

# Unannounced Care Inspection Report 19 July 2018



## Orchard Grove

**Type of Service: Residential Care Home**  
**Address: 7 The Square, Clough, BT30 8RB**  
**Tel No: 028 4481 1672**  
**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 nineteen beds that provides care for adults who have a learning disability or who experience mental ill health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Orchard Grove  <b>Responsible Individuals:</b> Ian Emerson Craig Emerson	<b>Registered Manager:</b> Deirdre Burns
<b>Person in charge at the time of inspection:</b> Deirdre Burns	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC)  MP – Mental disorder excluding learning disability or dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years LD – Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 19

### 4.0 Inspection summary

An unannounced care inspection took place on 19 July 2018 from 10.05 to 16.35.

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 recruitment, induction, training and supervision, adult safeguarding, care records, audits and reviews, listening to and valuing residents, governance arrangements and maintaining good working relationships.

Two areas requiring improvement were identified. These related to the weekly completion of Northern Ireland Adverse Incident Centre (NIAIC) checks and to a review of the home's smoking policy.

Residents said that they were happy living in Orchard Grove and that staff treated them well.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Deirdre Burns, 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 8 February 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, five residents, two care staff, the cook and one visiting professional.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned by residents. No questionnaires were returned by 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 staff files
- Four 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, outbreaks), Infection Prevention and Control (IPC), Northern Ireland Social Care Council (NISCC) registrations
- Equipment maintenance records
- Accident, incident, notifiable event records
- Annual Quality Review report

- Minutes of recent residents' meetings
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- 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 19 February 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 8 February 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> <b>Ref:</b> Standard 27.2 <b>Stated:</b> First time	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none"> <li>• satisfactory measures are put in place immediately to monitor and record the temperature in one identified bedroom</li> <li>• immediate measures are put in place to increase the temperature in the bedroom when it falls below an acceptable temperature</li> <li>• a review is undertaken of the heating arrangements in this room to provide a satisfactory long term solution</li> </ul> <p>Ref: 6.4</p>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of documentation and the room of one resident confirmed that this had been satisfactorily addressed and would be kept under review.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure the following – <ul style="list-style-type: none"> <li>the door to an en-suite bathroom is repaired or replaced</li> <li>the wardrobe in an identified bedroom is secured to the wall and thoroughly cleaned</li> <li>the handle of a door at the downstairs toilet is repaired or replaced</li> </ul> Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the home's environment confirmed that these areas had been satisfactorily addressed.	

### 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. A small number of bank staff were used in the home. Agency staff was not used. The registered manager stated that the use of temporary 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. The registered manager was advised of the availability of a programme of induction recently devised by NISCC and the benefits of adopting this in the home.

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

Discussion with the registered manager 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.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The registered manager completed spot checks on the NISCC website. NISCC registrations was a permanent agenda item in the staff meetings and in staff supervision and appraisals. This represented good practice.

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 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 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, review of accident and incidents notifications and care 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. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

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

The 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).



Staff advised there were restrictive practices within the home, notably the use of bed rails for one resident; the restriction was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. External doors were open during the day but were locked at night as part of normal security measures. Any restrictive practices were described in the statement of purpose and residents' guide.

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 throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. Information was forwarded to the registered manager after the inspection in respect of more up to date, relevant audit tools.

The registered manager reported that there had been one outbreak of infection within the last year and this had been managed in accordance with home policy and procedures. The outbreak had been 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 individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

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.

The registered manager described the system in place to review and action those safety alerts sent to the organisation from external sources, for example, RQIA. There was no system, however, in place to regularly check the Northern Ireland Adverse Incident Centre (NIAIC) alerts on a weekly basis. Action was required to ensure compliance with the standards in relation to NIAIC checks and the maintenance of a weekly log of checks.

The registered manager advised that safety maintenance records for Lifting Operations and Lifting Equipment Regulations (LOLER) were maintained and up to date.

The home had an up to date Legionella risk assessment in place dated 9 February 2017 and all recommendations had been actioned.



The home had an up to date fire risk assessment in place dated 25 October 2017 and all recommendations had been actioned.

It was established that two residents smoked. The registered manager described how staff supported residents to smoke safely, also how risk assessments and corresponding care plans had been completed in relation to smoking. A review of the smoking policy identified that it did not set out how risk assessments and care plans would be devised for residents who smoked and that appropriate consents for the management of smoking materials would be sought. Action was required to ensure compliance with the standards in relation to a review of the smoking policy.

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

A visiting professional spoken with during the inspection made the following comments:

- “Orchard Grove enjoys a good reputation in the local community. I have placed residents in this home over the years. The residents enjoy living here and their families are happy with the care. The staff work in a very person centred way and they know the individual needs of the residents and how to meet those needs. Staff keep very good communication with the community teams. When anything happens, they communicate with the trust immediately. I have no concerns about the quality of care in Orchard Grove and I can see that all documentation is completed to a high standard.”

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- “I am happy.”
- “Yes, I am happy in Orchard Grove.”

### 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 and the home’s environment.

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to the weekly completion of NIAIC checks a review of the home’s smoking policy.

	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.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of four 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. manual handling, diabetes management, epilepsy management) 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.

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. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised that staff were able to recognise and respond to skin pressure damage. No residents in the home had any such skin damage and staff were aware of how referrals should be made in a timely manner to the multi-professional team to address any areas of concern.

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) 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 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 confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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.**

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.

Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff advised that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of anxiety, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans were written in a clear manner and relevant documents, for example, information on complaints were made available in easy read versions.

Discussion with staff 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.

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very 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 during the inspection.

	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 and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. 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 and an easy read version of the complaints policy was on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to 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. The registered manager advised that no complaints had been received since February 2017; should complaints be more regularly received, an audit of complaints would be used to identify trends and to enhance service provision. The home retained compliments received, e.g. thank you letters and cards and there are 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 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

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

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.

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 visits to the home, telephone calls and emails.

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 providers responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The 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 and the registered manager was advised to contact the Equality Commission for Northern Ireland for guidance on best practice in relation to collecting this type of data.

Ten completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

### **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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Burns, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **7.1 Areas for improvement**

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

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

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



Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 28 September 2018	The registered person shall ensure that NIAIC checks are completed weekly and a record of such checks is maintained.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> NIAIC checks have commenced and a record maintained.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 28 September 2018	The registered person shall ensure that the smoking policy is reviewed to include current safety guidance for residents who smoke in care settings.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Smoking Policy has been reviewed and updated.

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



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