time of the inspection. Discussion with the registered manager confirmed that the outside patio space off the dining room had been power-hosed and would be improved in preparation for residents' use. The deputy manager advised that in good weather residents were encouraged.

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



The business manager and deputy 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 business manager confirmed that Lifting Operations and Lifting Equipment Regulations (LOLER) records and that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 16 January 2018 and all recommendations were noted to be addressed or action was being taken.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed monthly. Records were retained of staff who participated and any learning outcomes. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff and residents spoken with during the inspection made the following comments:

- “There is first aid training tonight. Everything (training) is up to date.” (staff)
- “It’s great, I do feel safe.” (resident)
- “I’m happy here.” (resident)
- “They (staff) are always in and out if you need anything.” (resident)

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Comments received:

- “I am very happy with mum’s care at Limetree. The staff communicate regularly with me and offer mum a high level of support.”
- “Sometimes my mum says she does not feel safe at night in her room. Unsure if her door should be locked.”

Both comments were shared with the registered manager who advised that the issue raised re feeling safe would be followed-up with night staff.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified in regard to staff supervision and the recruitment policy and procedure.

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and 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. Discussion took place in regard to the role of the Information Commissioners Office (ICO); the registered manager gave assurances that the home would review information and guidance available from ICO and register with them in respect of records held in the home.

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. Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe the importance of having knowledge of and following residents' routines and preferences and of providing opportunities to engage in activities they enjoyed, including going for walks in a local park.

The registered manager reported that individual agreements setting out the terms of residency were currently being updated. Records were stored safely and securely in line with data protection.

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 reviews, accidents and incidents (including falls, outbreaks), walking aids, residents' weight and dependency levels were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

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

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

Staff, residents and residents' representatives spoken with during the inspection made the following comments:

- “A district nurse comes to dress her leg.” (representative)
- “They (staff) would soon let us know.” (representative)
- “They (staff) do anything I want. They would be (prompt).” (resident)
- “We have a (resident’s) meeting to discuss new ideas and the menu.” (resident)
- “We all work as a team.” (staff)
- “There is enough time to do person centred care with the residents.” (staff)

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and neither satisfied nor unsatisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

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

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Discussion with the deputy manager and review of one care record confirmed that care plans were in place for the management of pain.

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. Staff identified that effective communication was the most effective method and supporting residents to make informed choices and decisions regarding their lifestyle in the home and their care and treatment.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, including annual quality survey, residents' meetings and annual reviews.

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

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities including skittles, bingo, old movies, word searches, music activities and sing-songs. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, a resident's representative and residents spoken with during the inspection made the following comments:

- "They (staff are kind, very, very good." (resident)
- "We have Sunday services, we do word searches, sudoku." (resident)
- "You get a variety (of choice of meals)." (resident)
- "I go to anything that's on." (resident)
- "We could do with a few more activities, a few more games."
- "They (staff) are lovely. If you need anything they are there." (resident)
- "The salvation army came in yesterday." (resident's representative)
- "There is an activity every afternoon. We make decorations and the residents join in, the party (for the royal wedding) will be brilliant." (staff)

The comment in respect of a request for more activities, more games was shared with the registered manager and deputy manager who gave assurances that this would be acted upon immediately. Action taken and improvements made will be followed up at the next care inspection.

Two completed questionnaires were returned to RQIA from resident's representatives. 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 the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified.

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

**6.7 Is the service well led?**

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. 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 Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. It was good to note that following a complaint action had been taken to review and improve the laundry system. The deputy manager reported that this had improved the accurate return of residents’ laundry.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents

and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. An annual report to review the quality of care and other service provision had not been completed for 2017 and an area for improvement was identified to comply with the regulations.

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

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation.

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

Review of governance arrangements within the home confirmed that the registered provider responds to regulatory matters in a timely manner.

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

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

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

The registered manager reported that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff and residents spoken with during the inspection made the following comments:

- “If you’ve a problem, you can speak to them.” (resident)

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied and neither satisfied nor dissatisfied.

### 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

One area for improvement were identified in regard to the completion of an annual quality review report.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Nixon, Registered Manager and Myran Fulton, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP 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 17 (1) (2) (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2018	The registered person shall complete an annual quality review report for the year 2017.  <b>Ref:</b> 6.7  <b>Response by registered person detailing the actions taken:</b> Report completed and returned vby email. 27/8/2018
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2018	The registered person shall review the recruitment and selection policy and procedure to ensure that it complies with legislative requirements and good practice guidance.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Report complete
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 30 July 2018	The registered person shall ensure that all staff have recorded individual formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> ~Completed. Supervision now carried out in a 6 monthly time frame.

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



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