

# Unannounced Care Inspection Report 7 September 2017



## North Down Supported Living

North Down Supported Living  
42 Foresthill, Conlig, Bangor, BT23 7FL  
Tel no: 028 9146 8039  
Inspector: Joanne Faulkner

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

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

North Down Supported Living is a supported living type domiciliary care agency located in the North Down area. The agency's aim is to provide care and support to meet the individual assessed needs of people who live in single dwellings, and group living arrangements. Under the direction of the registered manager staff are available to support service users 24 hours per day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

### 3.0 Service details

|   |  |
|---|--|
| <b>Registered organisation/registered person:</b><br>Praxis Care Group/Andrew Mayhew  | <b>Registered manager:</b><br>Robert Alexander |
| <b>Person in charge of the service at the time of inspection:</b><br>Robert Alexander | <b>Date manager registered:</b><br>23/11/16    |

### 4.0 Inspection summary

An unannounced inspection took place on 7 September 2017 from 10.00 to 15.00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

Evidence of good practice was found in relation to staff recruitment, staff supervision and appraisal, and quality monitoring processes.

Areas for improvement were identified in relation to the agency's recruitment and appraisal policies and procedures and staff induction records.

Comments made by service users from returned questionnaires are included within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with Robert Alexander, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 28 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 November 2016.

## 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

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

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the registered manager two service users and two staff members.

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

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Supervision Policy
- Appraisal Policy
- Risk Management Policy
- Safeguarding Vulnerable Adults Policy

- Whistleblowing Policy
- Complaints Policy
- Information Governance and Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that organisations’ Human Resources (HR) department to review the agency’s individual staff recruitment records; details of the findings are included within the report.

During the inspection the inspector provided questionnaires for completion by staff and service users; seven service user and seven staff questionnaires were returned to RQIA.

Following the inspection the inspector spoke to a team leader in relation to comments made by a service user on a returned questionnaire; the team leader provided assurances that staff would speak to the service user in relation to comments made.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 28 November 2016**

The most recent inspection of the agency was an unannounced care inspection.

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

**6.2 Review of areas for improvement from the last care inspection dated 28 November 2016**

| <b>Areas for improvement from the last care inspection</b>  |   |                                 |
|---|---|---------------------------------|
| <b>Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</b> |   | <b>Validation of compliance</b> |
| <b>Area for Improvement 1</b><br><b>Ref:</b> Regulation 23<br><b>Stated:</b> First time                             | The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.<br><br>This requirement refers to the views of service | <b>Met</b>                      |

|  |  |            |
|--|--|------------|
|  | users and their representatives being sought during monthly quality monitoring.  |            |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was identified from records of quality monitoring visits viewed that the comments and views of service users and their representatives had been included.</p>   |            |
| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 23.3</p> <p><b>Stated:</b> First time</p> | <p>The report referred to shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>The agency must forward to the RQIA the completed monthly quality monitoring reports until further notice.</p> | <b>Met</b> |
|  | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency had forwarded to the RQIA the completed monthly quality monitoring reports.</p> <p>The agency is no longer required to forward reports.</p>   |            |

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

During the inspection the inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. Prior to the inspection the inspector visited the organisation's HR department and reviewed a number of individual staff personnel records; records viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Documentation viewed during the visit indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's recruitment policy which was noted to detail the process for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment; however the inspector noted that the policy was required to be reviewed and updated in line with timescales outlined with the minimum standards.

The agency's induction policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations; it was noted that staff are required to complete an induction workbook during the initial induction period. The registered manager stated that staff are required to shadow other staff employed by the agency during their induction programme.

The inspector viewed the records of two staff members who are currently completing their induction; it was identified that a record of the induction programme provided to staff is not routinely retained by the agency. The inspector discussed with the manager the need to develop a system for retaining information relating to staff induction within the agency's office in accordance with the regulations. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The registered manager stated that relief staff are accessed from a number of registered domiciliary care agencies; they described the process for ensuring that any staff provided at short notice have the skills to fulfil the requirements of the job role. The inspector viewed a staff profiles for relief staff and noted that they contained information in relation to the individuals training, experience, induction and registration with the Northern Ireland Social Care Council (NISCC). The inspector discussed with the manager the benefits of recording renewal dates for NISCC for agency staff.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The inspector noted that the agency's rota information detailed the expected levels of staffing required for all service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Staff who spoke to the inspector felt that there is enough staff to meet the needs of the service users.

The agency's staff supervision and appraisal policies outline the timescales and processes to be followed. The inspector identified that the agency's appraisal policy is required to be reviewed and updated in accordance with timescales for review as outline within the minimum standards. The agency maintains a record of staff supervision and appraisal; records viewed by the inspector indicated that staff receive supervision in accordance with the agency's policies and procedures. Staff could describe the benefits of supervision and appraisal.

The agency has an electronic system for recording staff training; the registered manager could describe the process for identifying training needs. It was identified that staff were required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Staff could describe their individual responsibility for ensuring that required training updates are completed. It was noted that the agency records compliance

levels in relation to training completed and that this is reviewed by the person completing the agency's monthly quality monitoring visit.

Staff indicated that they felt that their induction programme and training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was identified that the organisation's updated policy and procedures reflect information contained within the regional policy. The policy and procedures outline the procedure for staff in relation to reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility in relation to adult safeguarding.

Discussions with staff demonstrated that they had a clear understanding of adult safeguarding matters and the procedure for reporting concerns. It was identified from discussions with the manager and training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition a two yearly update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. It was noted that the agency retains details of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse. The manager described the detail of ongoing protection plans in place in relation to safeguarding.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk.

Service users are supported to participate in an annual review involving their HSCT keyworker; the agency had a proforma used to support service users to develop a list of areas they wish to discuss at their review meeting. It was identified from discussions with staff and records viewed that care and support plans are reviewed as required; the agency provides service users with an Everyday Living Plan in an easy format.

The inspector viewed a range of risk assessments in place relating to individual service users and in relation to a number of restrictive practices in place.

The agency's registered premises are located in the same building as a number of the service users' accommodation and accessed from a shared entrance; the office is suitable for the operation of the agency as described in the Statement of Purpose.

Seven service user and seven staff questionnaires were returned to RQIA; responses received indicated that service users and staff were satisfied that care provided is safe.

## **Comments received during inspection.**

### **Service users' comments**

- ‘Staff are very good, very kind and gentle.’
- ‘Staff talk to me; they help me stay calm and listen to me.’
- ‘Everything is happy.’
- ‘I have no worries.’
- ‘I am happy here; I like going out.’

**Staff comments**

- ‘Staff are well trained in safeguarding.’
- ‘Staff are very observant regarding service users presentation and will report and question when they think something is not right.’

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff recruitment processes, supervision, and adult safeguarding.

**Areas for improvement**

Two areas for improvement were identified during the inspection in relation to the agency’s recruitment and appraisal policies and procedures and staff induction records.

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

**6.5 Is care effective?**

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

The inspector reviewed the agency’s arrangements for appropriately responding to and meeting the assessed needs of service users during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Handbook.

The agency’s information governance and data protection policy outlines the procedures for the creation, storage, retention and disposal of records. Records viewed both prior to and during the inspection indicated that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff personnel records viewed at the organisation’s head office prior to the inspection were retained in an organised manner; records held in the agency’s office were noted to be retained securely. The manager stated that staff receive training relating to record keeping during their induction programme.

Staff could describe the methods used for encouraging service users to be effectively engaged in the care planning process. Service users stated that staff support them to be involved in the development of their individual care and support plans. Staff stated that service users are provided with a copy of their individual care and support plans; it was noted that service users are requested to sign their individual care plans.

The inspector reviewed the agency’s arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for

completing monthly quality monitoring visits; it was noted that this process seeks to obtain feedback from service users and relevant stakeholders in relation to the quality of care provided.

The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; records viewed indicated that the process is effective. Records viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, restrictive practices, complaints, medication, care plans and staffing arrangements.

## **Comments recorded on quality monitoring reports**

### **HSCT representatives' comments**

- 'Staff appear to know the service users well and provide support appropriate to their needs. Staff appear to support service users in a person centred manner to promote independence and support them to best reach their potential.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with staff and service users, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

The agency facilitates monthly service user and staff meetings. It was identified that a range of items are discussed at all meetings, they include recruitment, service user issues, policies and procedures and adult protection.

The manager could describe the processes in place to develop and maintain effective working relationships with the HSCT representatives and other relevant stakeholders.

Seven service user and seven staff questionnaires were returned to RQIA; responses received indicated that service users and staff were satisfied that care provided is effective.

## **Comments received during inspection.**

### **Service users' comments**

- 'Staff take us to the cinema.'
- 'Staff help me with cooking and shopping.'
- 'I am very happy; the staff care about you.'
- 'I go to Springhill shopping; staff help me.'
- 'I like cleaning and washing up.'

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to record keeping, auditing arrangements and communication with service users and relevant stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

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

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

The manager stated that staff receive training in relation to confidentiality during their induction programme and have a two yearly update. Discussions with service users and staff, and observations of staff and service user interactions made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture of the organisation. One service user who spoke to the inspector stated that they are given choice and can make their own decisions in relation to the care and support they receive; they stated that staff are respectful.

Staff could describe the processes used to ensure that care and support is provided in an individualised manner. Staff could describe the procedure for effectively supporting service users to make informed choices.

Discussions with service users, staff and information viewed by the inspector indicated that the agency has systems in place to record comments made by service users and/or their representatives. Records of service user and care review meetings, and reports of quality monitoring visits indicated engagement with service users and where appropriate their representatives.

Systems for effectively engaging and responding to the comments and views of service users and their representatives are maintained through the agency's quality monitoring process; complaints process; annual care review meetings and service user meetings. The inspector noted that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

The registered manager stated that if required the agency can provide a range of information in an alternative format to support service users to be effectively engage in decisions about their care. The inspector viewed person centred planning documentation which had been developed in an alternative format by the agency to support service users in engaging effectively in the care planning process.

Seven service user and seven staff questionnaires were returned to RQIA; responses received indicated that service users and staff were satisfied that care provided is compassionate.

## Comments received during the inspection process.

### Service users' comments

- 'I like all the staff.'
- 'Staff are caring and helpful.'
- 'Staff are great.'
- 'I get choice; I can refuse care if I want.'
- 'Great; happy; staff good.'
- 'I like going to Cookie Company; I clean up.'
- 'I choose what I want.'

### Staff comments

- 'Service users are prompted to be independent.'
- 'Service users have more choice here and get out and about more.'

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's processes for engaging with service users and relevant stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.7 Is the service well led?

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

It was identified that the agency has implemented systems of management and governance to promote the delivery of safe, effective and compassionate care. The agency is managed on a day to day basis by a registered manager and a number of team leaders; they could describe the procedure for obtaining support and guidance from senior management within the organisation if required.

The agency has a range of policies and procedures noted to be in accordance with those required within the minimum standards. It was identified that the agency's policies are retained in an electronic format which staff can access. During the inspection the inspector viewed a number of the organisation's policies; it was identified the recruitment and appraisal policies are required to be reviewed and update in accordance with timescales for review as outlined within the minimum standards.

It was identified that the agency has procedures in place for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users; this included the review of risk assessments and behavioural support plans for individual service users. It was noted from records viewed and discussions with the manager that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; discussions with staff indicated that they had an understanding of the actions required in the event of a complaint being received. It was noted that staff receive training in relation to managing complaints during their induction programme. Service users stated that they are encouraged to raise any issues or concerns they have in relation to the care and support they receive.

It was noted from discussions with staff and records viewed that the agency has received one complaint since the previous inspection; records viewed indicated that the agency had acted in accordance with their policy. The inspector identified from records viewed that the agency keeps a record of the outcome of the investigation of individual complaints.

Documentation viewed and discussions with the manager during the inspection indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include ongoing arrangements for monitoring staffing arrangements, incidents, accidents and complaints. Prior to and during the inspection the inspector viewed evidence of appropriate staff recruitment, training, supervision and appraisal. Staff could describe the benefits of the continual review of the quality of the service provided and of identifying areas for improvement.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided. The organisational and management structure of the agency is outlined in the Statement of Purpose and service user handbook.

Staff could describe the responsibilities of their individual job roles; it was noted that the agency's staff rota details the area of work for staff on a day to day basis. It was identified that all staff are provided with a job description during the recruitment and induction period. Staff demonstrated that they had an understanding of the agency's whistleblowing policy. Staff who met with the inspector indicated that the manager is supportive and approachable and could describe the procedure for obtaining support. Service users were aware of staff roles and knew how to get help or advice from staff.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency requires all staff to be registered with the Northern Ireland Social Care Council (NISCC) or other appropriate regulatory body; the manager stated that a record is maintained by the agency's HR department which records registration details and expiry dates. It was identified that the agency retains a copy of registration certificated for individual staff members. The manager stated that they are alerted when staff are due to renew their registration. Discussions with the manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Seven service user and seven staff questionnaires were returned to RQIA; responses received indicated that service users and staff were satisfied that the service is well led.

### Comments received during inspection.

#### Staff comments

- 'There are monthly service user meetings.'
- 'The manager is approachable; we can contact the team leader at any time.'
- 'We have a good team; there is a good rapport.'

#### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of complaints and incidents.

#### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Robert Anderson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

## **7.2 Actions to be taken by the service**

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

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

|   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21(1)(c)<br/>Schedule 4.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7<br/>December 2017</p> | <p>The registered person shall ensure that the records specified in Schedule 4 are maintained , and that they are (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <p>Schedule 4<br/>6. Where the agency is acting otherwise than as an employment agency, the details of the training undertaken by all employees including, where applicable, induction training.</p> <p>Ref: 6.4</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>The mandatory training matrix that was made available for inspection has been amended to include the dates staff attend 3 days of induction training. The original matrix only detailed Safeguarding and Protection of Adults and Children.</p>  |

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

|   |  |
|---|--|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7<br/>December 2017</p> | <p>The registered person shall ensure that Policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>Ref: 6.4</p>                            |
|   | <p><b>Response by registered person detailing the actions taken:</b><br/>The Praxis Head of Quality and Head of Human Resources have both been notified that the Recruitment and Selection Policy was due to be reviewed on 14.3.17 as highlighted by this inspection.</p> |

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



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