

Unannounced Care Inspection Report

20 May 2019



Triangle Housing Association

Type of Service: Domiciliary Care Agency

Address: Knocklayde House, 2 Kilns Road, Ballycastle, BT54 6QQ

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Inspector: Joanne Faulkner

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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

Triangle Housing Association (10900), is a domiciliary care agency supported living type located in Ballycastle. Agency staff provide care and support to service users living in shared accommodation. Service users each have their own individual bedrooms and a number of shared facilities. The service users have a range of complex needs and a number have a learning disability.

The agency's aim is to provide care and support to service users, this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximizing the quality of life. The service users' care is commissioned by the Northern Health and Social Care Trust (HSCT).

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Harold Alexander	Registered Manager: Marguerite McToal
Person in charge at the time of inspection: Marguerite McToal	Date manager registered: 28/10/2016

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 10.20 to 16.20.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are promoted and protected. This means we will seek to view evidence and assurances from providers that they have and will take all reasonable steps to promote people's human rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. Service users should experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, supervision/appraisal, training and adult safeguarding and risk management. The care records were noted to be comprehensive, person centred and well maintained and there was evidence of effective communication with relevant stakeholders. There was evidence that care and support was provided in an individualised manner. The culture and ethos of the agency promoted treating service users with dignity and respect and maximising their independence. There was evidence of effective governance and management systems in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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.

The inspector would like to thank the manager, the service users and staff for their support and full co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 13 May 2018

No further actions were required to be taken following the most recent inspection on 13 May 2018.

5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- consultation with three service users and two staff
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the manager was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; five responses were received prior to the issuing of this report. Responses received indicated that staff were very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Ten questionnaires were provided for distribution to the service users and their representatives; two responses were received prior to the issuing of this report. Responses received indicated that the respondents were very satisfied that care provided was safe, effective and compassionate and that the agency was well led. Comments received included, “everything first class.”; “Everything is good.”

The inspector requested that the manager place a “Have we missed” you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the agency’s premises.

During the inspection the inspector spoke with the manager, two staff members and three service users. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 May 2018

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

6.2 Inspection findings

6.3 Is care safe?

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

The agency’s systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the process for ensuring that required staff pre-employment checks are completed. It was identified that staff recruitment is managed and co-ordinated by the organisation’s Human Resources (HR) department. Details of all information relating to individual staff recruitment is retained by the HR department.

Discussions with the manager indicated that they had a clear understanding of the recruitment process and the need for robust systems to be in place. The manager stated that staff are not provided to deliver care and support to service users until all required checks have been satisfactorily completed.

Discussions with the manager, staff and records viewed indicated that the agency's induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency for a minimum of two weeks. It was identified that staff are required to complete an induction workbook which is linked the Northern Ireland Social Care Council's (NISCC) Standards. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users. The reports of quality monitoring audits viewed indicated that an audit of staffing arrangements is completed monthly.

Staff have a six month probationary period with reviews at one, three and six months. Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care on a one to one basis.

The system for ensuring that staff provided at short notice have the knowledge and skills for their job roles was discussed with the manager. The manager stated that all staff must complete the full induction programme prior to providing care; this is to ensure that continuity of care is achieved and to promote the safety, dignity and respect of service users.

It was noted that the agency aims to provide quarterly supervision/ appraisal to staff in the form of a performance review; a record is maintained. The process includes medication and financial management competency assessments. The records of two staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff indicated that they participate in developing individual development plans as part of the performance review process. It was positive to note that record relating to supervision and appraisal were retained in a well organised manner.

It was identified that the agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency retains details of the registration status and expiry dates of staff required to be registered with NISCC. The manager stated that staff are not supplied for work if they are not appropriately registered. Records viewed indicated that all staff were registered appropriately.

The manager and staff could describe the process for identifying individual training needs and their responsibility for ensuring that training updates are completed. Staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training was informative and had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives. Staff commented: "Training is very good, we get regular updates."; "Induction is much better now."

The agency has a system for recording staff training; it is reviewed by the inspector. Training records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, managing challenging behaviours, medication and safeguarding and human rights. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, professional boundaries and whistleblowing.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); staff were aware of the process for liaising with the ASC.

Discussions with the manager and staff indicated that they were knowledgeable in matters relating to adult safeguarding measures, the role of the ASC and the process for reporting adult safeguarding concerns appropriately and in a timely manner.

It was noted that staff are required to complete safeguarding training during their induction programme and annual training updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

The Adult Safeguarding Position report for the agency has been formulated and was reviewed at the previous inspection.

The service users who spoke to the inspector could describe what they would do if they had any concerns in relation to safety or the care and support provided. They indicated that they could speak to staff or the manager at any time and felt that their concerns would be listened to and appropriately addressed.

Discussions with the manager and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that no referrals had been made to the HSCT in relation to adult safeguarding matters from the date of the last care inspection.

Staff had a clear understanding of their role and responsibility to identify and report actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Service users spoken with, indicated that they had no concerns regarding the safety of care being provided by the agency. They stated that new staff are introduced to them; service users valued this in terms of their dignity and in addition that all staff provided had the required knowledge of the care and support they required. Those consulted confirmed that they could approach the staff if they had any concerns. Example of a comment made by service users: "I have no concerns; staff are very good."

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with staff during inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity

and respect. There were no concerns raised with the inspector in relation to the service users' needs being met.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager and staff could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives.

Staff who spoke to the inspector were knowledgeable and informed, regarding the individual needs of service users'. Staff described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are considered. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Service users who spoke to the inspector stated that they had choice and indicated that staff listened to them and respected decisions made. In addition they indicated that staff talked to them about their care and support needs.

Staff and service users who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they observe service users, identifying any change in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Information relating to service users was noted to be stored securely. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

The agency's office accommodation is located in the home of the service users and accessed from a shared entrance. The office is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection records were stored securely and in a well organised manner and that computers were password protected.

Comments received during inspection process.

Staff comments

- "Service users have choice."
- "Service users who are more able can make more choices."
- "Low turnover of staff means continuity."
- "I like getting the service users out and about."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training and development, adult safeguarding and management of risk.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. The agency's Statement of Purpose and Service User Guide contain details of the nature and range of services provided and make reference to the equality of care provided to service users.

The agency has a data protection policy outlining the procedures for the effective creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be retained in an organised and secure manner. It was identified that staff had received information relating to record keeping and confidentiality during their induction programme

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives; they included risk assessments and care plans. The review of the individual service user care records identified that they were individualised and contained a range of comprehensive assessments and care plans.

Care plans viewed were noted to be comprehensive, providing a detailed account of care and support required. In addition, they contained details of specific choices made by service users and made reference to their human rights and any practices deemed to be restrictive. It was noted that some of the information had been presented in a pictorial format. The service users who spoke to the inspector stated that they were supported to make choices in relation to the care they received and were involved in developing their care plan.

The manager and staff could describe the processes used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. It is noted that it is detailed if service users are unable to sign their care plan.

The agency contributes to reviews involving the service users' HSCT keyworkers as appropriate. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and observations made evidenced that staff communicate appropriately with service users. The manager stated that the communication needs of service users is considered as part of the referral and assessment process.

It was noted that care review meetings with service users/relatives had been completed; the manager stated that this is beneficial to ensure the needs of service users were being met. It was noted that a number of reviews included representatives from the relevant HSCT. Service users who spoke to the inspector stated that they felt valued and that staff listen to their views and respect their choices in relation to their care.

The manager and staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Staff could describe the ongoing engagement and support received from the HSCT community team in relation to a number of service users.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff discussed the methods used to ensure information is communicated and shared in a timely manner.

The agency facilitates staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions.

The service users who spoke to the inspector stated they had no concerns regarding the conduct of staff providing the care and support. No issues regarding communication between the service users, relatives and staff from the agency were raised.

Examples of some of the comments made by service users are listed below:

- "They (staff) talk to us."
- "I have a Keyworker."
- "I tell staff if I am worried or not happy."

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

The agency has arrangements in place to respond to unforeseen/emergency events; service users have individual personal protection plans.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality of the care records and the agency's communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

It was noted that staff receive information/training in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff and service users, observations made and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. Service users could describe how staff respect their views and choices and could describe how staff treat them with respect. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding in an easy read format. The inspector observed service users making choices in relation to their food, mealtimes and daily routine.

Staff who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

Service users who spoke to the inspector indicated that they have choice and stated that staff respect their views, wishes and choices. Some comments made were "Staff are brilliant."; "I speak to staff if worried."; "I like it here."; "I feel safe here."

Service user care records viewed in the agency office were noted to outline the information relating to the needs of service users and their individual choices and preferences. Service users who spoke to the inspector could describe how they are supported to make decisions about the care and support they received.

Staff described how they endeavour to provide the care and support in an individualised manner; and the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual wishes and preferences.

Staff spoken with commented:

- "They (service users) do have choice."
- "The more able make more choices."
- "I like getting the service users out and about to social situations."

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner.

It was identified that staff had been provided with equality awareness information during their induction programme.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The manager and staff could describe how the training provided equips them to engage with a diverse range of service users.

Staff described how they consider ways of improving the service provided, they described the methods used to ensure that care is provided in an individualised way.

Discussions with service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- promotion of effective service user involvement
- stakeholder involvement
- equity of care and support
- provision of care in an individualised manner
- risk assessment and care planning

It was positive to note that the agency had developed a range of key information in an alternative format to promote a clearer understanding of the information being provided.

From records viewed and discussions it was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording, service user meetings and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, best interest meetings, quality monitoring visits, and care review meetings. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in identifying areas for improvement.

Additional methods for engaging with service users to obtain their views is the agency's 'Choice Checker' process whereby an identified service user will speak to all service users to obtain their views on a range of matters and provide this information back to the staff team. One service user participates in a larger organisational wide group known as a Tenant's Action Group to represent the views and opinions of service users. The manager stated that this process encourages choice, inclusion, dignity, empowerment and respect of service users.

Staff and service users who contributed to the inspection indicated that they felt care provided was compassionate; service users advised that staff treat them with dignity and respect.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the effective engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of

improving the quality of the service provided. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good outcomes for service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The inspector reviewed management and governance systems in place within the agency to meet the assessed needs of service users. The agency is currently managed on a day to day basis by the registered manager supported by a number of team leaders and support staff.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements. Staff who spoke to the inspector indicated that they felt supported in their role and could approach the seniors at any time.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings, care review meetings and the organisation's service user consultation forum (TAG).

Staff who spoke to the inspector stated that they had good working relationships with the manager and senior team. Staff spoken with commented:

- "Honestly wish I came into it (this job) earlier."
- "The registered manager is very good."

The agency has a range of policies and procedures which are retained electronically and staff can access. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the manager and staff indicated that they have an understanding of the actions to be taken in the event of a complaint being received. Staff stated that they receive complaints awareness information during their induction programme. Service users could describe the process for raising concerns; this indicated that they have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

It was identified that the contact details for RQIA recorded within the policy were required to be updated; the manager stated that this would be actioned following the inspection.

Complaints are audited on a monthly basis as part of the agency's quality monitoring system. The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the manager that the agency had received a small number of complaints since the previous inspection.

It was identified that there had been a delay in one complaint being forwarded to the manager by staff. This was discussed with the manager who agreed to discuss the complaints process with staff at a staff meeting. Following the inspection RQIA received email confirmation that staff had been reminded of the process for forwarding complaints to the appropriate person for action.

The agency has processes for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, supervision of staff, monthly monitoring of staffing arrangements, complaints, accidents, safeguarding incidents and incidents notifiable to RQIA. Throughout the inspection the inspector viewed evidence of effective collaborative working relationships with relevant stakeholders such as HSCT representatives.

The inspector viewed evidence which indicated appropriate staff induction, training, supervision and appraisal. The manager and staff could clearly describe the rationale for regularly reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is clearly outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles; it was noted that staff are provided with a job description at the commencement of employment. The manager stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings. Staff stated that the manager and senior staff are approachable and supportive.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Service users who spoke to the inspector knew whom they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised with the inspector. The service user commented, "I talk to staff if worried."; "Nothing I am worried about; staff help me."; "I have no concerns."

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The organisation has developed a process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed by the registered person or the organisation's board members. Records viewed indicated that the process is effective and that an action plan is developed. The records were noted to include comments made by service users, and where appropriate their representatives.

Some comments received:

- “No issue with the service.”
- “I find it a very good service; staff have a sensible and measured approach.”

The reports included details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

Staff commented:

- “I am supported, the manager is very approachable.”
- “I can report issues to the team leader or manager.”
- “There is an on call system.”
- “Low turnover of staff.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements including the quality monitoring process.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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