

Unannounced Care Inspection Report 20 March 2019



Lakeland Community Care

Type of Service: Day Care Service

Address: Court House, Newtownbutler, BT92 8EN

Tel No: 02867737070

Inspector: Angela Graham

www.rqia.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

This is a day care setting that is registered to provide care and day time activities for up to 18 service users for older people over the age of 65, who may be frail and/or have a mental health need. The day care setting is open Wednesday and is managed by Lakeland Community Care Ltd.

3.0 Service details

Organisation/Registered Provider: Lakeland Community Care Ltd Responsible Individual: Patrick McGurn	Registered Manager: Patrick McGurn
Person in charge at the time of inspection: Catherine McKenna, Senior Care Assistant	Date manager registered: 28 April 2009
Number of registered places: 18	

4.0 Inspection summary

An unannounced inspection took place on 20 March 2019 from 09.15 to 15.55.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to staff training, adult safeguarding, risk management and fire safety. Further areas of good practice were also noted in regard to audits and care reviews; communication between service users, staff and other key stakeholders; provision of care; and the culture and ethos of the day care setting.

One area requiring improvement was identified regarding staff training records.

Service users' comments are included throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Catherine McKenna, Senior Care Assistant, 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 7 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 March 2018.

5.0 How we inspect

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

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 7 March 2018
- Unannounced care inspection report and QIP from 7 March 2018.

During the inspection, the inspector met with a visiting relative, the registered manager, senior care assistant and two care staff. Introductions were made to service users during the course of a walk around the setting; with individual interaction with eight service users.

The following records were examined during the inspection:

- Three service users' care records
- A sample of service users' daily records
- A sample of staff supervision and appraisal records
- A sample of competency and capability assessments
- Staff training information
- The day centre's complaints/compliments record since the last inspection
- Staff roster information for February and March 2019
- A sample of minutes of service users' meetings since the last inspection
- A sample of minutes of staff meetings since the last inspection
- The day centre's record of incidents and accidents since the last inspection
- A sample of monthly quality monitoring reports since the last inspection
- RQIA registration certificate
- A sample of audits
- Fire Safety Information.

At the request of the inspector, the senior care assistant was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; nine service users/relatives questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the senior care assistant place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two and partially met for one.

The findings of the inspection were provided to Catherine McKenna, Senior Care Assistant, at the conclusion of the inspection.

The inspector would like to thank the registered manager, senior care assistant, service users, relative and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 7 March 2018

The most recent inspection of the establishment 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 7 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 Stated: Second time To be completed by: 30 April 2018	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> The monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The monthly monitoring reports for this setting are improved. The visits must identify the time of the visit, if the visit is announced or unannounced, monitor all of the matters as described in the day care settings standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards. Monitoring reports are more qualitative based. 	<p>Met</p>

	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. The inspector reviewed a number of reports and confirmed that the monthly quality monitoring reports were available and up to date.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 Stated: First time To be completed by: Immediate from the time of the inspection	The registered person shall ensure a record is kept of staff working each day and the capacity in which they worked. Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior care assistant confirmed that this area for improvement had been addressed. The inspector reviewed a sample of staff duty rosters and these rosters were maintained in line with Standard 23.7 and included the registered manager's hours worked.	Met
Area for improvement 2 Ref: Standard 21.8 Stated: First time To be completed by: 30 April 2018	The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify: <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date(s) of the training; • The name and qualification of the trainer or the • The name and qualification of the trainer or the training agency; and content of the training programme. Action taken as confirmed during the inspection: The inspector reviewed a number of staff training records. These records did not include the content of the training or staff signatures. This area for improvement will be stated for a second time in this report.	Partially met

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The senior care assistant described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the senior care assistant that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

Discussions with the senior care assistant and observations during the inspection verified that there were sufficient numbers of staff to meet the needs of service users. Discussions with the staff, a relative and service users further verified that staffing levels were sufficient to meet the assessed needs of service users. A review of the staffing roster for weeks commencing 6 February 2019 until 20 March 2019 evidenced that the planned staffing levels were adhered to.

The senior care assistant confirmed that there has been a consistent staff team working in the day centre and that no new staff have been employed for a number of years. In addition, discussions with the senior care assistant confirmed that there was also an appropriate induction process in place for any new staff who may be employed.

A competency and capability assessment had been completed for the staff member who, on occasion, may be in charge of the centre in the absence of the registered manager. A review of the competency and capability assessment confirmed that the staff member was assessed as competent to undertake their role and responsibilities.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. Discussion with staff confirmed that mandatory training and other professional development training was provided.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, dementia awareness, food safety and infection prevention and control. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

A number of training records were reviewed by the inspector. These records did not include the content of the training or staff signatures. This area for improvement has been stated for a second time.

Review of the accident/incident records confirmed that no accidents or incidents had occurred in the day centre since the previous care inspection. Discussion with the senior care assistant evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with the senior care assistant and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users. The senior care assistant described a transparent learning culture within the setting in which staff are supported and encouraged to engage in reflective practice; the senior care assistant stated that this approach allows staff to consider any lessons learnt and review how to improve the day care experience for service users.

Discussions with the senior care assistant and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The senior care assistant and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

There were no recent or current adult safeguarding referrals or investigation records to examine. The senior care assistant confirmed that the organisations safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. Staff had received adult safeguarding training. Discussion with the senior care assistant and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and clean throughout. Discussion with the senior care assistant and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. The senior care assistant confirmed that new seating had been recently purchased for the day centre. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 28 August 2018. Discussion with staff confirmed they were aware of the evacuation procedure. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, weekly safety checks of fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained.

Discussion with service users, a relative and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I love coming to the centre and we are very safe here."
- "Staff have told me what to do if the fire alarm goes off."

Relative's comments:

- "Xxxx is very safe here and is well cared for."
- "Staff are very good to Xxxx and are very kind."

Staff comments:

- "We work very hard to ensure that the service users are safe in the centre."
- "I am offered good training and supervision that leads to safe care."

Nine service users/relatives returned questionnaires to RQIA post inspection. The respondents confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The respondents confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge of adult safeguarding, risk management and infection prevention and control.

Areas for improvement

One area for improvement was identified in staff training records.

	Regulations	Standards
Total number of areas for improvement	0	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 day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

Discussion with the senior care assistant and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Discussion with the senior care assistant and review of records confirmed there were systems in place to review service user's placements within the centre and ensure that they are appropriate to meet their health and social care needs. There was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regards to the day care service.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported.

Discussions with the senior care assistant and staff described effective communication between service users, their relatives and the multi-disciplinary team. This was verified during discussion on the day of inspection with a service user's relative who provided highly positive feedback regarding communication from staff with respect to the health and wellbeing of the service user.

The senior care assistant confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety and care records and evidenced that actions identified for improvement had been completed.

Discussion with service users, a relative and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "Staff care for me very well and I choose what I want to get involved in during my time in the day centre."
- "I love coming here, the care is good and staff are so kind and helpful."
- "I have my care review in the day centre."
- "The dinner you get here is excellent."
- "I enjoy the bowling and catching up with my friends."

Relative's comments:

- "Staff always let me know what type of day xxxx has had."
- "All is good here, there is no need to change anything."

Staff comments:

- “The service users get to choose how they want to spend their day and we respect their choices.”
- “We are all aware of the care required for each service user and their care records are kept up to date.”

Nine service users/relatives returned questionnaires to RQIA post inspection. The respondents confirmed that they were “very satisfied” regarding questions on “is care effective” in this setting. The respondents stated that they receive the right care, at the right time, in the right place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff 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

6.6 Is care compassionate?

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

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. The day centre provides a range of activities including: games, boccia, creative crafts, armchair exercises, bingo and reminiscence.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff described there was also informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. Consultation with service users and when appropriate their relatives was recorded in service users individual records and were used to inform the assessment, care planning and review process.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and

support requested. Condiments were available for service users' use if required. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Discussions with the senior care assistant established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. It was acknowledged that service users require varying degrees of support with their care needs, and that service user independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance.

The senior care assistant confirmed that service user meetings are held generally quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in September 2018, November 2018 and January 2019 evidenced service user feedback being sought in regards to transport, meals, complaints procedure and activities.

Discussions with service users confirmed that their views and opinions are taken into account in all matters affecting them. Service users advised they were consulted at service user meetings, care reviews and informally through daily discussions with staff.

Discussion with service users, a relative and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- "This is a great place to come; all my wants and needs are met."
- "The staff are the best you will find, they always greet you with a smile."
- "Staff very pleasing to be with and are caring; I am well looked after."

Relative's comments:

- "Xxxx enjoys coming to the centre and talks highly of the staff and service."

Staff comments:

- "We are respectful in all that we do in the centre and promote the service users independence."
- "It is important all service users are treated equally and offered choice."

Nine service users/relatives returned questionnaires to RQIA post inspection. The respondents confirmed that they were "very satisfied" regarding questions on "is care compassionate" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of 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

6.7 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.

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The Statement of Purpose for the day care service was reviewed and updated in May 2018. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose. There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the senior care assistant confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

The senior care assistant and staff advised there were a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via paper copy.

The inspector discussed arrangements in place that relate to the equality 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. The senior care assistant confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the senior care assistant confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The senior care assistant confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Discussions with the senior care assistant and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and an annual appraisal.

A review of staff meetings since the last inspection evidenced that they were held quarterly. The meetings held in June and September 2018 and January 2019 identified a focus on health and safety, day to day management of the centre and staff access to staff training opportunities.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the senior care assistant was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly. A sample of reports viewed from December 2018 to February 2019 provided evidence that the visits were a mix of announced and unannounced visits and evidenced engagement with service users, staff and relatives, with positive feedback recorded.

Discussion with service users, a relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "This place is well run and I couldn't suggest anything to improve it."
- "Great centre and great staff."

Relative's comments:

- "I have no complaints regarding the centre and it is my view it is well run."

Staff comments:

- "We are a small team and have the opportunity to discuss any issues with the manager or senior at any time."
- "I have supervision every three months and get an appraisal every year."
- "It is my view this is a good centre and we all work well as a team."

Nine service users/relatives returned questionnaires to RQIA. The respondents confirmed they were "very satisfied" or "satisfied" regarding questions on "is care well led/managed" in this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

	Regulations	Standards
Total number of areas for improvement	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 name, position, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/registered 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 day care setting. 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 Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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 Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.8</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2019</p>	<p>The registered person should maintain a staff training record that clearly details the training provided to the staff. The record should specify:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date(s) of the training; • The name and qualification of the trainer or the • The name and qualification of the trainer or the training agency; and content of the training programme. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The details required have now been implemented by the Training Officer to include the above standard</p>
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