



Unannounced Care Inspection Report 27 September 2018



Ashbrook Care Home

Type of Service: Residential Care Home

Address: 50 Moor Road, Coalisland, Dungannon, BT71 4QB

Tel No: 028 8774 1010

Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with nine beds that provides care for residents living with old age and not falling within any other category. The home is situated within a registered nursing home.

3.0 Service details

Applicant Organisation/Registered Provider: Ashbrook Home Ltd Applicant Responsible Individual(s): Marcus Mulgrew	Applicant Registered Manager: Gillian Larmour
Person in charge at the time of inspection: Gillian Larmour	Date manager registered: 11 May 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 9

4.0 Inspection summary

An unannounced care inspection took place on 27 September 2018 from 09.40 to 13.30.

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.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding. Good practice was also found in relation to infection prevention and control, care records, governance arrangements, management of complaints and incidents maintenance good working relationships.

One area requiring improvement was identified during this inspection. This was in relation to inappropriate storage in a communal sitting room.

Feedback from residents was all very positive in respect of their life in the home, the kindness and support received from staff, the provision of meals, activities and the overall general atmosphere in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Larmour, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent

No further actions were required to be taken following the most recent inspection on 1 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with nine residents, two visiting relatives, six staff the registered manager and the director for the home.

A total of 10 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. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- One staff member's recruitment files
- Two 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 records
- Equipment maintenance records

- Accident, incident, notifiable event records
- Minutes of recent residents' 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
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 August 2018

The most recent inspection of the home was an unannounced medicines management inspection.

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	The registered person shall put in place a competency and capability assessment for any person who is given the responsibility of being in charge of the residential home for any period in the absence of the manager	Met
	Action taken as confirmed during the inspection: A competency and capability assessment has been put in place for any member of staff with this responsibility. A sample of these assessments was inspected on this occasion.	

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p>	<p>The registered person shall risk assess in accordance with current safety guidelines the heater / hot surface in the identified resident's bedroom with subsequent appropriate action. Action with this need to take account of the resident's wishes and well-being.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A risk assessment has been put in place for this issue of risk.</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>The registered person shall record in detail the use of CCTV restrictive practice in the home. The detail of these needs to include that the usage of this is in accordance with RQIA's policy and procedure and the home needs to ensure it is registered for this with the Information Commissioners' Office (ICO).</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>CCTV usage has been detailed in the home's Statement of Purpose and Residents' Guide with confirmation that usage is registered for this with the Information Commissioners' Office (ICO).</p>		
<p>Area for improvement 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p>	<p>The registered person shall put in place an up-to-date fire safety risk assessment by a recognised appropriate professional.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This assessment has been up-dated.</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 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. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

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

An inspection of a sample of two 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 inspected during the inspection.

Discussion with the registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of two staff competency and capability assessments were inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and inspection of a recently appointed staff member's files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

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 home's adult safeguarding policy 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

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

The home's 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 registered manager advised there were restrictive practices within the home, notably the use of CCTV within corridors of the internal environment. The home was registered with Information Commissioners' Office (ICO) in respect of the CCTV. This restrictive practice was described in the Statement of Purpose and Residents' Guide.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

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

The registered manager 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.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. A communal sitting room had inappropriate storage of specialist chairs, conference chairs and a floor covering. This has been identified as an area of improvement in accordance with standards to make good.

The home was fresh- smelling and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The catering and laundry facilities were tidy and well organised.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The home had an up to date Legionella risk assessment in place dated February 2017. It was reported that all recommendations from this assessment had been attended to.

It was established that no residents smoked.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

It was reported that no manual handling equipment were used in the home.

The home had an up to date fire risk assessment in place dated 4 June 2018. The report of this assessment had just been received and the director for the home gave firm assurances that all the recommendations will be dealt with.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected 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 on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

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

Areas for improvement

One area of improvement was identified during the inspection. This was in relation to inappropriate storage in a communal lounge.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection two residents' care records were undertaken. This sample confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example manual handling, nutrition, falls were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected 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, staff described how their knowledge and understanding of individual residents' social likes and dislikes helped them plan and put in place activities to meet individual needs and this in turn created a relaxed happy environment.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising and nicely presented. The dining room and tables were appropriately facilitated with condiments and a suitable ambience for residents to enjoy their meal. Throughout the inspection residents commented positively on this provision. Snacks and beverages were also readily available. 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 dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager 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 observed on resident's skin. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review and accidents and incidents (including falls, outbreaks) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the responsible individual.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Discussion with 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 the responsible individual reports and the latest RQIA inspection reports were available for interested persons to read.

An inspection 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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager 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 were sensitive in how they exchanged personal handover of information.

Discussion with staff and observation of care practice confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. At the time of this inspection a number of residents attended a visual link to a local Church daily service.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, 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, such as the menus and the activity programme.

Discussion with residents and staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example this was observed how staff assisted a resident with their needs for comfort with positioning, a blanket and accessibility of drinks and a newspaper.

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.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were engaged with socialising with one another, reading, watching television and/or relaxing. A planned programme of activity was in place that afternoon for residents to participate in. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example photographs were in place of a group of residents who recently went on a shopping trip to a local shopping centre.

The inspector met with all the residents in the home at the time of this inspection. All were keen to express their praise and gratitude for their life in the home, their relationship with staff, the provision of meals and activities. Some of the comments made included statements such as;

- “I love it here’ it really is a great home, with great staff. Everyone one of them are wonderful”
- “You won’t find any problems here. Honestly. I couldn’t praise it enough”
- “The meals are lovely. There plenty to eat and you can get what you like”
- “This is a great home. I feel fortunate to be here and I recognise my safety and care is all met here.”

The inspector also met with two visiting relatives who were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the overall general relaxed atmosphere in the home.

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 in respect of 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 registered manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and 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.

Inspection 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 registered manager 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.

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

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

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. The last three months reports were inspected and found to be recorded in informative detail.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager 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.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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

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

The registered manager described the arrangements in place for managing 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.

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 in respect of 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 Gillian Larmour, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 27.12</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2018</p>	<p>The registered person shall make good the issue of inappropriate storage in the communal sitting room.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Floor covering and specialist chairs have now been removed from communal Dayroom.</p>
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Please ensure this document is completed in full and returned via Web Portal



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