

# Inspection Report 29 November 2021



## Cedarhurst Lodge

Type of service: Nursing (NH)

Address: Cedarhurst Road, Belfast, BT8 7RH

Telephone number: 028 9049 2722

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

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<p><b>Organisation:</b> Electus Healthcare 1 Limited</p> <p><b>Responsible Individual :</b> Mrs Hazel McMullan (acting)</p>	<p><b>Registered Manager:</b> Mrs Caron McKay – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Caron McKay</p>	<p><b>Number of registered places:</b> 43 Maximum number of 43 service users with 31 persons within categories NH-MP and MP(E) and 12 persons within category NH-DE accommodated within the dementia unit.</p>
<p><b>Categories of care:</b> Nursing Home (NH) DE – Dementia MP – Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 41</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Nursing Home which provides nursing care for up to 43 patients. The home is divided into three units. The Beech unit provides nursing care for patients living with dementia. The Sycamore and Oak units provide nursing care for patients living with a mental illness. All three units are located on the ground floor. Patients have access to communal lounges, dining rooms and a garden.</p> <p>There is a Residential Care Home on the same site which occupies part of the ground floor; the Manager has managerial responsibility for both the nursing and residential service.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 29 November 2021 from 10.00 am to 6.30 pm by a care and an estates inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Five new areas for improvement were identified in regard to recruitment processes, the management of falls, staff compliance with infection prevention and control best practice guidance, record keeping and the display of the daily menu.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Cedarhurst Lodge Nursing Home was safe, effective, and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Caron McKay, Manager and Hazel McMullan, acting Responsible Individual at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection seven patients were spoken with individually and others were engaged in small groups in communal areas. One relative and ten staff were spoken with. One questionnaire was returned from a relative with no concerns expressed, we received no feedback from the staff online survey.

Patients spoken with on an individual basis told us that they were happy with the care and services provided in Cedarhurst Lodge.

One patient said “the members of staff are very good, I admire them all”. Staff said that teamwork was good and everyone works well together, the new Manager was very approachable and that they felt well supported in their role.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 23 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 20 (1) (c) (i) <b>Stated:</b> First time	The registered person shall ensure that staff employed in the home receives mandatory training appropriate to their job role.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of training records evidenced this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 21 (5)(d) (i) <b>Stated:</b> First time	The registered person shall ensure a robust system is in place to monitor staff registration with NISCC within the required time frame.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of records evidenced this area for improvement has been met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 12 (1)(a) (i) <b>Stated:</b> First time	The registered person shall ensure all documentation is completed to accurately reflect the stock and consumption of cigarettes and tobacco for those patients who smoke.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of records and discussion with staff evidenced this area for improvement has been met.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA is appropriately notified of any accident in the home where medical advice is sought.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of records evidenced a number of incidents where RQIA had not been informed.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the manager.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>An action plan is in place with work ongoing to refurbish the home with some progress made. However, given the challenges faced with the ongoing Covid pandemic further assessment of this area for improvement at the next inspection is planned.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>	<p><b>Carried forward to the next inspection</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 27 (4)(a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in regard to fire safety arrangements:</p> <ul style="list-style-type: none"> <li>• The fire risk assessment is effectively maintained by the manager and evidences any actions taken in regard to recommended actions required.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the fire risk assessment evidenced this area for improvement has been met.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that regional Covid-19 guidance for nursing and residential homes is implemented.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the screening of all visitors to the home for signs and symptoms of Covid-19</li> <li>• new patients admitted to the home are appropriately isolated.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and review of records evidence this area for improvement has been met.</p>		

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• pull cords are appropriately covered with a wipe able material and do not have a wooden pull</li> <li>• shower chairs are effectively cleaned</li> <li>• notices are not displayed in poly pockets</li> <li>• the washing machine and cooker in the Sycamore unit are effectively cleaned.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the environment evidenced a number of notices still in poly pockets. The other identified deficits had been appropriately addressed.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of governance records evidenced this area for improvement has been met.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time	The registered person shall ensure that the duty rota clearly evidences the full name of all staff working in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  A review of the duty rota evidenced this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 14.25 <b>Stated:</b> Second time	The registered person shall ensure that a reconciliation of money and valuables held and accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 2.8 <b>Stated:</b> Second time	The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.	



## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. It was evident that a system was in place to ensure staff were recruited correctly to protect residents. However, a recruitment check list was in place to ensure all the appropriate checks and documentation was completed and available in recruitment files; review of a number of checklists evidenced that they were incomplete. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. An e-learning training platform is now in use in the home and the Manager had good oversight of staff compliance with the required training.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. We observed the use of white sticky labels on the duty rota; this had been used to correct mistakes or if the duty rota had been altered. This was discussed with the Manager how any amendments should be dated and signed and the use of sticky labels is not recommended. An area for improvement was identified.

Staff were seen to respond to patients needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them. Patients who required care for wounds had this clearly recorded in their care records.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. The care records reviewed were up to date and evidenced the delivery of pressure area care to patients.

Examination of care documentation for patients who had experienced a fall evidenced that risk assessments were not reviewed and updated after a fall. Patients were commenced on neurological observations for unwitnessed falls; however, it was observed that the neurological observations were not completed for the recommended timeframe and no rationale was documented for stopping the observations. An area for improvement was identified.

The dining experience was an opportunity of patients to socialise the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food. However, it was noted that the menu was not displayed in any of the three units; an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included a sample of patient bedrooms, communal lounges, dining rooms, bathrooms, the laundry and storage spaces.

There was evidence that some work had commenced towards the refurbishment of the home. Some doors had been replaced and the walls and doors within the Beech unit had been repainted. Work is still ongoing.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA). A temperature check and health questionnaire is required to be completed by all visitors before entry to the home. Discussion with the Manager confirmed staff temperatures were recorded twice daily however, records did not evidence that this was always recorded on both occasions. This was discussed with the Manager who agreed to review the records to ensure staff temperature was recorded on both occasions.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, a number of staff were observed not bare below the elbow; wearing long sleeves and watches, this was discussed with the Manager and an area for improvement was identified.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

The home has an activity staff member in post for each unit. It was observed that staff promoted a social atmosphere in communal areas with music playing or televisions switched on. Staff were seen to engage with patients during activities and a very competitive game of cards was underway in one of the units. A record of patient involvement and participation in activities is recorded by the activity staff.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management of the home since the last inspection. Mrs Caron McKay has been the acting Manager in the home since 14 October 2021 and the home is actively recruiting a new permanent manager.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. A review of records identified a number of accidents and or incidents were RQIA were not notified. The specific details were discussed with the Manager and retrospective notifications submitted. An area for improvement has been stated for a second time.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

**6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	5*

\* the total number of areas for improvement includes two areas under Regulation that have been stated for a second time. One area under Regulation and two areas under the standards have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Caron McKay, Manager and Hazel McMullan, acting Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that RQIA is appropriately notified of any accident in the home where medical advice is sought.</p> <p>Ref: 5.1 &amp; 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> This has been now been addressed. Discussion has taken place with the trained staff that any incident where medical advice is sought is to be reported to the RQIA. All incidents outstanding added retrospectively.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• notices are not displayed in poly pockets.</li> </ul> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> The 2 notices in poly pockets which were put up by the painters in regard to wet paint were removed on the day of the inspection. Contractors and staff were reminded that all notices must be laminated.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the environmental deficits identified during this inspection form part of a time bound refurbishment action plan; this action plan should be available for inspection at all times and evidence meaningful oversight by the manager.</p> <p><b>Response by registered person detailing the actions taken:</b> Refurbishment / action plan has been agreed and already commenced with a lot of the furniture already being replaced. Redecoration is underway in regard to painting and removal of wallpaper. Action plan continues to be implemented and is available for inspection. Manager has oversight of plan.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance:</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> <li>• The consistent recording of neurological observations</li> <li>• If observations are stopped before the recommended timeframe a clear rationale must be recorded</li> <li>• Falls risk assessments are reviewed and updated to reflect the fall.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Review of one patient care record evidenced when an identified patient had an unwitnessed fall, neurological and clinical observations were carried out but stopped prior to the recommended timeframe. Staff were also informed that if a resident refuses observations that this must be clearly recorded in the residents notes. Supervision was done with staff to ensure they reviewed and updated falls risk assessments .</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff are bare below and not wearing jewellery in keeping with best practice guidance.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> .Discussed with staff on day of inspection and at flash meetings daily.Staff continue to adhere to best practice guidance for wearing of PPE and effective hand hygiene.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.25</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection .</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2019</p>	<p>The registered person shall ensure that each patient is given written notice of all changes to the agreement and these are agreed in writing by the patient or their representative. Where the patient or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 38</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure a recruitment checklist is appropriately completed and retained in the home for all staff members employed.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A review of all staff recruitment records has been undertaken by the Home Manager.The records of the checks are signed and dated and kept in the home.This is reviewed on a weekly basis to ensure that this is maintained</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of white sticky labels.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> This was rectified on the day of the inspection and all staff were reminded that the rota was a legal document and must not be tampered with. Manager has full oversight of the rota.</p> <p>The registered person shall ensure the daily menu is appropriately displayed in all three units.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> This was addressed with the catering manager on the day of the inspection and the menus are now displayed in all three units.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

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