

Unannounced Care Inspection Report 16 February 2017



Colinvale Court

Type of Service: Nursing Home
Address: Glen Road, Belfast, BT11 8BU
Tel no: 028 9060 4314
Inspector: Heather Sleator

1.0 Summary

An unannounced inspection of Colinvale Court took place on 16 February 2017 from 09.30 to 18.00 hours.

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

Is care safe?

There was evidence of the safe delivery of care. Staff were required to attend mandatory training and the observation of care delivery evidenced that knowledge and skill gained, through training, was embedded into practice. Staff had completed a number of dementia specific training areas; this was good practice and should continue.

Staffing arrangements were satisfactory. Staff confirmed communication in the home was good and that there was a system of annual appraisal and supervision in place. A more robust system for monitoring the registration of care staff with the Northern Ireland Social Care Council (NISCC) had been established and recruitment and selection procedures were in accordance with legislative requirements. There were no requirements or recommendations made in this domain.

Is care effective?

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

The review of patient care records evidenced that where patients were assessed as being at risk of dehydration a desired daily fluid intake target should be stated and monitored by staff. A recommendation has been made.

Is care compassionate?

Staff interactions with patients were observed to be caring and timely. Staff demonstrated a detailed knowledge of patients' wishes and preferences. There was evidence of good communication in the home between staff and patients and patients' representatives were very praiseworthy of staff. Relatives commented very positively on the Alzheimer's Society programme for informal carers, which was recently held in the home.

Comments were received from a relative and the comments were discussed with the registered manager, refer to section 4.5 for more detail. There were no requirements or recommendations made in this domain.

Is the service well led?

There was evidence of a clear organisational structure and staff were aware of their roles and responsibilities. A review of care confirmed that the home was operating within their registered categories of care, in accordance with their Statement of Purpose and Patient Guide.

There was further evidence that more robust management systems had been established in the home and that the services provided by the home were regularly monitored. Weaknesses were identified regarding the completion of the monthly quality monitoring report and ensuring that any shortfall, identified during audit, is addressed in a timely manner. Two recommendations have been made .

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

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

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

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 July 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

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

2.0 Service details

Registered organisation/registered person: Raymond Murphy	Registered manager: Vincy Vincent
Person in charge of the home at the time of inspection: Vincy Vincent	Date manager registered: 13 June 2016
Categories of care: NH-DE	Number of registered places: 50

3.0 Methods/processes

Prior to inspection we analysed the following information:

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

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 20 patients, five care staff, two registered nurses, domestic and catering staff, the activities coordinator and five relatives.

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

The following were examined during the inspection:

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 July 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. Refer to section 4.2 for further information.

4.2 Review of requirements and recommendations from the last care inspection dated 14 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20 (1) (a) Stated: First time	<p>The registered provider must ensure that the dependency levels of patients is kept under regular review to ensure that the numbers of and competency of staff deployed is appropriate to meet the needs of the patients.</p>	Met
	<p>Action taken as confirmed during the inspection: Evidence was present that patient dependency levels were reviewed on a monthly basis by the registered nurses. The review of the staff duty rota from 13 to 26 February 2017 evidenced that there were sufficient staff on duty to meet the needs of patients. There were no issues regarding staffing arrangements raised by patient representatives or staff during the inspection.</p>	
Requirement 2 Ref: Regulation 17 (1) Stated: First time	<p>The registered provider must ensure that the systems in place to review the quality of nursing and other services provided by the home are robust. Specific attention should be given to reviewing the auditing and the outcome of audits in relation to:</p> <ul style="list-style-type: none"> • infection prevention and control procedures • the environment • control of substances hazardous to health 	Met
	<p>Action taken as confirmed during the inspection: Quality audits in respect of infection prevention and control and the environment, which included reference to the control of substances hazardous to health, were completed by the registered manager on a monthly basis. The review of the audits evidenced that where a shortfall was identified, remedial action had been taken.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that staff have sufficient and readily accessible equipment available, at all times, to minimise the risk of infection and the spread of infection between patients and staff.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Observation of personal protection equipment available for staff use was in evidence throughout the home. Sufficient stock of all necessary equipment was also in evidence.</p>		
<p>Requirement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that potential risks to the safety and wellbeing of patients is monitored on a daily basis. Any substance which is hazardous to the health of patients must be stores appropriately and safely.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was no evidence of substances hazardous to health being readily accessible by patients present during the inspection.</p>		
<p>Requirement 5</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the dining experience for patients is reviewed and enhanced in accordance with best practice in dementia care. The registered manager should ensure that whoever completes the audit is aware of best practice in this area.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The dining experience was observed and it was a calm and organised activity. The arrangements for the deployment of staff at mealtimes afforded sufficient time for staff to assist patients. Audits of the dining experience were reviewed. Audits were completed three times per week and action was taken where a shortfall was identified.</p>		

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 38 Stated: First time	The registered provider should ensure that a system is established to evidence all required information regarding the recruitment and selection of staff is retained in the personnel file of staff members and that the file is available in the home.	Met
	Action taken as confirmed during the inspection: Three staff personnel files were reviewed. Evidence was present that information as required by legislative and employment guidelines was present.	
Recommendation 2 Ref: Standard 4.9 Stated: First time	The registered provider should ensure that any information in relation to patients' wellbeing should be accurately maintained and reviewed by registered nurses and actioned, where appropriate, on a daily basis. Evidence should be present that registered nurses have reviewed and acted on, where applicable, any supplementary information recorded on behalf of patients.	Met
	Action taken as confirmed during the inspection: Evidence was present within the patient care records which were reviewed, that registered nurses were including information contained within the supplementary care records when completing patient progress records and updating care records.	
Recommendation 3 Ref: Standard 6.14 Stated: First time	The registered provider should ensure that the personal care afforded to patients is monitored on a daily basis by the registered manager or the nurse in charge of the unit, in the absence of the manager, until such times as the registered manager is satisfied with the standard of personal care delivery.	Met
	Action taken as confirmed during the inspection: Evidence was present and reviewed of patient personal care audits which were completed by the registered manager or nurse in charge. Registered nurses completed the audits to monitor the standard of personal care afforded to patients. There were no concerns raised by patient representatives regarding the personal care afforded to patients by staff.	

Recommendation 4 Ref: Standard 47.3 Stated: First time	The registered provider should establish systems to ensure the general maintenance of the home is of a satisfactory standard on a daily basis. Where a shortfall is observed for example; the replacement of lightbulbs, remedial action is taken promptly.	Met
	Action taken as confirmed during the inspection: The registered manager had established a system of auditing of the environment to ensure that any areas in need of repair/replacement were actioned by maintenance personnel in a timely manner.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home, and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Review of the staffing rota from 13 February to 26 February 2017, evidenced that the planned staffing levels were adhered to. In the absence of the registered manager a registered nurse is designated as the person in charge of the home. Competency and capability assessments for the nurse in charge of the home were current and reflected the responsibilities of the position. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, relatives and staff evidenced that there were no concerns regarding staffing levels. One relative commented, via a returned questionnaire, that whilst they were satisfied that the care provided meets the individual needs and preferences of their relative, they also felt individual care could be improved.

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

Discussion with staff and a review of the staff training records confirmed that the registered manager had a system in place to monitor staff compliance with mandatory training requirements. A review of staff training records confirmed that staff completed e-learning (electronic learning) modules on a range of topics including; medicines management, fire safety, food safety, health and safety, infection prevention and control, moving and handling and adult prevention and protection from harm. A dementia skills training programme had recently commenced in January 2017 and will continue until all staff have completed the training.

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

The staff consulted with were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding. The review of staff training records evidenced that 84 percent of staff had completed adult safeguarding training. The registered manager stated newly appointed staff had read the policy documentation but had not completed the online training, as yet. The complaints and safeguarding records provided evidence of incidents. A review of the records identified that concerns had been logged appropriately. A review of documentation confirmed that any potential safeguarding concern was managed appropriately and in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

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

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

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, storage rooms and communal areas. In general, the areas reviewed were found to be clean and tidy. There had been a reorganisation of the function of some of the lounge and dining areas in the home. The lounge/dining area in Beech suite had been designated as a dining area. In discussion with staff it was stated that this arrangement was working well as it afforded staff more time to spend in the remaining lounge/dining areas with the patients who required assistance with their meals. An issue regarding a fire extinguisher was raised in an environmental audit. The registered manager stated the issue had been resolved. Written confirmation was requested and subsequently received from the responsible individual, Raymond Murphy, on 22 February 2017 that the identified fire extinguisher had been serviced by the service contractor and was fit for purpose. Infection prevention and control measures were adhered to and equipment was stored appropriately. Fire exits and corridors were maintained clear from clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Review of patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assessed, planned, evaluated and reviewed care, with one exception. Care records did not evidence a desired daily fluid target for those patients assessed as being at risk of dehydration. Care plans should have evidenced the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met. A recommendation has been made.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that care was delivered and records were maintained in accordance with best practice guidance, care standards and legislative requirements. Repositioning charts evidenced the frequency of repositioning and there were no obvious 'gaps' in recording. A consistent approach to the recording of patients' fluid intake was evidenced. There was evidence that the registered nurses were reviewing the fluid intake of patients within the progress record in patient care records. However, as stated above there was no evidence that registered nurses had identified a daily target and subsequent action to be taken if and when the target was not achieved.

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

We observed the serving of breakfast and the midday meal. As previously discussed the lounge/diner in Beech suite had been designated as a dining room. Patients who were ambulant came to this dining room for their meals. Staff stated that this arrangement afforded them greater time and opportunity to spend with those patients in the remaining lounge/diners who required assistance with their meals. The observation of the mealtime service was that it was a calm and organised activity. Dining tables were appropriately set and the day's menu was displayed. We were unable to evidence that patients, including those on a modified diet were afforded choice at mealtimes, as the menu choice record/s were not available. However, staff were observed offering patients a visual choice of meal with information given by staff to assist the patient as to which meals were being offered. In discussion with the cook it was stated that there can be up to three choices at mealtimes. Also in discussion with a patient it was confirmed that the cook and staff ask the patient what their meal preference was.

Meals are served directly to the patients in the dining areas from a heated trolley by catering staff. This afforded care staff the time to focus on patients. The quality of the meals provided was good and a choice of fluids was offered.

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

Areas for improvement

Care plans should have evidenced the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

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

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

There is an enthusiastic activities coordinator three days per week. In discussion with the activities coordinator the range of planned activities were discussed. Opportunities for patients to visit community facilities have increased in the last few years and these opportunities were greatly enjoyed by patients. Observation of the activities at the time of the inspection evidenced staffs knowledge of the importance of spending individual time with those patients who are unable to participate in more formal or group activities. This was good practice. In discussion with the registered manager it was stated that consideration is being given to employing another activities coordinator as the importance of providing meaningful activities for patients was recognised.

A six week programme, led by the Alzheimer's Society, for informal carers took place in the home in November and December 2016. The registered manager stated approximately 20 family members attended and it was very worthwhile. In discussion with a relative the comment was made, "I understand dementia so much better now, I wish I had the information sooner."

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. The most recent relatives meeting was held on 30 November 2016. The minutes of the meeting were viewed and evidence was present of the action taken in response to comments/suggestions made at the meeting.

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

Comments included:

"This is a good place."

"If I'm not happy I tell them (staff) and they sort it out."

"I like it here, had a shower this morning, I'm good."

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

Comments included:

"We can see the improvement in the home."

"Found the dementia course very helpful."

"Staff are very caring."

"Viewed a number of homes and found Colinvale to be more homely."

"The manager is very conscientious."

"Staff also commented very positively about working in the home."

Comments included:

"I love it here."

"Staff are very good, very friendly."

"One of the better homes I've been in."

Questionnaires

In addition (10) relative/representatives; (eight) patient and (10) staff questionnaires were provided by RQIA to the registered manager for distribution. At the time of issuing this report; six staff, three relatives and three patients returned their questionnaires within the specified timeframe. The responses within the returned questionnaires were positive in respect of the care and attention afforded to patients and the quality of nursing and other services provided by the home.

Comments received from staff included:

- “The activities girl is brill with all the residents, plenty to keep them going.”
- “A very welcoming manager and staff, I wouldn’t come back if I didn’t enjoy it here.”
- “Every day is different and priorities take place, I feel satisfied that residents issues are quickly addressed.”
- “Care staff are good at reporting and nurses equally good at referring, where necessary”.

However, comments were received from a relative.

The relative commented:

- “Feel individual care could be improved.”
- “Complaints aren’t always acted upon, I have identified problems that were not flagged up by staff re health.”
- “Info not relayed to all staff, find myself having to repeat things to different members of staff often.”

The registered manager was informed of the comments received from a relative, by telephone, and agreed to try and resolve the issues raised.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The registration certificate was displayed in the entrance lobby. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Representatives spoken with and who responded by questionnaire, confirmed that they were aware of the home’s complaints procedure. Staff and representatives confirmed that they were confident that staff and management would manage any concern raised by them appropriately. There was one exception regarding the management of complaints. An issue was raised by a relative; refer to section 4.5 for further detail.

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

Discussion with the registered manager, and review of records, evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, infection prevention and control, incidents and accidents and the environment. Where a shortfall had been identified evidence was present of the remedial action that was taken. There was one exception and this was in relation to a fire extinguisher. The registered manager and the responsible individual were advised to ensure any identified shortfall in the home is actioned in a timely manner. A recommendation has been made.

Discussion with the registered manager and review of records for November and December 2016 and January 2017 evidenced that Regulation 29 monthly quality monitoring visits were completed in accordance with the regulations and/or care standards. The review of the reports did not evidence that an action plan had been generated to address any areas for improvement. On occasions, the information was within the main body of the report however it is recommended an action plan is generated at each monitoring visit, where applicable, and the subsequent monthly quality monitoring visit commenced with an evaluation of the previous action plan in respect of compliance.

Areas for improvement

The registered manager and the responsible individual should establish a system to ensure any shortfall identified through audit, is actioned in a timely manner.

An action plan should be generated at the conclusion of each monthly quality monitoring visit, where applicable. The subsequent monthly quality monitoring visit should commence with an evaluation of the previous action plan in respect of compliance

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vincy Vincent, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure care plans evidence the desired daily fluid intake for individual patients and the action to be taken, and at what stage, should the desired target not be met.</p> <p>Ref: section 4.4</p>
	<p>Response by registered provider detailing the actions taken: We have consulted with dietitian ,who has advised that current system of calculating fluid intake is to be continued .I have confirmed the updated situation to you by email on 22/3/17</p>
<p>Recommendation 2</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should establish a system to ensure any shortfall identified through audit, is actioned in a timely manner.</p> <p>Ref: section 4.6</p>
	<p>Response by registered provider detailing the actions taken: The responsible person will liaise on a weekly basis with the nurse manager and maintenance department to ensure that all repairs and renewals are dealt with in a timely manner</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.7</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure an action is generated at the conclusion of each monthly quality monitoring visit, where applicable. The subsequent monthly quality monitoring visit should commence with an evaluation of the previous action plan in respect of compliance</p> <p>Ref: section 4.6</p>
	<p>Response by registered provider detailing the actions taken: The responsible person has taken in to account this recommendation and will follow the protocol required by you when completing all future monthly report .</p>

Please ensure this document is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address



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