

Unannounced Care Inspection Report 1 March 2017



Loughview

Type of Service: Nursing Home
Address: 66 Fortwilliam Park, Belfast, BT15 4AS
Tel No: 028 9077 1930
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Loughview took place on 1 March 2017 from 10.30 to 15.30 hours.

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

Is care safe?

There was evidence of the safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice.

Staffing arrangements were satisfactory. Staff confirmed communication in the home was good and that there was a system of annual appraisal and supervision in place. A more robust system for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) had been established and recruitment and selection procedures were in accordance with legislative requirements.

Weakness were evident in the registration status of the home, the wedging of doors, leading to fire safety concerns and some equipment used by patients evidenced significant wear and tear and posed infection prevention and control risks. One requirement and one recommendation have been made. One recommendation has been stated for the second time.

Is care effective?

There was evidence, over time, of positive outcomes for patients. All staff demonstrated an outstanding level of commitment to ensuring patients received the right care at the right time. Catering arrangements were regularly reviewed with patients and the menu was varied with many meal choices available for patients. Observation of the serving of the midday meal evidenced that mealtimes were undertaken in a calm and systematic manner.

The review of patient care records evidenced that the recommendations made by a health care professional were not being adhered to and there was a lack of evidence to verify effective wound care management for one patient. A requirement has been made and is stated for the second time.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid and the level of help and support requested. A choice was also available for those on therapeutic diets. Comments made by patients and two relatives were very positive in respect of the standard of care afforded by staff. There were no requirements or recommendations made.

Is the service well led?

There was evidence of a clear organisational structure and that staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care however improvements to the home had been completed without consultation with RQIA and the certificate of registration was incorrect regarding the number of patients to be accommodated in the home. A requirement made at the previous inspection of 31 August 2016, to submit an application to vary the use of rooms had not been met at the inspection. A serious concerns meeting was held at RQIA on 9 March 2017 and an application was received prior to this meeting. Please refer to section 1.1 for further information. Given that an application was received the requirement has not been stated again.

There was evidence that management systems had been established in the home and that the services provided by the home were regularly monitored. Weaknesses were identified regarding the completion of the quality monitoring of patient care records. A recommendation has been made.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	3*

*Refers to one requirements and one recommendation stated for the second time

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rita Lakehal, Registered Manager, by telephone following the inspection, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection, RQIA were concerned that the quality of services within Loughview was below the minimum standard expected regarding adaptations to the home being completed without consultation with RQIA for the second time. The findings were reported to senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to the registered persons, Mr Michael Curran and Mr Paul Steele, and a meeting took place at RQIA on 9 March 2017. Mr Michael Curran, responsible individual attended the meeting.

During the meeting Mr Curran acknowledged the failings identified, RQIA were satisfied with the assurances provided and evidence was provided to support these assurances. A further inspection will be undertaken to validate compliance.

1.2 Actions/enforcement taken following the most recent medicines management inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 6 October 2016. Other than those actions detailed in the QIP there

were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Loughview Homes Ltd Mr Paul Steele	Registered manager: Margaret Lakehal
Person in charge of the home at the time of inspection: Margaret Lakehal	Date manager registered: 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	Number of registered places: 32

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 12 patients, three care staff, two registered nurses, domestic and catering staff and two relatives.

A poster informing of the inspection was displayed in the home. Questionnaires for patients (eight), relatives (10) and staff (10) to complete and return were left for the registered manager to distribute. Please refer to section 4.5 for further comment.

The following were examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster
- staff training records
- staff induction records
- staff competency and capability assessments
- staff recruitment records
- complaints and compliments records
- incident and accident records
- records of quality audits and
- records of staff, patient and relatives meetings
- three patient care records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 31 August 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered provider must ensure that there are robust systems established to monitor infection prevention and control procedures are adhered to in all areas of the home</p> <p>Action taken as confirmed during the inspection: The review of the quality monitoring audits completed by the registered manager evidenced that infection prevention and control audits were undertaken on a monthly basis. No shortfalls had been identified during auditing.</p>	Met
Requirement 2 Ref: Regulation 27 (2) (f) Stated: First time	<p>The registered provider must ensure that an application of variation regarding the change of use from a shared bedroom to a single room, with ensuite facilities, is submitted to RQIA.</p> <p>Action taken as confirmed during the inspection: At the time of the inspection an application of variation had not been received by RQIA. The application was subsequently received the following day, 2 March 2017. Please refer to section 1.1 and 4.3 for further information.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p>	<p>The registered provider must ensure that comprehensive plan/s of care are written, following a robust assessment of the patient's needs and in consultation with patient and or representative. The assessment of need and care plans are subject to regular review.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of three patient care records did not evidence a consistent approach by registered nurses to the assessment of need, review of risk assessment and adhering to the recommendations of other health care professionals.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the recruitment and selection procedures are completed in accordance with regulatory requirements and employment legislation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of two staff personnel records evidenced that the recruitment and selection procedures were in accordance with regulatory requirements and employment legislation.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 35.13</p> <p>Stated: First time</p>	<p>The registered provider should ensure that a robust system is established to regularly monitor the registration of care staff with their professional body.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the process to monitor staffs' registration with their professional bodies evidenced that the registered manager monitors the registration status of staff on a monthly basis.</p>		

<p>Recommendation 3</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the competency and capability assessment for the nurse in charge of the home, in the absence of the registered manager, is reviewed, at least annually and is current.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of five competency and capability assessment for the nurse in charge of the home, in the absence of the manager, evidenced that an annual review had taken place. The updated assessments had been signed by the registered manager and the registered nurse.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered provider should provide face to face training for staff in accordance with the Adult Safeguarding and Protection in Partnership 2015 policy and procedural guidance</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with staff confirmed that staff had been in receipt of face to face training in respect of adult safeguarding procedures from the date of the last inspection.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered provider should ensure the home's policy in respect of adult safeguarding is reviewed and revised in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.</p>	<p style="text-align: center;">Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the adult safeguarding policy did not evidence that it had had been updated in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that care plans are written, in consultation with the patient and/or representative in a timely manner and in accordance with the DHSSPS Care Standards for Nursing Homes 2015.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the care record of a recently admitted patient evidenced that the care planning process had been completed within the timescales as stated in the DHSSPS Care Standards for Nursing Homes 2015.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 20 February to 9 March 2017, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels. One relative commented, "Staff are so kind, they're excellent."

There were safe systems in place for the recruitment and selection of staff. A review of two personnel files evidenced that these were reviewed by the registered manager and were checked for possible issues. The review of recruitment records evidenced that enhanced criminal records checks were completed with Access NI and the reference number and date received had been recorded.

Discussion with staff and a review of the staff training records confirmed that the registered manager had a system in place to monitor staff compliance with mandatory training requirements. A review of staff training records confirmed that staff completed modules on a range of topics including; fire safety, food safety, health and safety, infection prevention and control, moving and handling and adult prevention and protection from harm.

Discussion with the registered manager and staff confirmed that there were systems in place to monitor staff performance or to ensure that staff received support and guidance. Staff were coached and mentored through one to one supervision, competency and capability assessments and annual appraisals.

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The review of staff training records evidenced that only two staff members had not completed adult safeguarding training. The complaints and safeguarding records provided evidence of incidents. A review of the records identified that concerns had been logged appropriately. A review of policy documentation did not evidence the adult safeguarding policy had been reviewed and updated in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance. This was a recommendation of the previous inspection of 31 August 2016 and the recommendation is stated for a second time.

A range of risk assessments were completed as part of the admission process and were reviewed as required. The assessments included where patients may require the use of a hoist or assistance with their mobility and their risk of falling; the use of bedrails, if appropriate and assistance with eating and drinking due to the risk of malnutrition or swallowing difficulties. The risk assessments generally informed the care planning process. Refer to section 4.4 for further detail regarding the review of patient care records.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Care management and patients' representatives were notified appropriately.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and tidy. It was concerning that RQIA had not been informed prior to reducing the number of double room to single rooms and the installation of a number of ensuite facilities. The reduction of the double rooms to single rooms had also reduced the number of patients to be accommodated in the home, the numbers on the registration certificate displayed in the hall was incorrect. Whilst the completed works were to enhance the environment of the home, the responsible individuals, Mr Curran and Mr Steele were in breach of The Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the premises was undertaken by Gavin Doherty, Estates Inspector, on 9 March 2017 and is reported under separate cover. A serious concerns meeting was held in RQIA on 9 March 2017 and Mr Curran was in attendance. Confirmation was received from Mr Curran that RQIA would be consulted, in future, should proposals for the enhancement of the environment of the home be considered. Although requirement 2, section 4.2 was assessed as not in compliance at the time of the inspection an application was since received and the requirement has not been stated again.

The inspection of the premises on 1 March 2017 also evidenced a number of other concerns including that the wall panelling in a shower facility was in need of replacement and the carpet on the stairs and landing evidenced significant wear and tear. This was discussed with the registered manager who stated that these areas had already been identified for replacement by the responsible individuals.

Other areas identified during the inspection and discussed with the registered manager were that the protective cushioning on bedrails were cracked and discoloured and posed an infection prevention and control risk, as did a number of bedside tables which evidenced significant wear and tear. Equipment that presents as an infection prevention and control risk should be replaced and a recommendation has been made. It was disappointing that these concerns were not identified through quality audits of the environment and infection prevention and control audits.

We observed two bedroom doors and the treatment room being 'wedged' open. In accordance with fire safety procedures doors should not be wedged open. It was very concerning that the treatment room door was wedged open as oxygen and medications were stored in this room. The location of the treatment room posed an even higher risk as it was adjacent to the external door leading to the designated smoking area. Doors should not be wedged open and an alternative arrangement must be sought and actioned. A requirement has been made. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

Doors must not be wedged open and an alternative arrangement must be sought and actioned.

Equipment that presents as an infection prevention and control risk, for example cushioned bedrail protectors and bedside tables, should be replaced.

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

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care, with some exceptions.

One care record did not evidence that the recommendations of a health care professional (Speech and Language Therapist) were being adhered to. The recommendations were not included in the patient's plan of care and there was no evidence in the progress record that the health care professional had visited and that recommendations had been made. A care plan regarding wound care management had not been written despite staff informing us of the patients who required wound care management. Care records must reflect the assessed need of patients and the recommendations of other health care professionals. This was a requirement of the previous inspection of 31 August 2016 and the requirement is stated for a second time.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts evidenced the frequency of repositioning and there were no obvious 'gaps' in recording. A consistent approach to the recording of patients' nutritional and fluid intake was evidenced.

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

We observed the serving of the midday meal. The observation of the mealtime service evidenced that it was a calm and organised activity. Dining tables were appropriately set and the day's menu was displayed. There was evidence that patients, including those on a modified diet were afforded choice at mealtimes. In discussion with the cook it was stated that there can be up to three choices at mealtimes. Also in discussion with a patient it was confirmed that the cook and staff ask the patient what their meal preference was.

We observed the serving of the mid-morning tea and snack. Patients had a choice of tea, coffee, milk or juice and a snack (biscuits and fresh fruit) was provided. Milky puddings and yoghurts were available for patients who required a modified diet.

Areas for improvement

Care records must reflect the assessed need of patients and the recommendations of other health care professionals. A requirement has been stated for a second time.

There were no further areas for improvement identified at this inspection.

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

Staff interactions with patients were observed to be compassionate, caring and timely.

Staff demonstrated a detailed knowledge of patients' wishes and preferences. A relative commented that they had observed how caring staff were with their relative. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Observation of the activities at the time of the inspection evidenced staffs' knowledge of the importance of spending individual time with those patients who are unable to participate in more formal or group activities. This was good practice. We observed patients in the dining room undertaking some domestic tasks and in discussion the patients stated "we like helping out, it keeps us busy".

Consultation with patients individually, and with others in smaller groups, confirmed that living in Loughview was, in general, a positive experience.

Comments included:

"They're (staff) very nice people."

"I'm very happy here, didn't think I would be."

"The food is very good, I've put on weight."

We met with two relatives who expressed their satisfaction with the care afforded by staff to their relatives.

Comments included:

"The staff make the place."

"Staff are so welcoming and friendly."

"I'm never afraid to go and talk to staff."

"Staff have a great attitude."

"I can go out of here and rest easy."

Staff also commented very positively about working in the home.

Comments included:

"Great teamwork here."

"Good communication here, tell (manager) anything and she does what needs doing."

Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report no completed questionnaires had been returned.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion, representatives were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The registration certificate was displayed in the entrance lobby. As discussed in section 4.3 due to the reduction of double rooms to single rooms the number of patients stated on the registration certificate was incorrect. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home's complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A review of notifications of incidents to RQIA since the last care inspection in August 2016 confirmed that these were managed appropriately.

Discussion with the registered manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to infection prevention and control, incidents and accidents and the environment. Where a shortfall had been identified evidence was present of the remedial action that was taken. There was one exception and this was in relation to the auditing of care records. The information provided did not evidence that a robust system for the auditing of care records had been established. The review of the audits of care records evidenced that the last audit took place in August 2016. A system should be implemented whereby a designated number of care records are audited on a monthly/more regular basis. A recommendation has been made.

Discussion with the registered manager and review of records for November and December 2016 and January 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports evidenced that an action plan had been generated to address any areas for improvement.

Areas for improvement

A system should be implemented to evidence patient care records are audited on a monthly/more regular basis.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rita Lakehal, Registered Manager, following the inspection by telephone, 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 nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment 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	
Statutory requirements	
Requirement 1 Ref: Regulation 16 Stated: Second time To be completed by: 1 April 2017	<p>The registered provider must ensure that comprehensive plan/s of care are written, following a robust assessment of the patient's needs and in consultation with patient and or representative. The assessment of need and care plans are subject to regular review.</p> <p>Ref: section 4.2, Requirement 3</p> <p>Response by registered provider detailing the actions taken: A monthly audit of the care plans will be carried out by the registered manager</p>
Requirement 2 Ref: Regulation 27 (4) (b) Stated: First time To be completed by: immediately from date of inspection	<p>The registered provider must ensure that room doors must not be wedged open and an alternative arrangement must be sought and actioned.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: Alternative arrangements have been put out to tender</p>
Recommendations	
Recommendation 1 Ref: Standard 13 and Standard 36.2 Stated: Second time To be completed by: 7 April 2017	<p>The registered provider should ensure the home's policy in respect of adult safeguarding is reviewed and revised in accordance with the Adult Safeguarding and Protection in Partnership, 2015 policy and procedural guidance.</p> <p>Ref: section 4.2, Recommendation 5</p> <p>Response by registered provider detailing the actions taken: Completed</p>
Recommendation 2 Ref: Standard 46.2 Stated: First time To be completed by: 2 May 2017	<p>The registered provider should ensure that any equipment used by patients that presents as an infection prevention and control risk, for example cushioned bedrail protectors and bedside tables, should be replaced.</p> <p>Ref: section 4.3</p> <p>Response by registered provider detailing the actions taken: Bed rail protectors have been purchased and replaced as have bedside tables</p>

<p>Recommendation 3</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 7 April 2017</p>	<p>The registered provider should ensure that a system to quality audit patient care records is established on a monthly/more regular basis.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered provider detailing the actions taken: Audits will be carried out monthly</p>
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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews