



Unannounced Care Inspection Report 6 December 2018



Rosevale Lodge

Type of Service: Nursing Home
Address: 173 Moira Road, Lisburn, BT28 1RW
Tel no: 028 9260 4433
Inspectors: Julie Palmer and Dermot Walsh

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 registered nursing home which is registered to provide nursing care for up to 30 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Dr Maureen Claire Royston	Registered Manager: Mayvelyn Talag
Person in charge at the time of inspection: Mayvelyn Talag	Date manager registered: 28 December 2012
Categories of care: NH-DE	Number of registered places: 30 The home is also approved to provide care on a day basis only to 1 person.

4.0 Inspection summary

An unannounced inspection took place on 6 December 2018 from 09.20 to 17.10 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and 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 knowledge of their patients and staff interactions with patients, staff moving and handling skills when using hoists to transfer patients, record keeping, staff recruitment and training, communication within the home, management of incidents and complaints and governance arrangements.

Areas requiring improvement were identified under regulation in relation to compliance with best practice in infection prevention and control, safe storage of medicines and staff demonstrating effective communication skills when assisting patients in transferring from a sit to stand position. Areas were identified under standards in relation to management of medicines for individual patient use and recording of wound care.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Mayvelyn Talag, registered manager and Antonietta Cunningham, resident experience clinical specialist, 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 inspection dated 8 June 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 8 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients, four patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 26 November 2018 and 3 December 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts

- a selection of governance audits
- equipment cleaning schedules
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Areas for improvement 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 8 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (I) Stated: First time	The registered person shall ensure that items stored in the home are stored in an appropriate area and placed in a manner which provides a safe working environment.	Met
	Action taken as confirmed during the inspection: During a review of the environment, items were observed to have been stored in an appropriate and safe manner.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the shortfalls identified within the sluice room and the laundry is repaired/replaced without delay. A refurbishment programme, to include these improvements, should be submitted with the returned QIP.</p> <p>Action taken as confirmed during the inspection: The environmental concerns identified within the laundry and sluice rooms had been addressed as appropriate.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>A more robust system to ensure infection prevention and control compliance must be developed.</p> <p>Action taken as confirmed during the inspection: A review of decontamination records confirmed that a weekly and monthly cleaning schedule was maintained in the home. However, shortfalls were observed in relation to hand hygiene. See section 6.4 for further information.</p>	<p>Partially Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that food served to patients is in compliance with the patients' dietary requirements.</p> <p>Action taken as confirmed during the inspection: Observation of the lunchtime experience demonstrated that staff had a good knowledge of patients' dietary needs and a robust system was in place to identify the need for alternative dietary options; a diabetic dessert option was also available.</p>	<p>Met</p>

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 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 rota from 26 November to 9 December 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. A care home assistant practitioner (CHAP) provides support to the staff nurses on some shifts and has been trained to administer medications. The CHAP is not on the rota to replace a staff nurse but on one occasion, in the staffing rotas reviewed, we noted a second staff nurse had not been on duty with the CHAP. We discussed this with the registered manager who confirmed a second staff nurse was unavailable on that date but this was not usual practice.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were generally satisfied that there was sufficient staff on duty to meet the needs of the patients. One member of staff said that on occasions staffing levels were affected by short notice sick leave or colleagues swapping shifts. However, they also confirmed that this only happened occasionally and that shifts were "covered." We also sought staff opinion on staffing via the online survey; no responses were received within the timescale indicated.

Discussion with nine patients and four patients' representatives indicated that they were well looked after by the staff and felt safe and happy living in the home. We also sought the opinion of patients on staffing via questionnaires; no responses were received within the timescale indicated.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records and discussion with the registered manager confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards. Observation of the delivery of care evidenced that training had been embedded into practice, for example, meeting the dietary requirements of patients in the home.

Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. The registered manager confirmed there were no ongoing safeguarding concerns. Information on adult safeguarding was appropriately displayed in the home for the attention of staff and patients' representatives.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records since the previous care inspection in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. From a review of records, observation of practices and discussion with the registered manager and staff there was evidence of proactive management of falls.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' representatives spoken with were complimentary in respect of the home's environment. During the review of the environment, a door to an identified storage room was observed without a locking mechanism. This was discussed with the registered manager who confirmed that they were aware of the missing lock and subsequently arranged for the lock to be replaced during the inspection. Prior to the end of the inspection we confirmed the door was securely locked.

A review of the sluice room confirmed that areas requiring repair, identified at the previous care inspection, had been addressed. However, one commode stored in the sluice room was observed to be rusting. This was discussed with the registered manager who confirmed a replacement commode had already been ordered to replace this piece of equipment.

A review of the laundry room also confirmed that areas for improvement identified at the previous inspection had been met. Three laundry baskets in use within the laundry room were in disrepair. This was discussed with the registered manager who confirmed that new laundry baskets had been ordered and the broken baskets were disposed of on the day of inspection.

Observation of care delivery evidenced that staff were not consistently adhering to best practice in infection prevention and control in relation to hand hygiene practice and adherence to the home's uniform policy. This was discussed with the registered manager and an area for improvement under regulation was stated for the second time.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example alarm mats. There was also evidence of consultation with relevant persons. No bedrails were currently in use in the home. Care plans were in place for the management of alarm mats. Restrictive practices were monitored on a monthly basis in the home.

The treatment room containing the medicine trolley, an open medicine storage cupboard and an open medicine fridge was observed as accessible to patients. This was brought to the attention of the registered manager who immediately ensured the treatment room was locked. An area for improvement under regulation was made.

A review of the mealtime experience at both breakfast and lunch evidenced the use of a food thickener prescribed for single patient use being administered to multiple patients. This was discussed with the registered manager and identified as an area for improvement under standards.

We observed staff manual handling practices in the home. Staff use of hoists to transfer patients was observed to be in accordance with best practice guidelines on moving and handling. However, staff communication with patients when assisting them from a sitting to standing position could have been improved in order to ensure correct moving and handling techniques were employed. These areas were discussed with the registered manager and an area for improvement under regulation was made.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, risk management, the meal time experience, staff knowledge of patients' nutritional needs, use of individual patient slings, interactions between patients and staff and the home's environment.

Areas for improvement

Areas for improvement were identified in relation to infection prevention and control, safe storage of medications, management of medications and adherence to manual handling guidelines.

	Regulations	Standards
Total number of areas for improvement	3	1

6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, hydration and wound care. Nutrition and hydration care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However, record keeping in relation to wound care within one patient's care records did not evidence when the dressing had been changed or when it was next due to be changed, although the wound dressing was observed to be intact and clean. This was discussed with the registered manager and an area for improvement under standards was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), the speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as SALT or the dietician.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Patients' representatives spoken with expressed their confidence in raising concerns with the home's staff/management and knew the registered manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning, risk assessment, audits and reviews, teamwork, handover and communication between residents, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified in relation to contemporaneous and accurate recording of wound care.

	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.

We arrived in the home at 09.20 hours and were greeted by staff who were helpful and attentive. Patients were enjoying breakfast in the dining room or in their bedroom, as was their personal preference. Patients had access to fresh water and/or juice and staff were observed assisting patients to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' nutritional needs at both breakfast and lunch, a variety of appropriate food and drinks were available. The atmosphere in the dining room was pleasant and calm, the tables were well presented and set with tablecloths, menus and condiments.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity coordinator was observed interacting with patients during the inspection and these interactions were observed to be compassionate, appropriate and caring.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime experience. Patients were observed to be wearing clothing protectors if required. The food was well presented and appeared to be nutritious and appetising. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids, which patients required modified and/or diabetic diets and how to care for patients during mealtimes.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- “You cared for ... so well and you took time with him.”
- “Your kindness, friendliness and helpfulness was very much appreciated.”

Consultation with nine patients individually confirmed that living in Rosevale Lodge was a positive experience.

Patient comments:

- “It’s fine here.”
- “Staff are excellent.”
- “Food is alright.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Consultation with patient’s representatives confirmed that staff are attentive and patients appear well looked after.

Comments included:

- “Place is spotless.”
- “Couldn’t say a bad word, carers are great.”
- “... always looks nice.”
- “Carers very nice to ... and friendly to us.”

Ten relative questionnaires were provided; seven were returned within the timescale and it indicated that they were satisfied to very satisfied with the care provided in Rosevale Lodge. Comments included:

- “Very good at keeping us up to date with ... care.”
- “Care has always been excellent.”
- “We haven’t come across anything bad.”
- “Staff have made ... settle in well, staff are friendly, approachable and informative.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents; infection prevention and control; cleaning of equipment; care records; management of complaints and restrictive practice.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005/The Care Standards for Nursing Homes.

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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

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 and teamwork in the home.

Areas for improvement

No areas for improvement were identified 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 Mayvelyn Talag, registered manager, and Antonietta Cunningham, resident experience clinical specialist, 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: 20 December 2018</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <p>Best practice guidelines for hand hygiene before and after patient contact should be embedded into practice.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Hand wipes are readily available in the lounge or dining area and dispensers for hand sanitiser are also located just outside the dining rooms and lounges for staff to use to ensure best practice guidelines before and after patient contact is adhered to by staff.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that any medicine which is kept in a nursing home is stored in a secure place and not accessible to patients.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: There is a keypad in place on the treatment room door and signage to keep the door closed at all times. All trained staff have been reminded that the door is to be locked at all times. The Home Manager and Nursing Sister will monitor this and record on the daily walk around .</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2019</p>	<p>The registered person shall make suitable arrangements to ensure staff effectively communicate with patients when assisting them to transfer from a sit to stand position and that correct moving and handling techniques are embedded into practice.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff moving and handling training is maintained up to date, as well as the moving and handling profile and careplan for the residents. A copy of the profile is kept inside the respective residents wardrobe doors for staff information and guidance. Supervision on moving and handling has been undertaken with the majority of staff which includes the need to communicate effectively with residents when assisting to mobilise or transfer.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 28 Criterion 1</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2018</p>	<p>The registered manager shall ensure that all medications are only administered to whom the medication is prescribed for.</p> <p>Patients requiring a thickener to be added to fluids should each have their own individual prescribed thickener available for single patient use.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Supervision sessions had previously been carried out with staff in relation to thickeners only been used for the prescribed resident, this has been revisited with staff and will remain a standing point on staff agendas. A large container for all thickeners has now been provided for each side of the trolley with the thickeners of the residents prescribed requiring thickener to be added to fluids. This has been reiterated at handover, Home Manager and nurses to monitor.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4 Criterion 9</p> <p>Stated: First time</p> <p>To be completed by: 20 December 2018</p>	<p>The registered person shall ensure that wound care records are contemporaneously completed to evidence when a dressing has been changed and when it is next due to be changed.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The protective dressing applied and renewed has been diarised as per care plan and evaluated each time the dressing is replaced or renewed, records of any changes maintained. Ongoing wound care TRaCA will be completed to evidence compliance.</p>

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



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