

# Announced Care Inspection Report 9 February 2021



## Bradbury Dental Centre

**Type of Service: Independent Hospital (IH) – Dental Treatment**  
**Address: 46 Bradbury Place, Belfast BT7 1RU**  
**Tel No: 028 9022 2444**  
**Inspector: Liz Colgan**

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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



In respect of dental practices for the 2020/21 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of operations in response to the COVID-19 pandemic;
- management of medical emergencies;
- infection prevention and control (IPC);
- decontamination of reusable dental instruments;
- governance arrangements and review of the report of the visits undertaken by the Registered Provider in line with Regulation 26, where applicable; and
- review of the areas for improvement identified during the previous care inspection (where applicable).

## 2.0 Profile of service

Bradbury Dental Centre is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with a dental treatment category of care. The practice has three registered dental surgeries and provides general dental private and National Health Service treatment without sedation.

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Dental World 1 Limited  <b>Responsible Individual:</b> Mrs Monica Shah	<b>Registered Manager:</b> Ms Jill Shiells
<b>Person in charge at the time of inspection:</b> Ms Jill Shiells	<b>Date manager registered:</b> 20 August 2018
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> Three

Dental World 1 Limited is the Registered Provider for nine dental practices registered with RQIA. Mrs Monica Shah is the Responsible Individual for Dental World 1 Limited.

## 4.0 Inspection summary

We undertook an announced inspection on 9 February 2021 from 09:50 to 11:35 hours.

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 (DoH) Minimum Standards for Dental Care and Treatment (2011).

The purpose of this inspection was to focus on the themes for the 2020/21 inspection year. A poster informing patients that an inspection was being conducted was displayed during the inspection.

We undertook a tour of the premises; met with Ms Jill Shiells, Registered Manager, a dentist and a dental nurse; and reviewed relevant records and documents in relation to the day to day operation of the practice.

We found evidence of good practice in relation to the management of medical emergencies and decontamination of reusable dental instruments.

Following an inspection in another practice and communication with Ms Shiells, Registered Manager who is also the Group Cluster Manager, issues were identified in relation to the practice's adherence to the Health and Social Care Boards (HSCB) Preparation for the Re-establishment of the General Dental Services - Operational Guidance, with respect to providing appropriate ventilation for dental treatments using aerosol generating procedures (AGPs).

Following consultation with senior management in RQIA, we invited Mrs Monica Shah, Responsible Individual, to a serious concerns meeting on 16 March 2021 to discuss the issues identified in relation to infection prevention and control, ventilation, the implementation of best practice guidance and the governance and oversight arrangements within Dental World 1 Limited. During the meeting, Mrs Shah and her senior management team provided a full account of the actions taken to address the issues identified and to ensure the improvements necessary to achieve compliance with the regulations. We requested that a robust action plan be submitted to RQIA by 23 March 2021. Additional information in this regard can be found in sections 6.1 and 6.3 of this report and four areas for improvement against the regulations have been made.

RQIA will continue to monitor and review the quality of service provided in Bradbury Dental Centre. If the actions outlined in the submitted action plan or QIP are not addressed this may lead to further enforcement action.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Areas for improvement</b>	<b>4</b>	<b>0</b>

Details of the quality improvement plan (QIP) were discussed with Ms Monica Shah, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 February 2020

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**4.3 Review of areas for improvement from the last care inspection dated 11 February 2020**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 18 (5)  <b>Stated:</b> First time	The Registered Person shall maintain a record of the rostered shifts for each employee and a record of the hours worked by each person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion with the Registered Manager confirmed that there is a system in place that records shifts for each employee and the hours worked.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 18 (2)  <b>Stated:</b> First time	The Registered Person shall ensure that each person employed in or for the purposes of the dental practice receives mandatory training and other appropriate training. Training records should be retained for inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation confirmed that staff had received mandatory and other appropriate training. Training records are retained for future inspections.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 26  <b>Stated:</b> Second time	The Registered Person shall ensure that the report detailing the findings of Regulation 26 visits include information in relation patients spoken with and review of the last RQIA inspection report and quality improvement plan (QIP).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that Regulation 26 unannounced quality monitoring visits are now being undertaken and documented every six months and a report generated.	

<b>Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11.2 <b>Stated:</b> First time	The Registered Person shall ensure that appropriate systems are in place to provide evidence that all relevant staff are on the live General Dental Council (GDC) register.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that appropriate systems were in place to provide evidence that all relevant staff are on the live General Dental Council (GDC) register.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> Second time	The Registered Person shall review the procedure for the decontamination of dental hand pieces to ensure that they are decontaminated in keeping with manufacturer's instructions and Professional Estates Letter (PEL) (13) 13 Addendum 1.  Compatible dental hand pieces should be processed in the washer disinfecter.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of decontamination procedures and discussion with the Registered Manager confirmed that dental handpieces, compatible with the washer disinfecter, are decontaminated using this process in keeping with the DoH Professional Estates Letter (PEL) (13) 13 Addendum 1.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 13 <b>Stated:</b> First time	The Registered Person shall ensure that staff are able to describe the symbol for single use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of documentation and discussion the Registered Manager and staff confirmed that staff were able to describe the symbol for single use.	



## 5.0 How we inspect

Before the inspection, a range of information relevant to the practice 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; and
- the previous care inspection report.

Questionnaires were provided to patients prior to the inspection by the establishment on our behalf. We also invited staff to complete an electronic questionnaire prior to the inspection. Returned completed patient and staff questionnaires were analysed prior to the inspection and are discussed in section 6.7 of this report.

The findings of the inspection were provided to Ms Shiells, Registered Manager, at the conclusion of the inspection.

## 6.0 Inspection findings

### 6.1 Management of operations in response to the COVID-19 pandemic

We discussed the management of operations in response to the COVID-19 pandemic with Ms Shiells and application of the HSCB operational guidance. Whilst most of the COVID -19 precautions outlined in the HSCB Preparation for the Re-establishment of the General Dental Services - Operational Guidance guidance had been complied with, it was established through an inspection in another practice that the recent changes in relation to the cessation of AGPs in dental surgeries without mechanical or natural ventilation had not been complied with in this practice. This matter is further outlined in section 6.3.

The systems and processes for reviewing and interpreting new guidance at a corporate level required to be strengthened to ensure that any changes were implemented into practice. This was acknowledged by Dental World 1 Limited senior management team at the serious concerns meeting on 16 March 2021. We identified an area of improvement under the regulations to strengthen the systems and processes for reviewing, implementing and assuring any new best practice guidance and ensure that clear clinical and operational direction from a corporate level is disseminated in a timely manner to all practices.

We also raised concerns at the serious concerns meeting regarding individual dentists within the group receiving the updated guidance directly from HSCB and continuing to carry out AGPs in non-ventilated surgeries without raising this as a concern. We identified an area of improvement under the regulations to ensure that individual dentists are aware of, understand and adhere to the most up to date version of the HSCB Operational Guidance in its entirety and any other relevant best practice guidance documents in line with their professional scope of practice.

**Areas of good practice: Management of operations in response to COVID-19 pandemic**

We confirmed the practice had identified a COVID-19 lead; and had reviewed and amended some policies and procedures in accordance with the HSCB operational guidance to include arrangements to maintain social distancing and prepare staff.

**Areas for improvement: Management of operations in response to COVID-19 pandemic**

We identified two areas of improvement under the regulations in relation to management of operations in response to Covid-19 pandemic regarding the review, implementation and assurance of best practice guidance by individual dentists and Dental World 1 Limited.

	Regulations	Standards
<b>Areas for improvement</b>	2	0

**6.2 Management of medical emergencies**

We reviewed the arrangements in place for the management of medicines within the practice to ensure that medicines were safely, securely and effectively managed in compliance with legislative requirements, professional standards and guidelines and we found them to be satisfactory.

We found that medicines were stored safely and securely and in accordance with the manufacturer's instructions. We confirmed that all emergency medicines as specified within the British National Formulary (BNF) for use in the event of a medical emergency in a dental practice were available. We also confirmed that all emergency equipment as recommended by the Resuscitation Council (UK) guidelines were available.

We noted a robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date and were ready for immediate use in the event of a medical emergency.

We spoke with staff who told us the management of medical emergencies was included in the staff induction programme and that training was updated on an annual basis in keeping with best practice guidance. We reviewed training records and evidenced that staff last completed medical emergency refresher training during January 2021. We found that this training included first aid and scenario-based exercises that simulated medical emergencies that have the potential to occur in a dental practice. These included; anaphylaxis; asthma; cardiac emergencies; myocardial infarction; epileptic seizures; hypoglycaemia; syncope; choking and aspiration; and adrenaline insufficiency.

Staff who spoke with us demonstrated a good understanding of the actions to be taken in the event of a medical emergency and were able to identify to us the location of medical emergency medicines and equipment. Staff told us that they felt well prepared to manage a medical emergency.

We were satisfied that sufficient emergency medicines and equipment were in place and staff were well prepared to manage a medical emergency should this occur.



### Areas of good practice: Management of medical emergencies

We reviewed the arrangements in respect of the management of a medical emergency and confirmed that the dental practice takes a proactive approach to this key patient safety area. This included ensuring that staff had the knowledge and skills to react to a medical emergency, should it arise.

### Areas for improvement: Management of medical emergencies

We identified no areas for improvement regarding the management of medical emergencies.

	Regulations	Standards
Areas for improvement	0	0

### 6.3 Infection prevention and control (IPC)

We reviewed arrangements in relation to IPC procedures throughout the practice to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the premises and noted that the clinical and decontamination areas were clean, tidy and uncluttered.

As previously stated, RQIA established that AGPs had been undertaken in one surgery without appropriate mechanical or natural ventilation in place, which had the potential to increase the risk of the aerosol transmission of a virus to patients and staff. The affected surgery had an air purifier installed to clean the air which management incorrectly believed constituted mechanical ventilation. The issues identified also occurred in one other practice within the Dental World 1 Limited group and we have addressed this within the report for that practice. We were given assurances by the Group Cluster Manager that all AGPs in the identified surgeries, in both dental practices had ceased from 3 March 2021.

We identified an area of improvement under the regulations to ensure that AGP's are not performed in surgeries without natural ventilation until mechanical ventilation is installed and approved by a competent person, in line with (HTM 03-01) - Heating and ventilation of health sector buildings. Approval should be sought from RQIA before recommencing AGPs in the surgeries identified within Bradbury Dental Centre and the other affected practice.

We established that personal protective equipment (PPE) was readily available in keeping with best practice guidance. A higher level of PPE is required when dental treatment using aerosol generating procedures (AGPs) are undertaken including the use of FFP3 masks. An FFP3 is a respirator mask that covers the mouth and nose of the wearer. The performance of these masks depends on achieving good contact between the wearer's skin and the mask. The only way to ensure that the FFP3 mask offers the desired level of protection is for the wearer to be fit tested for a particular make and model of mask. We reviewed the fit testing records and confirmed that the appropriate staff had been fit tested for FFP3 masks.

We confirmed the practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning; the use of PPE; hand hygiene practice; and waste and sharps management.

Staff who spoke with us confirmed that IPS audits were completed in a meaningful manner and the process involved all dental nurses on a rotational basis. Staff told us that the outcome of the audit was discussed during regular staff meetings. Ms Shiells informed us that should the audit identify areas for improvement, an action plan would be generated to address the issues identified and that the IPS audit will be completed every six months.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. Staff who spoke with us demonstrated good knowledge and understanding of IPC procedures.

Ms Shiells confirmed that records were retained to evidence Hepatitis B vaccination status. Ms Shiells told us that all newly recruited clinical staff members, who were new to dentistry, would be automatically referred to occupational health.

### **Areas of good practice: Infection prevention and control**

We reviewed the current arrangements with respect to IPC practice and found that the practice audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool.

### **Areas for improvement: Infection prevention and control**

We identified an area of improvement under the regulations in relation to providing adequate ventilation when undertaking AGPs.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	1	0

## **6.4 Decontamination of reusable dental instruments**

We observed a decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. We evidenced the decontamination room facilitated the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments.

We found arrangements were in place to ensure staff received training in respect to the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

The processes regarding the decontamination of reusable dental instruments were being audited in line with the best practice outlined in HTM 01-05 using the IPS audit tool. We reviewed the most recent IPS audit, completed during October 2020, and found that the audit had been completed in a meaningful manner.

We found that appropriate equipment, including a washer disinfectant and a steam steriliser had been provided to meet the requirements of the practice. We established that equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination. Equipment logbooks evidenced that periodic tests were undertaken and recorded in keeping with HTM 01-05.

We found staff were aware of what equipment, used by the practice, should be treated as single use and what equipment was suitable for decontamination. We confirmed that single use devices were only used for single-treatment episodes and were disposed of following use.

A review of current practice evidenced that arrangements were in place to ensure that reusable dental instruments were appropriately cleaned, sterilised and stored following use in keeping with the best practice guidance outlined in HTM 01-05.

### **Areas of good practice: Decontamination of reusable dental instruments**

We found the current arrangements evidenced that best practice, as outlined in HTM 01-05, was being achieved in respect of the decontamination of reusable dental instruments. This included proactively auditing practice, taking action when issues were identified and ensuring staff had the knowledge and skills to ensure standards were maintained.

### **Areas for improvement: Decontamination of reusable dental instruments**

We identified no areas for improvement regarding the decontamination of reusable dental instruments.

	<b>Regulations</b>	<b>Standards</b>
<b>Areas for improvement</b>	0	0

## **6.5 Visits by the Registered Provider (Regulation 26)**

Where the business entity operating a dental practice, is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the Registered Provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

As discussed in section 3.0, Bradbury Dental Centre is operated by Dental World 1 Limited and Mrs Monica Shah is the Responsible Individual. Mrs Shah nominates a member of the senior management team to undertake the unannounced quality monitoring visits on her behalf. We evidenced that Mrs Shah receives a copy of the report generated, for review and sign off. We reviewed the two most recent unannounced quality monitoring visit reports. We evidenced that action plans were developed, to address any issues identified during the visits, including timescales and persons responsible for completing the actions. We were told that these reports are made available for patients, their representatives, staff, RQIA and any other interested parties to read.

As stated previously we raised concerns in relation the oversight and governance arrangements within Dental World 1 Limited. The senior management team acknowledged that the governance structures required to be strengthened. We were advised during the serious concerns meeting that there have been fundamental changes in the Dental World 1 Limited management structure, a new Clinical Lead is to be appointed for NI and a Regional Manager position is to be created with three area managers supporting this role. We received assurances from Mrs Shah and the senior management team that this will reinforce the governance structures across the group and provide the required assurance of compliance with regulations, minimum standards and best practice guidance.

We requested that Mrs Shah submits a robust action plan to RQIA by 23 March 2021 with clear articulated actions in place that include the actions to be taken, by whom, and within a specified timescale; and outlining the systems and processes for reviewing and interpreting any new guidance at a corporate level, assessing the impact, recording the decision making process, providing clear operational and clinical direction to all staff and assuring the implementation of and compliance with the guidance. To ensure ongoing compliance we identified an area of improvement under the regulations on establishing robust governance structures and arrangements.

### Areas of good practice

We evidenced that reports documenting the findings of visits by the Registered Provider were maintained and these evidenced that the visits were in keeping with the legislation.

### Areas for improvement

We identified an area for improvement under regulation in relation to governance arrangements.

	Regulations	Standards
Areas for improvement	1	0

## 6.6 Equality data

We discussed the arrangements in place regarding the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. Ms Shiells told us that equality data collected was managed in line with best practice.

## 6.7 Patient and staff views

The practice distributed questionnaires to patients on our behalf and one patient submitted a response to RQIA. We found the patient felt their care was safe and effective, that they were treated with compassion and that the service was well led. The patient indicated that they were very satisfied with each of these areas of their care.

A comment included in a submitted questionnaire response was as follows:

- “Very satisfied in all my responses.”

We found eight staff submitted questionnaire responses to RQIA. We established that staff felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of patient care.

A comment included in a submitted questionnaire response was as follows:

- “Practice has come a long way since I started here. Better dentists, better staff, better management. Overall very happy.”

## 6.8 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	4	0

## 7.0 Quality improvement plan (QIP)

We identified areas for improvement during this inspection as detailed in the QIP. We discussed the details of the QIP with Ms Shiells, Registered Manager; Mrs Shah, Responsible Individual; and her senior management team, as part of the inspection process. The timescales commence from the date of inspection.

The Registered Person/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. It is the responsibility of the registered person 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 dental practice. 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 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 Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 April 2021	<p>The registered person shall strengthen the systems and processes for reviewing and interpreting any new guidance at a corporate level, assessing the impact, recording the decision making process, providing clear operational and clinical direction to all staff and assuring the implementation of and compliance with the guidance.</p> <p><b>Ref:</b> 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Clear structure has been put in place for how the group receives, interprets, relays and implements any changes required from updated guidance that is received.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 15 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 April 2021	<p>The registered person shall ensure that individual dentists who work in the Dental World 1 Limited group are aware of, understand and adhere to the most up to date version of the HSCB Preparation for the Re-establishment of the General Dental Services - Operational Guidance in its entirety, and any other relevant best practice guidance documents within their professional scope of practice.</p> <p><b>Ref:</b> 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Associates are to be apart of the structure on guidance interpretation and implementation within each nominated practice.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 15(7)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2021	<p>The registered person shall ensure that AGPs are not performed in surgeries without natural ventilation until mechanical ventilation is installed and approved by a competent person, in line with (HTM 03-01) - Heating and ventilation of health sector buildings. Approval should be sought from RQIA before recommencing AGP's in the surgeries identified within Bradbury Dental Centre.</p> <p><b>Ref:</b> 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b>            AGP's not carried out in surgeries without appropriate mechanical ventilation, this has now been resolved and certified.</p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 17(1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall establish clear and robust governance structures and arrangements to ensure compliance with regulations, minimum standards and best practice guidance.</p> <p><b>Ref:</b> 6.5</p>
<p><b>To be completed by:</b> 3 April 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Governance structure being strengthened with the additon of new Operations Manager - Matthew Robertson, who along with Monica Shah - Overall responsible person and Amr Nosier- Clinical Director will support local management to ensure compliance with regulations, minimum standards and best practice guidance.</p>

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



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