

Unannounced Care Inspection Report 20 July 2016



Grove Wellbeing Day Centre

Type of Service: Day Care Setting
Address: 120 York Road, Belfast, BT15 3HF
Tel No: 028 9504 5866
Inspector: Louise McCabe

1.0 Summary

An unannounced inspection of Grove Wellbeing Day Centre took place on 20 July 2016 from 09.45 to 17.15 hours.

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

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Discussions with the manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. Three areas for quality improvement relating to safe care were identified during this inspection. These matters regard the centre receiving the outcomes of safeguarding vulnerable adult investigations, the updating of part of one identified service user's care plan and records of the management of service users monies.

Is care effective?

On the day of the inspection it was assessed that the care in Grove Wellbeing Day Centre was effective. Observations of staff interactions with service users and discussions with a total of 16 service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. There were no areas for quality improvement identified during this inspection.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no areas identified for improvement as the result of this inspection.

Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and robust governance arrangements in the day care setting and a culture focused on the needs of service users. There were no areas for quality improvement identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Edwina Molloy, Day Care Worker (person responsible for the day care setting in the temporary absence of the registered manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

| | |
|---|--|
| Registered organisation / registered provider: Belfast HSC Trust/Mr Martin Joseph Dillon | Registered manager: Mrs Roberta Milligan |
| Person in charge of the day care setting at the time of inspection: Ms Edwina Molloy, Day Care Worker | Date manager registered: 6 February 2012 |
| Number of service users accommodated on day of inspection: 18 | Number of registered places: 30 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report
- Previous returned quality improvement plan
- Statement of Purpose
- Service User's Guide
- Records of five notifiable events received by RQIA from 5 March 2016

Specific methods/processes used in this inspection include the following:

- Discussion with the day care worker responsible for the day care setting (in the absence of the registered manager)
- Discussion with the day care setting's Assistant Service Manager (during her visit to the centre)
- Discussion with 16 service users
- Discussion with two care staff
- Telephone discussion with one relative
- Discussion with a visiting professional
- Examination of records
- File audits
- Evaluation and feedback

The day care worker was provided with 23 questionnaires to distribute to 10 randomly selected service users not attending the centre on the day of inspection; three staff members and 10 carers for their completion. The questionnaires asked for service user, staff and carer's views regarding the service, and requested their return to RQIA. A total of 18 questionnaires were completed and returned to RQIA (from nine service users; two staff and seven relatives). The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (three recorded since the previous care inspection)
- Accident/untoward incident record (four were randomly sampled since the previous care inspection)
- Recruitment and selection checklist (for one staff member)
- Elements of three service users care files
- Review of three random policies and procedures (stated in main body of report)
- Minutes of two staff meetings
- Minutes of two service users' meetings
- Staff training information
- Three monthly monitoring reports
- One day care worker's competency assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 March 2016

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and processed by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 04 March 2016

| Last care inspection recommendations | | Validation of compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 14.10 Stated: First time | The registered manager should ensure that when a complainant is either not satisfied or partially satisfied with the outcome/s of the investigation into their area/s of concern or complaint they are advised of the next steps in the day service's complaints process and that records reflect this. | Met |
| | Action taken as confirmed during the inspection: The registered manager had updated the identified complaint to reflect the complainant had been advised of the next steps in the Trust's complaints process. Review of three complaints made since the day care settings previous care inspection provided evidence that the complainants were satisfied with the outcome of the investigation regarding their concerns. | |
| Recommendation 2 Ref: Standard 17.10 Stated: First time | The designated registered person undertaking monitoring visits of the Grove Wellbeing Day Centre must ensure their monthly monitoring report includes a summary of interviews with staff. | Met |
| | Action taken as confirmed during the inspection: Three monthly monitoring reports (April – June 2016 inclusive) were reviewed during this inspection. These contained a summary of qualitative interviews with staff. | |

4.3 Is care safe?

With regards to the safety of service users, policies and procedures were in place in Grove Wellbeing Day Centre. Confirmation was obtained from the day care worker and discussions with two care staff that these are accessible in the day care setting. The following three Trust policies and procedures were randomly reviewed during this inspection: Complaints, Restraint, Seclusion and Exclusion and the procedure for the Death of a Service User. These were compliant with identified regulations and minimum standards. For details of this, refer to section 4.6 of this report.

The day care worker was asked if there had been any safeguarding vulnerable adult referrals regarding service users since the previous care inspection. The day care worker replied there are currently two safeguarding investigations concerning two service users. The safeguarding records of two identified service users were reviewed during this inspection. Both service user's care files contained copies of the Trust's completed safeguarding referral form (known as an ASP1). RQIA was informed the safeguarding investigation for one service user is ongoing. The referral form for the other service user had been completed and forwarded to the Trust's safeguarding team in June 2015. The day care worker was unsure if the safeguarding investigation had concluded and there was no documentation in the individual's care file to evidence this. Review of the service user's care plan showed the vulnerability section needs to be updated so it accurately reflects his/her current needs. The registered manager needs to seek the outcome/s of safeguarding investigations in a timely manner in accordance with the Trust's Safeguarding policy and procedures. The identified section of the service user's care plan must be updated as soon as possible. These are identified areas for quality improvement. In terms of good practice and to monitor safeguarding referrals; the registered manager is advised to establish a safeguarding vulnerable adult tracking checklist which should reflect the date the safeguarding referral was made; if there is a need for the service user's risk assessment and care plan to be updated; the outcomes of the investigation and date this was received from the safeguarding team and if the individual's care plan needs to be amended.

On the day of the inspection no restrictive care practices were observed.

The most recently employed staff member was recruited approximately two and half years ago. The Belfast HSC Trust's Human Resources Department is responsible for ensuring all of the legislative matters specified in Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 20.2 of The Day Care Settings Minimum Standard (January 2012). A checklist of the recruitment information pertaining to one staff member was requested and forwarded to RQIA. Review of this information concluded the staff member was recruited and employed in accordance with identified legislation. The Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care booklet is completed by new staff and signed off by the registered manager.

A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in the day care setting. There is a registered manager, two day care workers, three care assistants, a domestic and a bus driver employed to work with service users in the Grove Wellbeing Day Centre. There is a part time Day Care Worker job vacancy in the day care setting as a staff member left at the end of May 2016. RQIA were informed this is currently being processed by the Trust's Human Resources Department. An identified monthly monitoring report makes reference to this.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. Service users annual review reports were compliant with Minimum Standard 15.5.

Review of a random sample of four accidents and untoward incidents confirmed that these were appropriately managed. RQIA had been notified of identified accidents and incidents in accordance with Regulation 29.

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

Infection prevention and control measures were adhered to and equipment was appropriately stored.

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

Observations of care practices during the morning of the inspection showed a care staff recording what each service user would like for their lunch and collecting the required money from them. Service users were not observed to be signing the records, nor were receipts offered or provided when individuals gave their money. Discussions with five service users concluded they trust staff implicitly, they do not receive a receipt, nor do they want one. In order to ensure the safeguarding of service user's monies and in compliance with Minimum Standard 11, the registered manager is advised to liaise with the Trust's Finance Department for advice regarding this, consultation should then take place with service users about the options available. This was discussed with the day care worker responsible for the centre in the absence of the registered manager.

Discussions with 16 service users provided evidence to RQIA that they felt safe in the Grove Wellbeing Day Centre. Discussions with a visiting professional also confirmed the centre provides safe care.

A telephone conversation with a relative concluded she was very satisfied with the quality of care and service in Grove Wellbeing Day Centre. She stated: "my mum looks forward to going to the day centre and feels safe there."

Review of nine completed RQIA service user questionnaires verified this. Responses in returned questionnaires were positive and no issues were raised. There were no qualitative comments recorded under this domain.

Areas for improvement

Three areas for improvement were identified during the inspection. These regard:

- The registered manager receives the outcome/s of safeguarding vulnerable adult investigations.
- The updating of part of a service user's care plan.
- Records of the management of service users' lunch monies.

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| Number of requirements | 0 | Number of recommendations: | 3 |
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4.4 Is care effective?

Discussion with the day care worker, two care staff, the assistant services manager and a visiting professional established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with 16 service users also concluded their needs were being met in the day service.

With the exception of an identified area in one service user's care plan (refer to section 4.3 for details), review of elements of three service user care files reflected there were comprehensive assessments, risk assessments and care plans in place. These met the DHSSPS Minimum Day Care Settings Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process.

Review of a sample of service users progress care records evidenced these were updated regularly, they were qualitative, objective and compliant with the Day Care Settings Minimum Standards 7.4 and 7.5. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The day care worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment and care records and evidenced that actions identified for improvement had been completed. Further evidence of audits were contained within three of the monthly monitoring reports reviewed during this inspection, these were qualitative and comprehensive.

The day care setting's annual quality report was made available during this inspection. This complies with Regulation 17(1), Schedule 3.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, monthly service users meetings and regular staff meetings. Discussion with the day care worker confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with the day care worker and two care staff confirmed that staff meetings were held every six – eight weeks in Grove Wellbeing Day Centre and a random sample of the minutes of two staff meetings (April and June 2016) verified this. Action points were included in the minutes and there was evidence that the NISCC Standards of Conduct for Social Workers were discussed and distributed as was adult safeguarding. 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. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Discussions with 16 service users, two care staff and one visiting professional concluded the care in Grove Wellbeing Day Centre was effective. Review of RQIA's completed, returned service user, relative and staff questionnaires show that all responses were positive. There were no qualitative comments recorded in questionnaires under this domain.

Areas for improvement

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

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

Discussions with 16 service users confirmed they were treated with compassion, kindness and respect. Service users said management and staff listen to them, offer them choices and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. The lunchtime routine was observed, service users choose their lunch when they arrive in the morning and this is brought in from Knockbracken and a designated staff member serves this to staff to bring to service users. Staff were observed to provide support and assistance in a timely manner where this was needed. Service users were encouraged to be as independent as possible and those who required specific aids were provided with these. The atmosphere was calm, unhurried and care and attention was shown to those individuals who needed support.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between all staff and service users were observed to be relaxed and friendly.

Discussions with 16 service users and observations of care practices during this inspection confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users' needs were recognised and responded to in a prompt, courteous and supportive manner by care staff.

There were systems in place to ensure that the views and opinions of service users, and/or their carers/representatives, were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with care staff. They are also consulted on a formal basis via alternate monthly service users' meetings; the annual review of their day care placement and an annual survey about the standard and quality of care and day service. The most recent service users annual quality assurance survey was distributed by the registered manager in early 2016.

The minutes of two service users' meetings (15 April and 27 June 2016) were randomly sampled during this inspection. These qualitatively reflected a summary of their discussions and any activities or suggestions made by service users were responded to. Areas for improvement regarding the lunch meal had been shared during the April 2016 meeting; these had been forwarded to Knockbracken's catering department and appropriate action taken. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

RQIA had discussions with a total of 16 service users. Everyone interviewed confirmed that the manager and care staff were approachable if they have any concerns. Examples of some of the comments made by service users are listed below:

- "I love it, I enjoy the company and the craic."
- "The care is excellent."
- "You couldn't get better care anywhere."
- "This place is first class."

- “The staff are very kind to us when we need it.”
- “I’m very happy here in the centre.”
- “If I wasn’t happy here, I wouldn’t come – it’s as simple as that.”
- “I love coming here, it gets me out of the house.”
- “It’s a great centre.”
- “You can do whatever activities you like, there’s no pressure. If you don’t want to do something, you don’t have to.”
- “I’m happy here, it keeps me active and I love the chat.”
- “The dinners are lovely and we get what we need.”

During this inspection, one service user said he/she would “like to do more activities... sometimes I’m bored and would like to do more”. RQIA reviewed elements of care documentation in this service user’s care file. There was evidence of a wide variety of activities the individual participates in and a list of his/her specific likes and preferences regarding activities. There was evidence the registered manager and care staff had responded to these matters.

A telephone conversation with a relative concluded she was very satisfied with the quality of care and service in Grove Wellbeing Day Centre. She stated:

- “My mum loves going to the day centre. I am very happy with it, she enjoys the company and has a laugh there. They all enjoy laughing and joking around the table. My mum doesn’t like to miss it and sometimes I feel like she’s fitting me in around going to the day centre.”

Twenty three RQIA questionnaires were issued to service users, relatives and staff. Eighteen questionnaires were returned to RQIA. With the exception of the responses to two specific questions regarding activities and the annual review of a service user’s day care placement; all responses were positive about Grove Wellbeing Day Centre. The two negative responses concerned a service user who stated he/she could not choose what activity they wished to participate in in the centre and the same service user said he/she was not involved in the annual review of their day care placement. RQIA discussed these matters with the service user and with their consent were shared with a day care worker for action. Assurances were given care staff would address the issues.

The following qualitative comments were stated by service users:

- “The care is very good.”
- “Can’t complain, the staff and manager are great.”

Positive comments were made regarding the quality of information on display on walls and in rooms in the centre. These included colourful displays of photographs, art and crafts including wall murals; seasonal pictures and the centre’s information and activity board.

Areas for improvement

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

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

RQIA had a discussion about the Trust's policies and procedures with the assistant services manager during this inspection and was provided with an indexed list of all of the policies and procedures; these were numbered and there were details specifying when they were issued and reviewed. There is a policy group made up of registered managers of day care settings in the Older Peoples programme of care in the Belfast HSC Trust who are responsible for looking at the review of the Trust's policies and procedures for day care settings.

Discussion with the day care worker and two care staff identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. An organisational chart was displayed. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Discussion with service users concluded they were aware of the roles of the staff in the centre and whom they should speak to if they had a concern. Completed RQIA questionnaires also verified this.

RQIA's registration certificate of the day care setting was displayed in the dining room.

Discussion with the day care worker and observations during this inspection evidenced that the centre was operating within its registration.

Policies and procedures were indexed, dated and ratified by the registered person. The health and social care needs of service users were met in accordance with the Day Centre's Statement of Purpose. This and the Service Users' Guide had been updated by the registered manager on 27 October 2015.

During the inspection staff training records were reviewed and showed staff had received all mandatory and other relevant training to their roles and responsibilities.

The day care setting's complaints record was reviewed during this inspection. This showed three complaints had been recorded since the centre's previous care inspection on 4 March 2016. Complaint records reflected the areas of concern; contact made with the complainant; a summary and result of the investigation which included the complainant was satisfied with the outcome. Three compliments were randomly sampled, these were very positive about the quality of care provision and caring attitude of staff in the centre.

Four of the centre's accident and untoward incidents records were randomly sampled during this inspection, these were being maintained in accordance with Regulation 29 and Minimum Standard 17.14.

Arrangements were in place to share information about complaints and compliments with staff. Completed RQIA questionnaires also verified service users and their relatives are aware of the Trust's complaints process.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA.

Three monthly monitoring reports of April - June 2016 inclusive were randomly sampled during this inspection. These were compliant with Regulation 28 and Minimum Standard 17.10.

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

With regards to 'Is the Service Well Led' section of completed RQIA questionnaires ; all responses were positive. No qualitative comments were made regarding 'Is the Service Well Led.'

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in the day care setting which were focused on the needs of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Edwina Molloy, Day Care Worker (person responsible for the day care setting in the temporary absence of the registered manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

| Recommendations | |
|---|--|
| <p>Recommendation 1</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 28 July 2016</p> | <p>The registered manager should update the vulnerability section of the identified service user's care plan so it accurately reflects the individual's current needs.</p> <p>Response by registered provider detailing the actions taken: The vulnerability section of the identified service user's care plan has been updated to reflect the individuals current needs.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2016</p> | <p>The registered manager should consult with service users and the Trust's Finance Department to ensure adequate records or receipts are maintained for all transactions (for example lunch monies) undertaken by staff on a service user's behalf. Where the service user is unable to or chooses not to sign, two members of staff sign and date the record.</p> <p>Response by registered provider detailing the actions taken: A proforma has been put in place for the recording of daily lunch monies. Service users who choose to do so, sign for the receipt of monies given and change received. If any service user chooses not to sign daily lunch money record proforma, two staff members sign and date the record. BHSCT finance department has provided a receipt book for transactions undertaken by staff on service users behalf. (meals/hairstyling monies paid in advance). The Day Centre Financial Procedures have been updated to reflect these procedures.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 13.7</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2016</p> | <p>The registered manager should ensure written records are kept of the outcomes of safeguarding investigations regarding service users attending the Grove Wellbeing Day Centre. Where necessary, the identified service user's care plan should be updated so it accurately reflects his/her current needs. The written records should specify if any action is to be taken by the day care setting.</p> <p>Response by registered provider detailing the actions taken: A proforma has been drawn up to track safeguarding investigations for any service users attending Grove Wellbeing Day centre. This identifies any actions which need to be taken by the day centre, ensures service users care plans are updated and accurately reflect service users current needs. Proforma will also ensure correspondance is received from the safeguarding investigation team with regard to completed/closed investigations.</p> |

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