

Unannounced Care Inspection Report 17 July 2018



Towell House

Type of Service: Residential Care Home
Address: 57 Kings Road, Belfast, BT5 7BS
Tel No: 028 9040 1642
Inspector: Patricia Galbraith

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 84 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: The Towell Building Trust Responsible Individual: Ms Gillian Brooker	Registered Manager: Mrs Gillian Millar
Person in charge at the time of inspection: Bronagh Berry, Care Co-ordinator	Date manager registered: 19 January 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: Total number 84 comprising: A maximum of 10 residents who have been formally diagnosed with Dementia in RC-DE category of care.

4.0 Inspection summary

An unannounced care inspection took place on 17 July 2018 from 09.30 to 18.30. 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.

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

One area for improvement was identified in relation to care records for one identified resident as they did not accurately reflect their care needs.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Bronagh Berry, Care Co-ordinator, 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 12 December 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 person in charge, 40 residents both individually and some in groups, 12 staff, and three residents' visitors/representatives.

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. Six questionnaires were returned by residents within the agreed timescale.

A lay assessor was present during the inspection to speak with residents regarding their experiences of living in the home. Comments received are included within this report.

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 and training records
- 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), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements

- Input from independent advocacy services
- Programme of activities
- Policies and procedures

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 12 December 2017

The most recent inspection of the home was an unannounced care inspection as detailed in 6.2.

6.2 Review of areas for improvement from the last care inspection dated 12 December 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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home currently. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. 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 and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the person in charge 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.

The person in charge 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). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

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 person in charge, 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 person in charge 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).

The person in charge advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems and lap belts, etc. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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, were 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 in relation to hand hygiene, PPE and the environment were undertaken and action plans developed to address any deficits noted.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. A number of residents' bedrooms had been decorated and plans were on going for other rooms to be redecorated.

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. The home had the official opening of their sensory garden earlier in the year. Residents reported that they have enjoyed going out into the garden. There were no obvious hazards to the health and safety of residents, visitors or staff.

The person in charge 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 and smoking etc.

The home had an up to date Legionella risk assessment in place dated 17 July 2018 and all recommendations had been actioned.

It was established that a number of residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had been completed in relation to smoking.

The person in charge 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 person in charge and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had a fire risk assessment in place and all recommendations had been actioned. The next fire risk assessment is due to be completed on 20 July 2018.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Six 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:

- “This is a great place to live.”
- “I love living here always plenty of staff about to help.”
- “I always have what I need and the home is clean and always warm.”
- “The staff are always there for us (residents).”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the person in charge 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 data protection/General Data Protection Regulation (GDPR). A review of four care records confirmed that they 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, bedrails, nutrition, falls, where appropriate) in three of the records were reviewed and evidenced to be updated on a regular basis or as changes occurred. One care record did not accurately reflect the resident's care needs. This was identified as an area of improvement.

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 a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example one resident likes to go to the local shops on a daily basis and this had been accommodated.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The residents either attended one of the dining rooms or if they preferred had their meals served in their room. The dining rooms were well presented, warm and had individual place settings. The residents had a choice of meals, food presentation was good and residents spoken with on the day of inspection all spoke positively about the menu available to them. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietician and SALT were reflected within the individual resident's care plans and associated risk assessments.

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

The person in charge 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, 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 person in charge 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 person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by Registered Provider reports, latest RQIA inspection reports, residents'

meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

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

The person in charge reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Six 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 and relative were as follows:

- “The food is great here.” (resident)
- “I always get what I need.” (resident)
- “I always get what I want and can get in touch with my GP or anyone else I need.” (resident)
- “I am well looked after I have no complaints.” (resident)
- “Excellent place care and food is all good as a family we have no complaints.” (relative)
- “Staff are great good communication. I have no complaints.”(relative)

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to care records for one identified resident as they did not accurately reflect their care needs.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

The person in charge 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 person in charge and residents and/or their representatives 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. For example staff ensured any information relating to a resident was passed on in a discreet manner in the office. Staff were also observed knocking on residents' doors before entering their room.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, 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, menus and the activity programme, for example, were written in a pictorial format when required.

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; 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 a suggestion box.

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

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example the home liaises with a local school and some staff and pupils have attended the home on a regular basis. The residents reported they enjoyed the pupils coming into the home and they had all shared their different life experiences. Residents were enabled to go out shopping, and some went out for coffee. Some residents liked to partake in the crafts and quizzes provided in the home. A hair dresser also attends the home regularly for residents. Arrangements were in place for residents to maintain links with their friends, families and wider community. The home had organised a summer fete and provided a BBQ, this event included residents, family, friends and staff. The home also has a residents committee and they have met regularly to discuss activities and menus and any other issues.

Six 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 and relatives were as follows:

- "Great care, great staff nothing is a bother."(resident)
- "The staff always get what I need when I need it, they are so supportive." (resident)
- "The food is great and there is always something going on the staff are always about and help always at hand."(resident)
- "The food, care and home is great and always a great choice of food and things to do."(resident)

- “The staff have been so supportive to me and my (relative) they have been very good at keeping me informed of all changes in plan of care. They are very attentive and are always at hand to help.” (relative)
- “The staff are amazing we as a family are so grateful for this home as we have worries about our relative. (relative)

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 within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The person in charge 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 person in charge 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 information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains 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 person in charge 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.

There was evidence of managerial staff being provided with additional training in governance and leadership. Two staff have been completing level 5 Qualification Credit Framework. The person in charge 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 person in charge 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. For example staff had received training in Diabetes and Dementia awareness training.

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 person in charge stated that the registered provider was kept informed regarding the day to day running of the home as the registered provider worked in the home every day.

The person in charge advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The person in charge 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 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 person in charge 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 person in charge described the arrangements in place for managing any 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 did collect equality data on residents and the person in charge was advised to contact the Equality Commission for Northern Ireland for guidance on best practice if they required any further information relating to this data.

Six 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 and staff were as follows:

- “The manager and staff are always about and help.”(resident)
- “The staff are great.”(resident)
- “We work well as a team my training is all up to date and we are well supported.”(staff)
- “The manager’s door is always open, very approachable and listens to residents and staff.”(staff)

Areas of good practice

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

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bronagh Berry, Care Co-ordinator, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 31October 2018</p>	<p>The registered person shall ensure the identified care records accurately reflect their care needs.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Measures have been put in place with SCAs/Team leaders to accurately reflect all current and changing care needs. These are evaluated either daily, weekly and monthly as required. These are recorded in the individuals care records on amended record sheet.</p>

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



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