

# Announced Care Inspection Report 22 November 2016



## Marie Curie Hospice

**Type of Service: Independent Hospital (IH) – Adult Hospice**  
**Address: 1a Kensington Road, Belfast, BT5 6NF**  
**Tel No: 028 9088 2000**  
**Inspector: Carmel McKeegan**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Marie Curie Hospice took place on 22 November 2016 from 09.50 to 17.10.

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

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Eamon O’Kane, registered manager, Mrs Miriam McKeown, hospice manager and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, the specialist palliative care team, resuscitation and management of medical emergencies, infection prevention control and decontamination, and the general environment. No requirements or recommendations have been made.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr O’Kane, Mrs McKeown and staff demonstrated that systems and processes were in place to ensure that care provided in the hospice was effective. Areas reviewed included clinical records, the care pathway, patient information and decision making and discharge planning. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr O’Kane, Mrs McKeown and staff demonstrated that arrangements are in place to promote patients’ dignity, respect and involvement in decision making. Areas reviewed included patient/family involvement, bereavement care services and patient consultation. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements, the arrangements for managing practising privileges and the registered provider’s understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mr Eamon O’Kane, registered manager and Mrs Miriam McKeown, hospice manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent Estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 4 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Marie Curie Mr Peter Gabbitas	<b>Registered manager:</b> Mr Eamon O’Kane
<b>Person in charge of the home at the time of inspection:</b> Mrs Miriam McKeown	<b>Date manager registered:</b> 4 April 2016
<b>Categories of care:</b> Independent Hospital (IH) – Adult Hospice	<b>Number of registered places:</b> 18

## 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the hospice on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed patient and staff questionnaires.

During the inspection the inspector met with Mr O’Kane, registered manager, Mrs McKeown, hospice manager, a consultant in palliative medicine, a ward manager, two registered nurses and a health care assistant. A tour of the premises was also undertaken. The inspection was facilitated by Mrs McKeown.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- resuscitation and management of medical emergencies
- infection prevention and control and decontamination
- clinical record recording arrangements
- management of patients
- patient information and decision making
- practising privileges arrangements
- management and governance arrangements
- maintenance arrangements

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 4 May 2016**

The most recent inspection of the hospice was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at the next estates inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015**

There were no requirements of recommendations made as a result of the last care inspection.

##### **4.3 Is care safe?**

Discussion with staff and completed staff and patient questionnaires demonstrated that there was sufficient staff in various roles to fulfil the needs of the hospice and patients. However some staff commented in the returned questionnaires to RQIA, that they felt there were insufficient registered nurses on duty on some shifts. This was discussed with Mrs McKeown who confirmed that staffing levels are continuously reviewed using validated tools to support clinical judgement to ensure that staff are provided in sufficient numbers and skill mix to meet the needs of patients. Review of the duty rota confirmed that there was adequate staff in place to meet the assessed needs of the patients accommodated at the time of inspection.

Mrs McKeown also outlined how the role of the health care assistant has developed and that considerable training has been invested to equip health care assistants to perform some tasks previously undertaken by registered nurses.

There is a multi-professional team which includes doctors, nurses and health care assistants with specialist palliative care expertise. Discussion with staff during the inspection did not identify any concerns regarding nursing provision.

There is a multi-professional team which consists of medical staff including, five consultants, two trainee registrars, registered nurses, a nurse therapist, health care assistants, an occupational therapist, a physiotherapist and social workers with specialist palliative care expertise. In addition there is a chaplaincy team who support the clinicians in providing holistic care.

Induction programme templates were in place relevant to specific roles within the hospice. A sample of two evidenced that induction programmes had been completed when new staff join the hospice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed they felt supported and involved in discussions about their personal development. Review of a sample of three evidenced that appraisals had been completed on an annual basis.

In addition the hospice has introduced the Schwartz Rounds. Schwartz Rounds were developed by Kenneth B Schwartz Center, USA, the Rounds provide a structured monthly one-hour forum for staff from all disciplines to discuss difficult emotional and social issues that arise in caring for patients with the aim to provide support and improve relationships and communication both between staff and patients and amongst staff. Feedback from Schwartz Rounds was retained and available for staff to review. Discussion with staff indicated they found the monthly meetings very beneficial.

There were systems in place for recording and monitoring all aspects of staff ongoing professional development, including specialist qualifications and training.

Arrangements were in place to ensure that all health and social care professionals are aware that they are accountable for their individual practice and adherence to professional codes of conduct. Mrs McKeown confirmed that a robust system was in place to review the professional indemnity status of all staff who require individual indemnity cover.

The hospice affords staff opportunities to undertake specialist qualifications and Marie Curie offers a range of educational support to staff and management.

There was a process in place to review the registration details of all health and social care professionals.

Five personnel files of medical practitioners were reviewed and evidenced the following:

- confirmation of identity
- current registration with the General Medical Council (GMC)
- appropriate professional indemnity insurance
- experience in palliative care
- ongoing professional development and continuing medical education that meet the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser

The inspector confirmed that each medical practitioner has an appointed responsible officer.

## **Recruitment and selection**

It was confirmed that staff have been recruited since the previous inspection. A review of a sample of two personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

## **Safeguarding**

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the hospice had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local health and social care trust should a safeguarding issue arise were included.

## **Specialist palliative care team**

Well established referral procedures were in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information through the regional referral documentation.

Patients and/or their representatives can visit the hospice prior to admission to review the services and facilities available. On admission information is provided regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, complimentary therapy and spiritual assessments.

Systems were in place to provide patients and/or their representatives with relevant information regarding the services available within the hospice and frequent updates. Information was also available on how to access support services for patients and their representatives.

Staff were observed to treat patients and/or their representatives with dignity and respect.

The provision of specialist palliative care was found to be in line with best practice guidelines. A range of policies and procedures were in place to promote safe practice by the multi-professional team. A sample of policies were reviewed and included:

- admission/referral/discharge
- management of hypercalcaemia
- management of syringe driver
- management of death

Staff confirmed that the needs and wishes of patients and/or their representatives are taken into account in the decision making process of the multi-professional team.

The care records of two patients were reviewed and found to be well documented. Patients are holistically assessed using validated assessment tools and individual care plans are developed in conjunction with the patient and/or their representatives. There was evidence of ongoing review and a daily statement of the patients' health and well-being was recorded. Multidisciplinary meetings are held daily and weekly to discuss the patient's progress and multidisciplinary records are retained within the patient's care records. Arrangements were in place for ethical decision making and patient advocacy where this is indicated or required.

The multidisciplinary team, with the patient's consent, provides information and support to the patient's representatives.

Discussion took place with patients and their representatives regarding the quality of care, environment, staff and management. All felt that they were kept informed regarding their care and could discuss any concerns they had with the staff.

Comments received included:

- 'Each one of the staff are brilliant, they are so thoughtful and caring'
- 'Absolutely first class, everything is great, you couldn't fault anything at all'
- 'Great place to have, they are all really nice people'

### **Resuscitation and management of medical emergencies**

A review of medical emergency arrangements evidenced that stock supplies of medicines and equipment including an automated external defibrillator (AED) that could be used in the event of a medical emergency are available in the hospice. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that resuscitation and the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

It was confirmed 'do not resuscitate' decisions are taken in line with the hospice's policy and procedures on the matter, by a consultant in palliative medicine. The decision is fully documented outlining the reason and a date for review in the patient's record.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

### **Infection prevention control and decontamination procedures**

There were clear lines of accountability for infection prevention and control (IPC). The hospice has a designated IPC lead nurse.

There was a range of information for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. Staff confirmed single use equipment is used where possible.

The hospice was found to be clean, tidy and well maintained. Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

Staff have been provided with IPC training commensurate with their role.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

A range of IPC audits are carried out including:

- environmental
- hand hygiene
- post treatment infection
- waste handling
- management of sharps
- food safety and hygiene

The compliance rate was noted to be very high and an action plan was in place for areas of non-compliance.

There were a range of IPC policies and procedures in place which are held within an IPC manual.

A review of infection prevention and control arrangements indicated very good infection control practices are embedded in the hospice.

At the time of the inspection, four bedrooms were not in use as a precautionary measure in relation to the identification of an infection control issue. RQIA had previously been notified in this regard and addressed under separate cover.

## **Environment**

The environment was maintained to a high standard of maintenance and décor. As previously stated an announced premises inspection had been undertaken by RQIA on 4 May 2016 which resulted in one area being identified for improvement. Discussion with Mrs McKeown confirmed that this area had been addressed.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

A review of documentation and a brief discussion with the hospice's estates officer demonstrated that arrangements are in place for maintaining the environment.

A legionella risk assessment has been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

## Patient and staff views

Five patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. Comments provided included the following:

- 'Wouldn't get better care like it anywhere else'
- 'Favourable comparison to hospital'
- 'Yes'

Twenty two staff submitted questionnaire responses. Sixteen staff indicated that they felt that patients are safe and protected from harm, five staff indicated they did not feel that patients are safe and protected from harm and one staff member did not comment.

As previously stated some staff commented in the returned questionnaires to RQIA, that they felt there were insufficient registered nurses on duty on some shifts. Mrs McKeown confirmed that staff meetings are held regularly which facilitate staff with a forum to discuss staffing issues and any other concerns they may have. Mrs McKeown gave assurances that measures are in place to ensure that adequate staff are provided in sufficient numbers and skill mix to meet the needs of the patients and staffing levels are reviewed on a continuous basis.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

## Clinical records

Since the previous inspection the hospice has moved to a computerised system. The hospice now retains electronic care records which are supplemented with paper records where applicable. The patient care records were well documented, contemporaneous and clearly outlined the patient journey.

The multi-professional care records reviewed contained the following:

- an admission profile
- a range of validated assessments
- medical notes
- care plans
- nursing notes
- results of investigations/tests
- correspondence relating to the patient
- reports by allied health professionals
- advance decisions
- do not resuscitate orders
- records pertaining to previous admissions and community care team, if applicable

Systems were in place to audit the patient care records as outlined in the hospices quality assurance programme. A number of audits relating to patient care records were reviewed and an excellent compliance rate was noted.

Information was available for patients on how to access their health records, under the Data Protection Act 1998.

The hospice is registered with the Information Commissioner's Office (ICO).

Discussion with staff confirmed they had a good knowledge of effective records management.

The management of records within the hospice was found to be in line with legislation and best practice.

The hospice has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records. These policies had been updated to reflect the introduction of electronic clinical records for patients.

The hospice also has a policy and procedure in place for clinical record keeping in relation to patient treatment and care which complies with the GMC guidance and Good Medical Practice.

### **Care pathway**

There were well established referral procedures in place. Patients and/or their representatives are given information in relation to the hospice which is available in different formats if necessary. Referrals can be received from the palliative care team, hospital consultant, nurse specialist or general practitioners. Multidisciplinary assessments are provided with the referral information.

On admission patients and/or their representatives are provided with information regarding the various assessments that may be undertaken by members of the multi-professional team. This includes medical, nursing, physiotherapy, occupational therapy, complimentary therapy and spiritual assessments.

Care records reviewed evidenced that a holistic assessment of patient's care needs using validated tools were carried out in consultation with the patient. The results of the assessments were used to develop an individualised care plan which included key elements of end of life care including communication, review of interventions, symptom control, hydration and nutrition.

### **Discharge planning**

The hospice has a discharge policy and procedure in place.

There are well developed discharge planning arrangements in place that require full engagement with patients and/or their representatives.

A discharge summary and plan is completed prior to the patient leaving the hospice. A letter is provided to the patient's general practitioner to outline the care and treatment provided within the hospice.

There are robust systems in place to ensure that agreed discharge arrangements are recorded and co-ordinated with all services that are involved in the patient's ongoing care and treatment.

## Patient and staff views

All of the five patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

Twenty two staff submitted questionnaire responses. In response to the questionnaire statement 'Are patients treated with dignity and respect and involved in decision affecting their care'; sixteen staff stated yes; three staff stated no and three staff did not comment. As previously stated some staff commented in the returned questionnaires to RQIA, that they felt there were insufficient registered nurses on duty on some shifts. Mrs McKeown confirmed that staffing levels are continuously reviewed using validated tools to support clinical judgement to ensure that staff are provided in sufficient numbers and skill mix to meet the needs of patients.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

#### Patient/family involvement

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information and care received.

Discussion with patients and relatives confirmed they have the opportunity to comment on the quality of care and treatment provided, including their interactions with staff who work within the hospice.

Review of patient care records and discussion with patients, relatives and staff confirmed that treatment and care is planned and developed with meaningful patient involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual patient.

#### Bereavement care service

The hospice has a range of information available regarding the provision of bereavement care services.

Mrs McKeown outlined the bereavement services which included; a bereavement group facilitated by the hospice social work team with the help of bereavement volunteers, and the arrangements for specialist onward referral if necessary.

A 'Celebration of Life' event was held in October 2016 which was followed with an evaluation process to review the effect and value of this and identify if any improvement could be made.

In addition the hospice can access individual counselling services for patients and families. Management confirmed counselling services are also available for staff. Staff are made aware of this support service and other support mechanisms in place.

Discussion with staff confirmed that the staff who deliver bereavement care services are appropriately skilled.

### **Breaking bad news**

The hospice has a policy and procedure for delivering bad news to patients and/or their representatives which is in accordance with the Breaking Bad News Regional Guidelines.

The hospice retains a copy of the Breaking Bad News Regional Guidelines 2003 and these are accessible to staff.

The inspector spoke with staff including a consultant for palliative medicine who confirmed that bad news is delivered to patients and/or their representatives by professionals who have experience in communication skills and act in accordance with the hospice's policy and procedure.

Where bad news is shared with others, staff confirmed that consent must be obtained from the patient and is documented in patient records.

Following a patient receiving bad news, future treatment options are discussed fully with the patient and documented within their individual care records.

A review of two patient records confirmed that delivering bad news is fully reflected in care records.

With the patient's consent information will be shared with the patient's general practitioner and/or other healthcare professionals involved in their ongoing treatment and care.

### **Patient consultation**

All patients and/or their representatives are asked for their comments in relation to the quality of treatment provided, information given and care received. The patient satisfaction survey can be completed using an electronic tablet or hard copy. The electronic tablet is offered to patients by staff and volunteers and allows them to comment on that day.

A patient/relative survey is ongoing in the hospice. The results of completed surveys are collated into a summary report which is reviewed by senior management team on a monthly basis and an action plan is developed and implemented as required. This has led to service improvement.

Comments included:

- 'The service provided is second to none'
- 'The staff are absolutely wonderful and always have time to explain everything.'
- 'The food is really of a very high standard.'
- 'It is very reassuring to have contact with the chaplaincy service'
- 'Nothing is too much trouble, very attentive and caring staff'
- 'A really special place, all the staff are very considerate and thoughtful'

## Patient and staff views

All five patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- 'By all means'
- 'Yes'

All of the 22 submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Comments provided included the following:

- 'Patients and relatives continually refer to the care and compassion which they receive here'
- 'I feel all of the above to be well maintained'
- 'Staff try to provide holistic patient centred care. The routine is flexible and patients are involved with decisions and care'
- 'Patients treated with dignity, regardless of staffing levels'

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

### Management and governance arrangements

There was a clear organisational structure within the hospice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Mrs McKeown, hospice manager, is the nominated individual with overall responsibility for the day to day management of the hospice. Mr O'Kane oversees the day to day management of the hospice and has structured systems of communication to ensure he is fully informed at all times.

The registered person, Mr Peter Gabbitas, monitors the quality of services and will undertake a visit to the premises at least every six months in accordance with legislation. Reports of all monitoring visits will be retained for inspection.

Systems were in place to ensure that the quality of services provided by the hospice is evaluated on an annual basis and discussed with relevant stakeholders. The hospice has a robust clinical governance committee involving all areas of the hospice service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed and available in the hospice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the hospice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

The hospice manager confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

- safe use of bed rails
- discharge planning
- accidents and incidents
- hand hygiene
- infection prevention and control
- mattress
- sharps awareness
- controlled drugs
- documentation
- medical staff participate in surveys and audits conducted by the Regional Palliative care group

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

The hospice has arrangements in place to monitor the competency and performance of all staff and report to the relevant professional regulatory bodies in accordance with guidance.

There are systems in place to check the registration status of the health care professionals with their appropriate professional bodies on an annual basis.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr O’Kane demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient’s guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### **Patient and staff views**

All five patients who submitted questionnaire responses indicated that they felt that the service is well led. No comments were included in submitted questionnaire responses.

Of the 22 submitted staff questionnaires, 20 staff indicated that they felt that the service is well led; one staff member stated no and one staff member did not comment. As previously stated some staff commented in the returned questionnaires to RQIA, that they felt there were insufficient registered nurses on duty on some shifts. As previously stated the comments made were discussed with the hospice manager who outlined how staffing levels are monitored and reviewed on an ongoing basis.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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