

Unannounced Care Inspection Report 24 May 2016



Melmount Manor

Type of Service: Nursing Home
Address: 1 Orchard Road, Strabane, BT82 9QR
Tel No: 028 7138 3990
Inspector: Sharon Loane

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Melmount Manor took place on 24 May 2016 from 10.30 to 17.45 hours.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and a sample of duty rotas, recruitment practices, staff registration status with their professional bodies and staff training and development. Some comments were received in regards to staffing levels and this information was shared with the registered manager who gave assurances that staffing arrangements were adequate to meet the needs of the patients accommodated although acknowledged that whilst every effort is taken to cover staff absences at short notice it can be difficult to get cover. The registered manager advised that even in these circumstances, patients' needs were still met. A review of staff training records evidenced that there was no system in place to monitor and ensure training compliance and a recommendation has been made. A general inspection of the home confirmed the premises and grounds were well maintained and there was a programme for ongoing refurbishment and home improvements in place for areas that had been identified at this inspection.

Is care effective?

Discussion with patients, representatives and staff evidenced that care delivered was effective in most areas of practice. A review of care records evidenced that a comprehensive assessment of need was completed on admission and informed the care planning process. There was evidence to confirm that there was effective communication with patients and their relatives regarding their care. A review of supplementary records did evidenced recording issues in regards to patients toileting needs and a recommendation has been made in this regard. A review of the arrangements and systems in place to promote communication between staff, patients and relatives provided an assurance that these were effective.

Is care compassionate?

Observations of care delivery evidenced that patients were treated with dignity and respect. Staff were observed responding to patients' needs and requests promptly and cheerfully, and taking time to reassure patients as was required from time to time. Systems were in place to ensure that patients and their relatives were communicated with regarding day to day issues affecting them. Patients spoken with commented positively in regard to the care they received and comments have been included in the report.

Some negative comments were received in returned questionnaires by patients and their representatives, which have been referred to in section 4.5 of the report.

Is the service well led?

There was evidence of good leadership in the home and in most areas governance arrangements were in place to assure the safe delivery of quality of care within the home. Staff spoken with were knowledgeable regarding the organisational structure within the home and advised that they felt comfortable in raising any concerns or issues which were dealt with effectively and efficiently. Discussion with the registered manager and a review of records evidenced that systems were in place to ensure that notifiable events, complaints, and/ or potential adult safeguarding concerns were investigated and reported to RQIA and/or other relevant bodies appropriately.

There were no areas for improvement identified.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the QIP within this report were discussed with Annie Frobisher, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection dated 29 June 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential safeguarding issues, whistleblowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) LTD Mr Christopher Walsh	Registered manager: Mrs Annie Frobisher
Person in charge of the home at the time of inspection: Mrs Annie Frobisher	Date manager registered: 28 December 2012
Categories of care: NH-DE, NH-I, RC-DE, NH-PH	Number of registered places: 81

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal information received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection reports for the 19 May 2015 (Residential Unit) and 29 June 2015 (Nursing Units)
- pre-assessment inspection audit

During the inspection, the inspector met with fourteen patients individually and the majority of others in smaller groups; four registered nurses, three team leaders, two care staff, one activity co-ordinator and one member of ancillary staff and the homes administrator.

A sign was displayed on the front door of the home and invited visitors/relatives to speak with the inspector. Two individual relatives and a family group of two were spoken with during this inspection.

Questionnaires were issued for completion and requested to be returned to RQIA within one week from the date of the inspection; Patients (five), patient representatives (ten) and Staff (ten) who were not on duty during the inspection process.

The following information was examined during the inspection:

- validation of evidence linked to previous QIP
- five patient care records
- a sample of staff duty records
- staff training matrix
- two staff recruitment files
- staff induction records
- complaints record
- NMC & NISCC records

- incident and accident records
- records of staff meetings
- a sample of audits
- Reports of monthly monitoring visits undertaken in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 29 June 2015

The most recent inspection of the home was an unannounced care inspection undertaken on 29 June 2015. The completed QIP was returned and accepted by the care inspector and was validated during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 29 June 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(2)(c) Stated: First time	<p>The registered person/ manager must ensure that risks to patients are appropriately minimised.</p> <ul style="list-style-type: none"> • The flooring in the Dennet Unit and the tiles entering the smoking room should be repaired/replaced to minimise the risk of trips for patients and staff • Ashtrays fit for purpose should be provided for the smoking room to reduce risks for patients/ others in Melmount Manor <p>Action taken as confirmed during the inspection: During an inspection of the premises it was evidenced that the details of this requirement had been actioned satisfactorily. This requirement has been met.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 39 Stated: First time	<p>It is recommended that care staff induction programmes and the nurse competency and capability assessments are reviewed to include learning objectives in regards to palliative and end of life care and death and dying.</p>	Met

	<p>Action taken as confirmed during the inspection: A review of induction templates for care staff and nurse competency capability assessments evidenced that palliative and end of life care, death and dying had been incorporated. This recommendation has been met.</p>	
<p>Recommendation 2 Ref: Standard 37 Stated: First time</p>	<p>It is recommended that all records for staff training are available and recorded in accordance with the care standards for nursing homes April 2015.</p> <p>Action taken as confirmed during the inspection: A sample review of training records evidenced the following information; the names and signatures of those attending the training event; the date(s) of the training; the name of the trainer and /or the training provider and the content of the training. This recommendation has been met.</p>	Met
<p>Recommendation 3 Ref: Standard 20.2 Stated: First time</p>	<p>It is recommended that end of life care plans are developed to be more person-centred and reflect the patient's individual wishes and beliefs.</p> <p>Action taken as confirmed during the inspection: A review of care plans evidenced that care plans had been developed to reflect patient and/or their representative's wishes and arrangements in regards to end of life care. The registered manager advised that an additional record will be completed and recorded specific to Palliative and End of Life Care. This document is in working progress and the registered manager agreed to forward to RQIA when approved. This should further enhance knowledge and care delivery in this area of practice. This recommendation has been met.</p>	Met

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for weeks commencing 16 May and 23 May 2016 evidenced that staffing had been arranged accordingly and at this inspection these staffing levels were adhered to. However, it was evidenced that the planned staffing levels were not always achieved due to staff sickness and /or absences. The registered manager was aware of the shifts that had been affected and provided additional information in regards to the actions taken in an attempt to cover the shifts and acknowledged that whilst every effort was taken to cover the shifts at times it was difficult particularly at short notice. The registered manager advised that the home had to use agency staff to cover shifts recently; however the home tried to avoid this action to ensure continuity of care. Discussion with patients evidenced that there were no concerns regarding staffing levels, although two questionnaires completed by patients indicated that there were not enough staff available to care for them. Comments included;

“I feel there should be more staff as it is a lot of work for two carers and often the carers are busy with other residents and therefore it may be some time until the carers can attend to your request”

“I think there is a shortage of staff at times, especially mealtimes”.

In addition, a discussion with some staff advised that when staff were absent due to sickness, this increased the workload and it could be difficult to meet patients’ needs in a timely manner. The staff member spoken with acknowledged that whilst efforts are made to cover shifts, often cover is unavailable with a result that staff have to work below the planned staffing levels however, advised that staff always endeavour to meet patients care needs.

Observations of the delivery of care evidenced that patients were being assisted in a timely manner by the levels and skill mix of staff on duty. There appeared to be minimal impact on patient care observed on the day of the inspection.

The above information was discussed with the registered manager who acknowledged the comments made and provided assurances that the current staffing arrangements were adequate to meet the needs of the patients accommodated and that patients’ needs were also met during periods when planned staffing was not achieved. The registered manager discussed the indicators used by the home to evidence that there were sufficient staff to meet the needs of the patients and assured that every effort and actions would be taken to ensure these were met accordingly even in the absence of staff.

A review of the staff duty rota did not identify the name of the nurse in charge of the home on each shift and the duty rota completed for night duty did not identify the location of where staff were assigned to work. These matters were discussed with the registered manager and were addressed before the conclusion of the inspection.

Discussion with the registered manager and a review of records evidenced that the arrangements for monitoring the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC) were appropriately managed. A system was in place to check these on a monthly basis.

A review of two personnel files evidenced that recruitment processes were in keeping with The Nursing Homes Regulations (Northern Ireland) 2005 Regulation 21, schedule 2. Discussion with staff and a review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction programmes were reviewed. The programme included a written record of the areas completed and the signature of the new employee and the staff member supporting them was recorded. The registered manager advised that Larchwood Homes Ltd were in the process of implementing new documentation which would further enhance this process.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. A review of the training matrix for 2015 evidenced that a number of staff had not completed mandatory training requirements and there was no system in place to ensure staff attended and completed same. A recommendation has been made.

Discussion with the Nursing Sister who was delegated the responsibility for co-ordinating and managing training, shared a copy of the proposed mandatory training schedule which had recently been developed by the Larchwood Care Homes LTD. This schedule clearly identified the areas of mandatory training to be met, the frequency in which they had to be completed by the different staff groups and also in regards to the category of care for which the home was registered. This is commended.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safe guarding procedures. The home had a copy of the DHSSP'S Adult Safeguarding, Prevention and Protection in Partnership document available for staff to reference and training was scheduled for 31 May and 12 June 2016 in regards to Adult Safeguarding.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 29 June 2015, confirmed that these were appropriately managed. Nursing staff confirmed their knowledge of the notification process to RQIA along with the process for making referrals to other health care professionals such as Tissue Viability Nurses (TVN), Dieticians and relevant others.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, and lounge/s, dining room/s and storage areas. The home was found to be warm, fresh smelling and comfortable throughout. Some vanity units in the Mourne and Foyle Units were damaged and worn and in need of replacing and some bedrooms required painting. The registered manager advised that sixteen vanity units were currently on order to be installed in bedrooms within these units. The registered manager advised that a refurbishment plan was available and that these areas were included. The main entrance to the home was also being refurbished and works were scheduled to commence 2 June 2016. There was evidence that improvements had been made within the home specifically the Sperrin's and Dennet units. The registered manager advised that this programme of décor was being implemented throughout the home. This is commended.

Patients/representatives/staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

A system should be developed and implemented to ensure that staff meets their mandatory training requirements. A recommendation has been made.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

A review of five patient care records evidenced that initial plans of care were based on information collated as part of the pre-admission assessment and additional information received from the referring Trust. As previously discussed a range of validated risk assessments were completed as part of the admission process and informed the care planning process and a detailed plan of care was generated.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) and dieticians. Care records were regularly reviewed and updated in response to patient need.

There was evidence within the care records that patients and /or their representatives were involved in the care planning process. There was also evidence of regular ongoing communication with representatives and those spoken with confirmed this information.

Supplementary care charts including; repositioning charts, food and fluid intake charts evidenced that in the majority these were well maintained and managed in accordance with best practice guidance, care standards and legislative requirements. Although, a review of repositioning charts highlighted the following; the terminology used in regards to comments on the condition of the patient's skin did not always reflect this; for example some comments included: "pad changed". The use of this terminology was discussed with the registered manager who advised that the template for recording "repositioning" was being reviewed and this was included. There was evidence within the monthly monitoring reports that other matters pertaining to this area of practice had been identified and there was evidence during this inspection that the actions taken had been embedded into practice. In addition, a review of a repositioning record which was also used to monitor and record "patient's toileting needs" in respect to an identified patient evidenced gaps of 5 to 6 hours between toileting. This matter was discussed with staff who assured that the patient had been toileted however the record had not been maintained. A discussion with a patient's representative during the inspection also indicated concerns in regards to toileting needs not being appropriately met. A recommendation has been made in this regard.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. The nurse sister advised that a handover report is completed daily at the end of each shift and is reviewed comprehensively on a weekly basis and is updated in line with any

changes in patient's condition. A review of a copy of the handover report evidenced that this was a comprehensive tool and underpinned the main elements of care. This is good practice.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis however records of these meetings were not always maintained. The last staff meeting was held on 31 March 2016 for registered nurses and a record was available to evidence this and included an agenda, list of staff attending and their signatures to validate their attendance. There were no other records available to evidence that staff meetings had been held with other teams and staff spoken with advised that planned staff meetings were held on an infrequent basis. A recommendation has been made.

Staff advised that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated their ability to communicate effectively with their colleagues and relevant others. Staff also confirmed that if they had any concerns, they would raise these with the registered manager whom was very approachable and involved in the day to day care of the home. During this inspection, the registered manager was very visible and knowledgeable of the needs patients accommodated.

Discussion with the registered manager advised that the home did not organise relatives meetings as meetings previously organised were unsuccessful with very poor attendance. A notice was displayed in the main entrance inviting families to contact and speak with the registered manager. It was very evident at this inspection that representatives knew the registered manager and expressed their confidence in raising concerns with the home's staff/management. Patients knew who the registered manager was and advised that they spoke with her on a regular basis. Some comments received are included in section 4.5 of the report.

There was information available to staff, patients and representatives in the home. The notice board contained information in relation to planned events and activities and there was a notice displayed to advise that a copy of the most recent inspection report was available to view.

Areas for improvement

A recommendation was made in relation to contemporaneous recording of patients toileting needs.

Staff meetings should be held on a regular basis and at minimum quarterly intervals. Records should be kept. A recommendation has been made.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Throughout the inspection there was a calm atmosphere in the home and staff were observed attending and responding to patients' needs in a compassionate, caring, cheerful and timely manner. Patients were afforded choice, privacy, dignity and respect. Patients were sitting in the lounges, dining areas and /or in their bedroom, as was their personal preference. A number of patients were observed in bedrest and this was discussed with the registered manager and staff who provided explanations for this intervention. A discussion with some of the patients who were in bedrest advised that this was their own personal choice and for

others, care plans included the rationale for this intervention. Staff spoken with were knowledgeable regarding patient's likes and dislikes and individual preferences.

Patients spoken with commented positively in regards to the care they received and living in Melmount Manor. Those patients who were unable to verbally express their views were observed to be appropriately dressed and were relaxed and comfortable in their surroundings.

An activity session involving exercise and movement took place in the main dining room in the afternoon. Patient participation varied from those who took an active role in the activity and for others who were observers. Patients appeared to enjoy the activity regardless of their level of engagement.

As discussed previously the registered manager advised that although there were no formal relatives meetings the home operated an "open door policy" to enable relatives to discuss the home and /or raise any concerns. The registered manager advised that they have regular daily contact with the patient and visitors and was available throughout the day, and some evenings to meet with both on a one to one basis if needed. Patients and their representatives, and staff were very positive and complimentary towards the registered manager and the management of the home.

The registered manager advised that a quality assurance questionnaire was sent out annually to relatives of each patient. These were last distributed in May 2016. The registered manager advised that the results from the previous year 2015 -2016 were being prepared for inclusion in the Annual Quality Report for 2015-2016; and a copy of this report would be made available for patients, their representatives and staff.

Consultation with patients individually and with others in smaller groups confirmed that living in Melmount Manor was a good experience and patients were very complimentary regarding the home, staff and management.

In addition, five questionnaires were issued to patients all of which were completed and returned. All of the respondents recorded very high levels of satisfaction across the domains. Two of the respondents included additional comments in regards to the "staffing arrangements" which were discussed with the registered manager and have been previously referred to in section 4.3.

Ten questionnaires were provided for distribution to patient's representatives and staff. At time of writing this report four questionnaires have been returned by patient representatives. Most responses received, confirmed high levels of patient satisfaction with all aspects of care in the home. A response received from one respondent included additional comments in regards to care practices and staffing which were shared with the registered manager during feedback. The registered manager agreed to review the comments made and take appropriate actions. Some of the matters raised have been identified during this inspection and recommendations have been made.

Seven staff questionnaires issued were returned within the timeframe specified and overall the responses received were positive. Some additional comments were included in regards to the availability of "bank staff" and frequency of "staff meetings". Comments made in regards to "staff meetings" have previously been referred to in section 4.4 and a recommendation has been made. The comments made in relation to "staffing" were also discussed with the registered manager during feedback and the comments made with specific reference to "bank

staff" was shared with the registered manager. The registered manager, post inspection, advised that additional bank staff have been recruited.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. The registered manager advised that they were supported in their role by the senior management team and Trust staff.

The certificate of registration issued by RQIA and the homes certificate of public liability insurance were current and appropriately displayed in the main entrance to the home. Discussion with the registered manager and observations evidenced that the home were operating within the categories of care for which it was registered.

Discussion with the registered manager and review of the home's complaints record evidenced that no complaints had been received since the last care inspection. The homes policy for complaints was current and the complaints procedure was displayed in prominent positions throughout the home. A discussion with staff confirmed that they were knowledgeable of the complaints procedure and patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The registered manager discussed the systems in place to monitor and report on the quality of nursing and other services provided and advised that a programme of audits was completed on a monthly basis. Areas for audits included although not limited to; care records, infection prevention and control, nutritional audits and accidents and incidents. A review of the audit completed in relation to accidents and incidents evidenced that where any area for improvement or intervention was identified, an action plan was developed, improvements implemented and the area re-audited to check that that the required improvement and/or action had been completed and was it effective.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly monitoring visits were completed in accordance with the regulations and/or care standards. A copy of the report was maintained and available in the home; the report included an action plan to address any areas for improvement. There was evidence in the reports that the action plan was reviewed during the next visit.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Annie Frobisher, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements: No requirements were made at this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 39 Criteria 9</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2016</p>	<p>The registered person/manager should ensure that staff attends training and that mandatory training requirements are met. A system and process should be developed and kept under review to ensure training compliance is achieved.</p> <p>Ref: Section 4.3</p> <p>Response by registered person detailing the actions taken: A new system is now in place which will highlight any person/persons who have not attended mandatory training and the Home Trainer will prepare a monthly report for the registered manager.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2016</p>	<p>The registered person/manager should ensure contemporaneous recording of patients toileting needs and records should be in accordance with best practice.</p> <p>Ref: Section 4.4</p> <p>Response by registered person detailing the actions taken: The Home Manager and Senior Nurse of departments will carry out spot checks on the recording of patients toileting needs.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 24 June 2016</p>	<p>The registered person/manager should ensure staff meetings take place on a regular basis and at minimum quarterly. Records should be retained and include: the date of all meetings; the name of those attending; minutes of discussion and any actions agreed.</p> <p>Ref: Section 4.4</p> <p>Response by registered person detailing the actions taken: Dates of Regular staff meetings are now available of which minutes will be recorded, a record will be made of those attending and any actions agreed will recorded and made available for inspections.</p>

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