

# Unannounced Care Inspection Report 10 October 2016



## Saintfield Lodge

**Type of Service: Nursing Home**  
**Address: 4, Old Saintfield Road, Belfast, BT8 8EY**  
**Tel No: 028 9081 4010**  
**Inspector: Kieran Murray**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Saintfield Lodge took place on 10 October 2016 from 09.36 to 17.35 hours.

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

### Is care safe?

The environment of the home was warm, well decorated, fresh smelling and clean throughout. Safe systems were in place for monitoring the registration status of current nursing and care staff. There was evidence of competent and safe delivery of care on the day of inspection. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skills gained, through training, was embedded into practice. Staff also confirmed that there were good communication and support systems in the home, including; staff appraisal, staff supervision systems and staff meetings.

Concerns were however identified specifically in relation to infection prevention and control, and a requirement has been made. Refer to section 4.3 for details.

### Is care effective?

Observation of care practices, review of records and discussion with patients and staff evidenced positive outcomes for patients. All staff demonstrated a high level of commitment to ensuring patients received the right care at the right time. Each staff member understood 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 the patients, and other staff members. Staff consulted confirmed they attended staff meetings as part of their job role.

There were no requirements or recommendations made.

### Is care compassionate?

There was evidence of good communication in the home between staff and patients. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very praiseworthy of staff and a number of their comments are included in this report. Refer to section 4.5 for details. Concerns were identified in the standard of personal care delivered to patients and a recommendation was made. Refer to section 4.5 for details

### Is the service well led?

There was evidence of systems and processes in place to monitor the delivery of care and services within the home. Monthly monitoring visits were conducted consistently and reports were available for review. Compliments had been received by the home in relation to care and compassion provided to patients/relatives. Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients, relatives and staff it was evident that Saintfield Lodge was well led. The registered manager demonstrated how she manages and leads her team to ensure the delivery of safe, effective and compassionate care as part of her day to day operational control of the home. No requirements or recommendations have been made in this domain.

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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Melanie Reyes, 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 inspection

The most recent inspection of the home was an announced estates inspection undertaken on 10 November 2015. Other than those actions detailed in the previous QIP there were no further actions required. 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

<b>Registered organisation/registered person:</b> Four Seasons Health Care / Dr Maureen Claire Royston	<b>Registered manager:</b> Ms. Melanie Reyes
<b>Person in charge of the home at the time of inspection:</b> Ms Melanie Reyes	<b>Date manager registered:</b> 29 July 2013
<b>Categories of care:</b> NH-MP	<b>Number of registered places:</b> 51

### 3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection the inspector met with 12 patients, deputy manager, one registered nurse, two care staff, one cook, one maintenance staff and one domestic; and four visiting professionals. There were no relatives visiting during the inspection.

In addition questionnaires were provided for distribution by the registered manager; five for relatives, 10 for patients and 10 for staff. Two patients and four staff questionnaires were returned. Refer to section 4.5 for details.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staff roster from 3 to 23 October 2016
- staff training records for 2016
- staff recruitment record for three members of staff including their induction records
- staff competency and capability assessments for three registered nurses left in charge of the home in the absence of the registered manager
- staff supervision and appraisal planner for 2016
- complaints and compliments records
- accident and incident records 2 November 2015 to 9 October 2016
- records of quality audits and governance systems
- minutes of staff meetings
- minutes of resident meetings
- record of visit undertaken in accordance with Regulation 29
- annual quality report
- three patient care records

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015 – Estates

The most recent inspection of the home was an announced estates inspection. The completed QIP was returned and approved by the estates 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 premises inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 2 November 2015

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 19.1</p> <p>Stated: Second time</p> <p>To be Completed by: 4 January 2016</p>	<p>It is recommended continence care plans detail the type of continence product to be used and the details of the patient's toileting programme</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observation of continence care plans evidenced recording of continence products and patient's toileting programme.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 5.3</p> <p>Stated: Second time</p> <p>To be Completed by: 4 January 2016</p>	<p>It is recommended care plans accurately reflect patients' needs. Care interventions detailed in care plans should be current and not historical, for example if a care intervention within a care plan is no longer applicable the care plan should be amended at the time of the monthly evaluation, or before.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of three patient care records evidenced that nursing staff reviewed care plans on a regular basis to ensure care plans accurately reflected the patient needs.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be Completed by: 11 January 2016</p>	<p>Nursing staff should review how they evidence care plans have been developed in consultation with the patient.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that patients were consulted and involved in the planning of their care.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be Completed by: 11 January 2016</p>	<p>The daily menu is displayed in a suitable format and in an appropriate location, informing patients what is available at each mealtime.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Daily menus were observed to be displayed on a notice board in each dining room. Patients were able to view the menu clearly.</p>	<b>Met</b>

<b>Recommendation 5</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be Completed by:</b> 11 January 2016	Mealtime arrangements, including the serving of meals, should be reviewed and agreed with patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the serving of the midday meal in both units evidenced that the approach to mealtimes was conducive to the needs of the patients.  The dining room on the first floor had recently been refurbished and no longer had a serving hatch. Patients meals were served, by staff, to the dining table.	

### 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. A review of the staffing rota for week commencing 3 to 23 October 2016 evidenced that the planned staffing levels were adhered to. In the absence of the registered manager the deputy manager or a registered nurse was designated as the person in charge of the home. The registered manager advised that should shortfalls in staffing levels arise then these would be covered by bank or agency staff. 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 and staff evidenced that there were no concerns regarding staffing levels.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff were mentored by an experienced member of staff during their induction. Recruitment records for three staff were reviewed and found to be well maintained and in keeping with The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 21, schedule 2.

A planner was in place to ensure all staff received supervision and appraisal. Staff confirmed that they had received an annual appraisal and regular supervision.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered by combining an e-learning programme and face to face training in the home. Training outcomes for 2016, so far, indicated that the registered manager was monitoring staff compliance with mandatory training requirements. For example, 92 % compliance with training had been achieved to date. The registered manager advised that the shortfall was due to new staff not yet registered for on-line training.

Staff consultation, observation of care delivery and staff interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice. The inspector observed staff delivering care to a patient who had fallen in the unit. The staff provided interventions in a caring, respectful manner, maintaining dignity and privacy at all times. Staff demonstrated clearly their knowledge, experience and responsibilities in dealing with this incident.

The inspector noted that a number of patients were on specialist medication which required close observation and monitoring. It was evident from both discussion with staff and observation of records that nursing staff were competent in this treatment process.

Discussion with the registered manager and review of records both written and computerised evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with, clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA and the trust were also notified appropriately. The registered manager had systems in place to monitor the progress of safeguarding issues with the local health and social care trust.

Review of three 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 risk assessments informed the care planning process.

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 relevant bodies. A random selection of accidents and incidents recorded since the previous inspection evidenced that accidents and incidents had been appropriately notified to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. The registered manager advised that a computer tablet and desktop computer was available to staff to complete notifications.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the general environment of the home was undertaken and included a random sample of patients' bedrooms, lounges, bathrooms and toilets. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. One courtyard evidenced flower pots/beds. Garden furniture was available for patients to use.

The inspector however, observed a number of issues relating to the environment as follows:

- a broken toilet seat in a downstairs toilet
- shower chairs in both Gardener and Bogues units were extremely rusty and should be replaced
- a shower bracket was broken which resulted in a shower head being placed on the floor of a wet room
- a broken over-turned bin with a strong odour was placed in a bathroom
- the lock to the kitchen door on the first floor was damaged. However, the registered manager advised the inspector that this has been reported to the maintenance team

A requirement was made in relation to the management of issues pertaining to infection prevention and control measures.

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.

### Areas for improvement

Infection prevention and control measures must be adhered to by staff. Staff must ensure any equipment used by patients is monitored to ensure compliance with infection and prevention compliance. Where deficits are identified these must be reported to the relevant person to ensure they are addressed.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Review of three 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 risk assessments informed the care planning process. There was evidence that care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care and planning process included input from patients and/or their representatives. The home promoted an 'open door policy' for patients and their representatives. A 'Quality of Life' (QoL) electronic quality of life assurance programme was available in the home. This was situated outside the office door for patients, relatives and the multi-disciplinary team to register their views and comments regarding the quality of nursing and other services provided by the home. The information was then collated and where a shortfall was identified the registered manager would be notified and required to put an action plan in place to address the deficit.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as care managers.

Observation of the shift handover meeting confirmed that communication between all staff grades was effective. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. This had been changed recently where the nurse in charge attended the initial handover from night staff at 07:45am and the remaining staff on duty got a handover at 08:00am. The inspector spoke with both nursing and care staff and both groups were content with this new process.

Discussion with staff evidenced that they were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP) etc.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis and records were maintained. Staff confirmed that staff meetings were held on a



quarterly basis and that the minutes were made available. Staff also advised the inspector that they can contribute to the staff meeting agenda and raise opinions or voice their views. .

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.

Two patients expressed their confidence in raising concerns with home's staff or registered manager and indeed knew the name of the registered manager.

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

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held six times a year. The inspector reviewed these minutes and there was evidence of involvement for patients. For example, suggestions for place to visit on day trips.

Observation of the serving of the midday meal evidenced that patients' meals were served to the dining table by staff. The dining tables were clean and well presented with all necessary cutlery and condiments. The dining room on the first floor no longer had a serving hatch and this area has been recently decorated. Staff were observed to be providing assistance to patients in a caring and compassionate manner.

Following the review of the complaints record it was evident that when relatives raised concerns they were dealt with appropriately and in a timely manner.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Observation of the lunch time meal confirmed that patients were given a choice in regards to, food and fluid choices and the level of help and support they preferred. Staff were observed to offer patients reassurance and assistance appropriately. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. Views and comments recorded were analysed and an action plan was developed and shared with staff, patients and representatives. As discussed in section 4.4 a 'Quality of Life' (QoL) electronic quality assurance programme operates in the home. The registered manager made available a copy of a recent food questionnaire completed in August 2016 which indicated that overall patients were satisfied with standard of food and menu choice.

Comments made by patients on the questionnaire included:

- “would like more salads at mid-day”
- “of late have enjoyed the beef curry”
- “sandwich on request”
- “variation in the menu like curry, stir fry, burger and chips”

Observations of patients evidenced a lack of attention to some patient’s personal care, namely nail care. This was discussed with the registered manager during feedback and a recommendation was made.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

The registered manager had arranged an afternoon of activities which was observed to include music and refreshments to mark World Mental Health Day. Invitations had been sent to the patients, representatives, staff and the multidisciplinary team members involved in the patients care.

Consultation with three patients individually, and with others in smaller groups, confirmed that living in Saintfield Lodge was a happy experience.

Patient comments, to the inspector included:

- “love it here”
- “can go outside when I please”
- “I don’t have any problems”
- “staff are nice”
- “I like digging, I planted spuds, carrots and onions”

On the day of inspection no relatives were visiting.

On the day of inspection the inspector spoke with one registered nurse, two care assistants, one maintenance staff, catering staff to ascertain their views on Saintfield Lodge.

Staff comments included:

- “good teamwork”
- “any concerns taken seriously”
- “happy here”
- “voiced concerns listened to”
- “overall good place to work”

The inspector spoke to four members of visiting multidisciplinary team who were invited to celebrate World Mental Health Day in the nursing home.

Comments made included:

- “standards of care have gone up”
- “staff are good at communicating”
- “family atmosphere”
- “much more open”
- “worked in partnership with Belfast Trust”
- “team willing to learn”
- “issues would be picked up”

## Questionnaires

In addition to speaking with patients, relatives and staff RQIA provided 10 patient; five relative/representatives and 10 staff questionnaires for distribution by the registered manager

At the time of writing this report two patients and four staff had returned their questionnaires.

Comments and outcomes were as follows:

Patients: two respondents indicated that they were either very satisfied or satisfied with the care they received in relation to questions asked about, is care safe, effective and compassionate and is the service was well led.

Staff: three respondents indicated that they found the care provided was very satisfactory. One staff indicated they were satisfied. Three staff indicated they were very satisfied with effective care and one staff indicated they were satisfied. Four staff indicated they were very satisfied with compassionate care and three staff were very satisfied with the well lead service and one staff was satisfied.

## Areas for improvement

The standard of personal care afforded to patients, by staff, should be monitored by the registered manager and registered nursing staff on a daily basis.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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 patients 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 up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager, review of records and observations undertaken evidenced that the home was operating within its registered categories of care.

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. Patients and staff confirmed that they were aware of the home's complaints procedure. Patients and staff confirmed that they were confident that staff and management would manage any concern raised by them appropriately. The registered manager also had a record of compliments received from relatives and visitors to the home

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.

Review of records for July, August and September 2016 evidenced that Regulation 29 monthly quality monitoring reports were completed on behalf of the responsible individual and in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of these reports were available for patients, their representatives, staff and trust representatives. There were systems and processes in place to ensure that urgent communication, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and staff; 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 accordance with best practice guidance in relation to complaints, accidents/incidents, care records, falls, infection prevention and control. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and documented online by the registered manager. The auditing process was overseen by the regional manager and shared with staff.

Staff confirmed that they had access to the home's policies and procedures.

Based on the inspection findings detailed in the preceding domains, review of records, systems and processes; and comments from patients, relatives and staff it was evident that Saintfield Lodge was well led. The registered manager demonstrated how she manages and leads her team to ensure the delivery of safe, effective and compassionate care as part of her day to day operational control of the home. No requirements or recommendations have been made in this domain but compliance with the QIP will further enhance the quality of the care and services provided.

### Areas for improvement

There were no new areas for improvement identified in this domain

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Ms Melanie Reyes, 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 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 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 the RQIA web portal 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 13 (7)

**Stated:** First time

**To be completed by:** Immediate action required.

The registered provider must ensure that:

- Infection prevention and control measures are adhered to by staff.
- The damaged equipment as detailed in section 4.3 must be repaired or replaced.
- Staff must ensure any equipment used by patients is monitored to ensure that it is fit for purpose.

**Ref: Section 4.3**

**Response by registered provider detailing the actions taken:**

Addressed. Damaged equipment detailed in Section 4.3 replaced with new one. Infection control audit maintained, to include monitoring of equipment if fit for purpose

### Recommendations

#### Recommendation 1

**Ref:** Standard 6.14

**Stated:** First time

**To be completed by:** Immediate action needed.

The registered provider must ensure that patient's hand hygiene and nail care are well managed.

**Ref: Section 4.5**

**Response by registered provider detailing the actions taken:**

Addressed. Patient's personal hygiene monitoring chart updated to include regular hand hygiene and nail care.

*\*Please ensure this document is completed in full and returned to the RQIA web portal\**



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