

# Unannounced Care Inspection Report

## 29 April 2019



## Bluebird Care

**Type of Service: Domiciliary Care Agency**  
**Address: 12 High Street, Holywood BT18 9AZ**  
**Tel No: 02890426615**  
**Inspector: Joanne Faulkner**

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

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**

Bluebird Care is a domiciliary care agency which provides personal care, social support and a sitting service to service users in their own homes. Service users have a range of conditions including physical disabilities, mental health disorders and dementia.

Service users receive care and support with personal care, daily living skills, housing support and emotional wellbeing with the aim of promoting their independence.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bluebird Care  <b>Responsible Individual:</b> Dr Peter William McCormick	<b>Registered Manager:</b> Ms Lucinda Baxter, Acting no application required
<b>Person in charge at the time of inspection:</b> Ms Lucinda Baxter	<b>Date manager registered:</b> N/A

### 4.0 Inspection summary

An unannounced inspection took place on 29 April 2019 from 10.00 to 16.00.

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 found throughout the inspection in relation to staff recruitment, supervision, training and development and adult safeguarding and risk management. The care records were well maintained and there was evidence of effective communication with relevant stakeholders. 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 good 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 user, a relative and staff for their support and full co-operation throughout the inspection process.

#### 4.1 Inspection outcome

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

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 15 October 2018

No further actions were required to be taken following the most recent inspection on 15 October 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 and registered person
- examination of records
- consultation with one service user, three staff and a relative of one service user
- 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; no responses were received prior to the issuing of this report.

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.

Ten questionnaires were provided for distribution to the service users and their representatives; no responses were received prior to the issuing of this report.

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 three staff members and spoke to one service user, and the relative of one service user via telephone. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 October 2018

The most recent inspection of the agency was an unannounced enforcement compliance inspection. Evidence was available to validate compliance with the Failure to Comply (FTC) notice issued on 8 August 2018.

There were no areas for improvement made as a result of the inspection on 15 October 2018.

## 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.**

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's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed. 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 for work in the homes of service users until all required checks have been satisfactorily completed. It was identified that the agency retains details of all information relating to individual staff recruitment.

The reports of quality monitoring audits viewed indicated that an audit of staff files, including staff pre-employment checks is completed.

Discussions with 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. Staff are required to complete eight modules outlined within the induction workbook in areas such as care planning, confidentiality and the role of a care worker. Staff indicated that their induction had provided them with the knowledge and skills to meet the needs of service users.

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.

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 dignity and respect of service users.

It was noted that members of the supervisory team shadow staff on a shift to assess competency. A record of staff supervision and appraisal is maintained. It was noted that the agency aims to directly supervise staff monthly. The records of three staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff participate in developing individual development plans as part of the annual appraisal process. It was positive to note that staff supervision and appraisal information viewed were noted to be 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 the Northern Ireland Social Care Council (NISCC). It was noted that staff are alerted when their registration is required to be renewed and not supplied for work if they are not appropriately registered.

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. It was noted that training provided is a combination of classroom based and E-learning. 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 user's human rights in all aspects of their lives. Staff commented: "Training is good, I got a good induction." and "Training is ongoing."

The agency has a system for recording staff training; it is reviewed monthly by the manager. The inspector reviewed the agency's training plan and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete a training in a range of areas such as moving and handling, mental capacity, medication and adult safeguarding.

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 identified an Adult Safeguarding Champion (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 procedures 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 have annual training updates. It was noted that staff had received training in relation to adult safeguarding. The manager stated that they are in the process of developing an adult safeguarding position report for the agency.

Service users and a relative who spoke to the inspector could describe what they would do if they had any concerns in relation to their safety or the care they received.

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 Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the manager indicated that from the date of the last care inspection there had been no referrals made HSCT in relation to adult safeguarding matters.

The staff spoken with 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 on whistleblowing.

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

- "I can lift the phone and speak to them (the office staff)."
- "I ring the office reference concerns."

Discussions with the manager 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 on the day of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. They confirmed that service users had a core staff team to help provide them with 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. 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. These areas were monitored part of the agency's quality monitoring processes. It was noted that the manager has developed a proforma for recording the closure information relating to incidents.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The manager could 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. The agency contributes to reviews involving the service users' HSCT keyworkers if appropriate.

Staff presented as knowledgeable and informed, regarding service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and views are taken into account. 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.

Staff and a service user who spoke to the inspector stated that they felt care was being provided in a safe manner. They could describe how they observe service users, noting any change in dependency, ability or behaviour and quickly taking 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. It was noted that General Data Protection Regulations (GDPR) had been discussed with staff.

The agency's office accommodation is located close to the town of Hollywood. The offices are 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**

- "I feel supported in my job, the agency looks after us also."
- "We provide really good care."
- "Training is ongoing."

### **Areas of good practice**

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

### **Areas for improvement**

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



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

### 6.5 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. It was identified that the contact details for RQIA were required to be updated; the manager stated that this would be actioned immediately following the inspection.

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

Service user care records viewed were noted to include referral information received from the relevant HSCT representative; they included risk assessments and care plans. The review of the individual service user care records identified that they were person-centred and retained securely and that they contained a range of assessments completed by the agency such as risk assessments, environmental assessments and a record of the care provided. The service user 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 could describe the processes used for supporting service users 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.

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 a relative evidenced that staff communicate appropriately with them. The manager stated that a range of information is provided to service users and their relatives at the initial visit. Care plans included information about people's preferred communication needs.

It was noted that care review meetings with service users/relatives had been completed; the manager stated that this was to ensure the needs of service users were being met. It was noted that a number of reviews included representatives from the relevant HSCT. The service user and a relative 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 could describe the processes used to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

It was identified from discussions with the manager that the agency has arrangements in place for identifying and managing service failures in a timely manner including missed or late calls. These included maintaining a record of missed call logs and any contact with service users and their representatives. Staff described the process for reporting if they are going to be late for a service user visit or had missed a call. Staff could also describe the action to be taken in the event of being unable to gain access to a service user's home.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users' care plans. The manager stated that the agency is currently developing an electronic system that staff will be able to access via their mobile phone; it will have initially have details of the agency's policies and procedures.

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

Service users and a relative who spoke to the inspector stated they had no concerns regarding timekeeping of staff or missed calls. No issues regarding communication between the service users, relatives and staff from the agency were raised. The relative stated that home visits and phone calls have taken place to obtain their views on the service.

Examples of some of the comments made by the relative are listed below:

- "I have no concerns; their timekeeping is good and staff are well presented."
- "Staff are polite and courteous and complete all the tasks required. Staff on occasions have provided additional support to mum."
- "My mum is independent and is given the opportunity to promote her independence."
- "Mum has choice and is treated with respect."

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include monthly spot checks of staff in the homes of service users and feedback from service users and their relatives.

### 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
<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.**

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 identified that staff receive awareness training in relation to equality and confidentiality during their induction programme. The manager stated that staff are in the process of completing training in relation to consent and capacity; they stated that human rights are discussed as part of the induction. Discussions with staff and records viewed 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 is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding. It was good to note that staff practice is observed monthly as part of the agency's supervision process.

Staff who spoke to the inspector described how service users can make choices about the care and support they receive and stated that service users can refuse any aspect of their care and that this is respected. However they also discussed the risks that this may present and the process for raising concerns with the manager in relation to any identified risks.

The service user and relative who spoke to the inspector stated that they have choices and that staff respect their views, wishes and choices. Some comments made were "Staff are polite and courteous."; "Staff will do what they are meant to do; excellent I have no concerns."; "My Mum has choice, staff respect her wishes." The relative stated that staff will identify risks or areas that need attention and will inform them of these matters.

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

Staff described how they endeavour to provide the care and support in a person centred way; and the processes used for effectively supporting service users in making informed choices.

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

Staff spoken with commented:

- "They (service users) get really good care."
- "Continuity is important, mainly same person on the run."
- "Service users have choice."
- "We are kept in our own areas, good for continuity."

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 staff development and training equips staff to engage with a diverse range of service users. One staff member describe how they had been provided with additional training in dementia awareness to meet the needs of some service users.

Discussions with the service user, a relative, staff and the registered person and 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
- individualised risk assessment

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 service user feedback forms, feedback from spot checks, care review 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; quality monitoring visits; care review meetings, and feedback received from customer satisfaction surveys. 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.

Feedback received from the agency's satisfaction questionnaire:

- '\*\*\*\* does a great job.'
- 'Continuity with the same care workers is beneficial.'
- 'Very happy with \*\*\*\* as a carer, pleasant manner, always neat and tidy.'
- 'Thank you for your much appreciated help with \*\*\*\* .....; by having you there each day \*\*\*\* is more content and settled.'
- 'Completely satisfied with your service.'
- 'My wife and I are very satisfied with the service your operative provided.'
- 'Just keep it as it is.'

The inspector viewed evidence of an incident where the manager had addressed an issue raised; it included details of the action taken and any liaison with the person raising the matter.

The service user and relative who contributed to the inspection indicated that they felt care provided was compassionate; they advised that care workers treat them and the service users 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 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
<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.**

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 acting manager. The acting manager arrangements have been in place within the agency since March 2016. The acting manager is in the process of completing training that will enable them to make an application to RQIA to be registered as the manager. The acting manager has provided assurances to RQIA that they will be in the position to make application to be registered as the manager of the agency within the next few months. Written confirmation of this position has been requested from the acting manager and the training agency who provide the manager qualification.

Staff could describe the process for obtaining support and guidance at any time including out of hour arrangements.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, feedback forms, review meetings and the satisfaction questionnaires.

Staff who spoke to the inspector confirmed that there had good working relationships with the management team and office administrative staff. Staff spoken with commented:

- “They look after us also.”
- “Can speak to the manager to sort out problems.”
- “I would not work for just any company; they are good to work for.”

- “I feel supported; the manager is approachable.”

The agency has a range of policies and procedures which are retained in the agency’s office where staff can access them. A number of the organisation’s 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 a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff had received awareness training in relation to management of complaints during their induction programme. The service user and relative spoken to could describe the process for raising concerns. This indicated that service users/relatives 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.

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 has not received any complaints since the previous inspection. Complaints are audited on a monthly basis as part of the organisation quality monitoring system. The agency retains a record of compliments received.

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 policies and procedures, monthly direct observation/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 and the HSCT contracts departments.

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

The organisational and management structure of the agency is 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. 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.

The service user and relative confirmed that they are aware of 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 relative commented, “I ring the office if I have any 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. 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. One service user commented; 'Without the help I would be unable to stay in employment.'

The reports included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements. The registered person had been submitting the agency's monthly quality monitoring reports to RQIA; following review of this information the agency is no longer required to submit the reports.

### 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
<b>Total number of areas for improvement</b>	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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

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