

# Announced Care Inspection Report 15 March 2018



## Papilio Beauty & Laser Clinic

**Service Type: Independent Hospital (IH)-Cosmetic Intense Pulse Light (IPL)**

**Address: 13a Upper English Street, Armagh, BT61 7BH**

**Tel No: 02837523132**

**Inspector: Winnie Maguire**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is an Independent Hospital (IH) providing hair removal and skin rejuvenation IPL services.

**IPL equipment:**

Manufacturer: Energist Ltd  
 Model: iPulse i200  
 Serial Number: IF2542

**Laser protection advisor (LPA)**

Lasermet – Anna Bass

**Medical support services**

Dr Paul Myers

**Laser protection supervisor (LPS)**

Mrs Ivy Hughes-Brennan

**Authorised operator**

Mrs Ivy Hughes-Brennan

**Type of treatments provided**

Hair removal, skin rejuvenation

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Mrs Ivy Hughes-Brennan	<b>Registered Manager:</b> Mrs Ivy Hughes-Brennan
<b>Person in charge at the time of inspection:</b> Mrs Ivy Hughes-Brennan	<b>Date manager registered:</b> 11 May 2017
<b>Categories of care:</b> Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

**4.0 Inspection summary**

An announced inspection took place on 15 March 2018 from 10.00 to 13.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the pre-registration care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These relate to: the arrangements for managing medical emergencies; the environment; infection prevention and control; effective communication between clients and the authorised operator; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; and providing the relevant information to allow clients to make informed choices.

Six areas of improvement were identified against the standards with regards to, safeguarding training; reviewing and updating the IPL safety documentation; the completion of the IPL register; the completion of client records; establishing if the IPL service requires to register with the Information Commissioner's Office (ICO); and conducting a client satisfaction survey.

A client who submitted a questionnaire response indicated a high level of satisfaction with the services provided in Papilio Beauty & Laser Clinic.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Hughes-Brennan, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the pre-registration care inspection dated 23 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 January 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. A client questionnaire was completed, returned and analysed during the inspection. Mrs Hughes-Brennan is the only authorised operator therefore there were no staff questionnaires completed.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Hughes-Brennan registered person and sole authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the pre-registration care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 23 January 2017

The most recent inspection of Papilio Beauty and Laser Clinic was an announced pre-registration care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the pre-registration care inspection dated 23 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area of improvement 1</b> <b>Ref:</b> Regulation 15(1) <b>Stated:</b> First time	The registered provider must provide evidence to RQIA that the protective eyewear is in place as outlined in the local rules.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Protective eyewear was available as outlined in the local rules.	

<b>Area of improvement 2</b> <b>Ref:</b> Regulation 15(2) <b>Stated:</b> First time	The registered provider must make arrangements to have the IPL machine serviced; provide RQIA with a copy of the service report and establish ongoing service and maintenance arrangements in line with manufacturer instructions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The IPL machine had been sent to an external service engineer who completed a service on 7 February 2017. An electronic copy of the report was forwarded to RQIA in February 2017. It was advised to ensure the full service report is retained by the establishment and made available for inspection. There are ongoing maintenance arrangements in place.	
<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<b>Area of improvement 1</b> <b>Ref:</b> Standard 16.5 <b>Stated:</b> First time	The statement of purpose should be amended to reflect the treatments to be provided using the IPL in accordance to regulation 7, schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The statement of purpose has been amended as outlined above.	
<b>Area of improvement 2</b> <b>Ref:</b> Standard 16.8 <b>Stated:</b> First time	Remove the reference to providing IPL treatments to persons under of the age eighteen in the client guide.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The reference to providing IPL treatments to persons under of the age eighteen has been removed from the client guide.	
<b>Area of improvement 3</b> <b>Ref:</b> Standard 48.13 <b>Stated:</b> First time	Establish a training record for laser safety awareness training which is provided to staff not involved in the use of the IPL.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mrs Hughes-Brennan confirmed she provided laser safety awareness training to staff not involved in the use of the IPL. Advice was provided on enhancing the record of this training.	

<b>Area of improvement 4</b> <b>Ref:</b> Standard 20.2 <b>Stated:</b> First time	Devise cleaning schedules for the treatment room and the decontamination of the IPL equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Cleaning schedules for the treatment room and the decontamination of the IPL equipment have been devised. It was advised to include a sign off sheet in the cleaning schedules.	
<b>Area of improvement 5</b> <b>Ref:</b> Standard 20 <b>Stated:</b> First time	Provide a wall mounted disposable paper towel dispenser above the hand washing basin in the bathroom used by clients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A wall mounted disposable paper towel dispenser above the hand washing basin in the bathroom used by clients has been installed.	

**6.3 Inspection findings**

**6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

**Staffing**

Discussion with Mrs Hughes-Brennan confirmed that she continues to be the sole authorised operator of the IPL machine.

A register of the authorised operator for the IPL was maintained and found to be up to date.

A review of training records evidenced that the authorised operator has up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control and fire safety.

Mrs Hughes-Brennan has not undertaken training in relation to adult safeguarding commensurate with her role as safeguarding lead for the establishment. An area of improvement has been identified against the standards in relation to this matter.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

## **Recruitment and selection**

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Hughes-Brennan confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

## **Safeguarding**

Mrs Hughes-Brennan was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified and confirmed that she was the nominated safeguarding lead within the establishment.

As stated previously Mrs Hughes-Brennan requires training in safeguarding adults and an area of improvement has been made on this matter.

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

The establishment does not provide an IPL service to persons under the age of 18 years.

## **IPL safety**

An IPL safety file was in place which contained all of the relevant information in relation to IPL equipment.

It was noted that the following IPL documentation had exceeded the review date stated on the documentation:-

- the local rules
- risk assessment
- RPA 2000 certificate for the LPA
- medical support certificate

An area of improvement was identified against the standards in relation to reviewing and updating the above documentation.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in 2017. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. The authorised operator has signed to state that she has read and understood the local rules and medical treatment protocols.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has an IPL register in place, however on cross referencing with the client records it was noted, not to have been completed on each occasion the client received an IPL treatment. The IPL register was completed in red, blue and black ink and there was evidence of abbreviations being used. An area of improvement has been identified against the standards to ensure that the IPL register is completed on each occasion that the client receives an IPL treatment; it is completed in black ink only and a code of the abbreviations in use is outlined in the front of the register.

The IPL register was noted to include:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of February 2017 was reviewed as part of the inspection process.

### **Management of emergencies**

As discussed, the authorised operator has up to date training in basic life support. Discussion with Mrs Hughes-Brennan confirmed she was aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

## Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mrs Hughes-Brennan evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, the authorised operator has up to date training in infection prevention and control.

## Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place and it was advised to include a sign off sheet with the cleaning schedules.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher was available which had been serviced within the last year.

## Client views

One client submitted a questionnaire response. They indicated that they felt safe and protected from harm and were very satisfied with this aspect of the care.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, management of emergencies, infection prevention and control, risk management and the environment.

## Areas for improvement

Mrs Hughes-Brennan must undertake training in relation to adult safeguarding commensurate with her role as safeguarding lead for the establishment.

Review and update the following IPL documentation:-

- the local rules
- risk assessment
- RPA 2000 certificate for the LPA
- medical support certificate

The IPL register must be completed on each occasion that a client receives an IPL treatment; it must be completed in black ink only and a code of the abbreviations in use must be outlined in the front of the register.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

## 6.5 Is care effective?

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

### Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Six client care records were reviewed. Three of the six client records had an accurate and an up to date treatment record which included:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Three client records did not have the signature of the authorised operator for each treatment recorded, the consent form was not signed by both the authorised operator and the client and a patch test was not always recorded.

An area of improvement was identified against the standards in relation ensuring client records are completed accurately each time an IPL treatment is provided, including the signature of the authorised operator, consent forms signed by the authorised operator and client; and the recording of patch tests.

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

The establishment is not registered with the Information Commissioners Office (ICO). Mrs Hughes-Brennan stated she did not hold electronic client records. On the previous pre-registration inspection Mrs Hughes-Brennan was advised to contact the ICO to ascertain if the service is required to register with the ICO. Mrs Hughes-Brennan was unsure if she had contacted the ICO. An area of improvement was identified against the standards in relation to this matter.

## Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

## Client views

The client who submitted a questionnaire response indicated that they get the right care, at the right time and with the best outcome for them; and were very satisfied with this aspect of the service.

## Areas of good practice

There were examples of good practice found in relation to ensuring effective communication between clients and the authorised operator.

## Areas for improvement

Ensure client records are completed accurately each time an IPL treatment is provided, including the signature of the authorised operator, consent forms signed by the authorised operator and the client; and the recording of patch tests.

Ms Hughes- Brennan must contact the ICO to ascertain if the service is required to register with the ICO.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.6 Is care compassionate?

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

## Dignity respect and involvement with decision making

Discussion with the Mrs Hughes- Brennan regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised user present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a locked cupboard.

Client satisfaction surveys have not yet been carried out by the establishment. An area of improvement was identified against the standards in relation to carrying out a client satisfaction survey and ensuring that the results of this survey are collated to provide a summary report which should be made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.

### Client views

The client who submitted a questionnaire response indicated that they are treated with dignity and respect and are involved in decision making affecting their care; and were very satisfied with this aspect of care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

### Areas for improvement

A client satisfaction survey should be carried out by the establishment and ensure that the results of this survey are collated to provide a summary report which should be made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

### Management and governance

Mrs Hughes-Brennan has overall responsibility for the day to day management of the service and as previously stated, does not employ any staff in relation to the delivery of the IPL service.

Mrs Hughes-Brennan is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. The policies and procedures are reviewed and updated as necessary as part of the LPA visit. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

Discussion with Mrs Hughes-Brennan demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the treatment room. Discussion with Mrs Hughes-Brennan demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period from 1 April 2016 to 31 March 2017.

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

Discussion with Mrs Hughes-Brennan confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

Mrs Hughes-Brennan demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date; however it had not been displayed. During the inspection the registration certificate was put on display in the reception area.

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

### **Client views**

The client who submitted a questionnaire response indicated that they felt that the service is well managed and were very satisfied with this aspect of the service.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Hughes-Brennan, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Healthcare Establishments (July 2014).

### 7.2 Actions to be taken by the service

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.9  <b>Stated:</b> First time  <b>To be completed by:</b> 15 June 2018	The registered person shall undertake training in relation to adult safeguarding commensurate with her role as safeguarding lead for the establishment.          Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> i have completed my training

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48.4, 48.5 48.6, 48.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall ensure the following IPL documentation is reviewed and updated:-</p> <ul style="list-style-type: none"> <li>• local rules</li> <li>• risk assessment</li> <li>• RPA 2000 certificate for the LPA</li> <li>• medical support certificate</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> all completed</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 48.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 March 2018</p>	<p>The registered person shall ensure that the IPL register is completed on each occasion that a client receives an IPL treatment; be completed in black ink only and a code of the abbreviations in use is outlined in the front of the register.</p> <p>Ref 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> yes</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 48.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 March 2018</p>	<p>The registered person shall ensure that client records are completed accurately each time an IPL treatment is provided, including the signature of the authorised operator; consent forms signed by the authorised operator and the client; and the recording of patch tests.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> yes</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 April 2018</p>	<p>The registered person shall contact the ICO to ascertain if the service is required to register with the ICO.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> contact was made confirmed by email .no action necessary at this time</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 June 2018</p>	<p>The registered person shall ensure that a client satisfaction survey is carried out by the establishment; ensure that the results of this survey are collated to provide a summary report which is made available to clients and other interested parties; and an action plan is developed to inform and improve services provided, if appropriate.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> will be undertaken</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and  
Quality Improvement  
Authority

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](mailto:info@rqia.org.uk)

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

 @RQIANews