



Unannounced Care Inspection Report 6 & 10 June 2019



Blair House Care Home

Type of Service: Nursing Home

Address: 107 Dakota Avenue, Newtownards, BT23 4QX

Tel No: 028 9182 4450

Inspector: Sharon McKnight, Kate Maguire and Catherine Glover

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.

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 56 patients.

3.0 Service details

Organisation/Registered Provider: Amore (Watton) Limited Responsible Individual(s): Nicola Cooper	Registered Manager and date registered: Jacqueline Bowen 16 January 2019
Person in charge at the time of inspection: Jacqueline Bowen	Number of registered places: 56
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia.	Number of patients accommodated in the nursing home on the day of this inspection: 54

4.0 Inspection summary

An unannounced care inspection took place on 6 June 2019 from 07.20 hours to 18.15 hours.

This inspection was undertaken following concern raised with RQIA anonymously. The concerns were in relation to:

- Early morning rising
- provision of food and fluids
- storage of gluten free bread
- management of the care one patient
- gender mix of staff
- supply of bedlinen and face cloths
- malodours in the home
- cleanliness of environment
- effectiveness of management

At the care inspection serious concerns were identified in relation to the quality of management and governance arrangements in the home and the planning and delivery of individualised care. These deficits had the potential to impact on the quality of care delivered in the home.

As a result of the concerns noted during the care inspection, an unannounced medicines management inspection was completed on 10 June 2019. The medicines management inspection did not result in enforcement action ,however, areas for improvement were identified and can be viewed in section 6.2.5 and in the quality improvement plan (QIP) issued.

As a consequence of the inspection findings RQIA invited the responsible individual and the registered manager to attend a meeting in RQIA on 14 June 2019 with the intention of issuing two failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 10 (1) regarding the quality of management and governance in the home; and Regulation 12 (1) (a) the delivery of care to meet individual patient need.

The meeting was attended by Sharon Butler, Regional Director and Jacqueline Bowen, Registered Manager in RQIA and Nicola Bales, Managing Director and Sarah Mann, Head of Quality Assurance and Governance by conference call. They submitted an action plan and outlined the actions that would be taken to address the concerns identified. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made and were concerned about the potential impact this may have on the delivery of care in the home.

As a result a failure to comply notice was issued under The Nursing Homes Regulations (Northern Ireland) 2005, Regulation 10 (1) with the date of compliance to be achieved by 14 August 2019.

Despite the enforcement action being taken, the inspection identified areas of good practice in relation to staff knowledge of patients care needs, staff interactions with patients and responding in a timely manner to patients care needs.

In relation to medicines management, evidence of good practice was found with respect to the management of medicines on admission; medicines prescribed for distressed reactions and controlled drugs. Areas for improvement were identified in relation to the management of warfarin, pain, distressed reactions and medicine changes.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	*4

*The total number of areas for improvement includes one which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) for care and medicines management were discussed with Jacqueline Bowen, registered manager, Sharon Butler, Regional Director, and Roberta Wilson, Quality Improvement Lead, as part of the inspection process.

Enforcement action resulted from the findings of this inspection. A Failure to Comply Notice was issued under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000051 with respect to Regulation 10(1)

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 15 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for nursing care and staff for weeks commencing 20 May and 5 June 2019
- incident and accident records
- eleven patient care records
- three patient fluid intake charts
- a sample of governance audits/records
- complaints record
- a sample of reports of the monthly visits made on behalf of the responsible person
- RQIA registration certificate.
- staff training and competency with regards to medicines management
- management of medicines on admission
- management of distressed reactions, pain, antibiotics and warfarin
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed

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

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 outstanding areas for improvement from previous inspections.

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement one was met and one was not met. This area for improvement has been subsumed into the failure to comply notice issued by RQIA on 18 June 2019.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement two were met. Two were assessed as not met; one has been stated for a second time and the other has been subsumed into the failure to comply notice issued by RQIA on 18 June 2019.

6.2 Inspection findings

6.2.1 Early morning rising and the morning routine

We arrived in the home to observe early morning routines. There were six patients up and dressed and sitting in various chairs around the home. Most of these were sleeping in the chairs looking very uncomfortable. When approached we asked why they were up so early they replied that they had been got up by staff. We asked if they were still tired and they said yes. Whilst a range of care plans were in place they did not include details of patient's morning routines. The time of rising must be determined by the patient and should be viewed as flexible as a patient may wish to lie on at any time.

There were no records of any care delivered to any patients after 04.00 hours to evidence that the early morning assistance and support provided to these patients was in response to individual need or preference. Areas for improvement were identified with the recording of patients' preferred early morning routines, the delivery of early morning assistance and the completion of contemporaneous records to evidence care delivery.

At the meeting on 14 June 2019 an action plan was provided to RQIA of the actions taken to date, and planned actions, by management with regard to the early morning routine in the home. It was agreed that an update on the progress of the action plan would be provided to RQIA on a weekly basis.

We observed that patients were brought directly to the dining room after being assisted to wash and dress. Breakfast was served at approximately 09 30 hours; some patients had been seated at the table from 08 00 hours. Again patients were seen sleeping at these chairs as they awaited for their breakfast to be served. Patients should be brought to the table in a timely manner before breakfast. This was discussed with the registered manager who agreed to review this practice.

6.2.2 Nutrition and mealtimes

Concerns were raised prior to the inspection that patients who were sleeping were not wakened for mealtimes and drinks and therefore at risk of not receiving adequate nutrition. We saw staff offering patients drinks, assisting them with morning and afternoon tea in the lounges or bedrooms

and with breakfast and lunch in the dining rooms. Food and fluid charts were maintained for all patients and a review of a sample of completed charts evidenced that patients' fluid intake was satisfactory. Patients were weighed a minimum of monthly. We reviewed the weights for all of the patients; no concerns were identified. The home participates in the South Eastern Health and Social Care Trust (SEHSCT) community dietetic department monthly review of patients who are prescribed nutritional supplements. Participation in this initiative ensures that the effectiveness of the nutritional supplements for these patients is reviewed regularly.

We observed the serving of lunch on both floors in the home. Patients had the choice of coming to the dining room or having their meals brought to them on a tray. The dining room tables were nicely set and a choice of condiments was provided on each table. A choice of two main dishes were available at each mealtime alongside a selection of alternatives, for examples sandwiches, salads. The menu displayed in the dementia unit was the previous days'; this was brought to the attention of staff who updated the choices for teatime. In the dementia unit staff were aware of patients' likes and dislikes regarding food and explained that used this information to support and guide patients when they were choosing which dish they preferred.

Prior to the inspection concerns were raised regarding the storage of foods for patients who have a food allergy. Following discussion with staff it was identified that arrangements to ensure that gluten free bread is stored separately from other bread were required; if patients request toast, a separate toaster must be provided. The bread bin and toasters must be clearly labelled. This was identified as an area for improvement.

Patients and relatives we spoke with were happy with the variety and quality of the meals provided.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments a range of care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcome of these assessments were available in the patient's notes.

Concerns were raised prior to the inspection regarding the management of an identified patient. Staff spoken with were knowledgeable of the patients' needs and how they supported the patient daily. There was evidence that advice had been sought from a range of healthcare professionals. The identified patient did not have care plans in place to direct the care required to meet all of their assessed needs. Further deficits in care plans were identified during the review of medicines management; these are discussed in section 6.3.4 and an area for improvement made.

6.2.4 Staffing

In order to determine if care was delivered safely we talked with a number of the patients. Patients told us that staff attended to them promptly and if they were in their bedrooms staff came as quickly as they could when they called them. Patients understood that, at times if staff were busy, they would have to wait but felt that the time it took staff to return to them was reasonable. The patients said that staff were pleasant and attentive to them. One patients said:

"I really like it here, I like the friendless of the staff."

We spoke with the relatives of two patients. The relatives spoke highly of all of the staff and told us that the patients' needs were attended to promptly and that staff were pleasant and attentive.

We observed that patients' needs were attended to promptly as staff were well informed with regard to meeting patients' needs,

Prior to the inspection concerns were raised that on occasion on night duty all of the staff rostered in one unit were male. A review of the duty roster substantiated this concern. There was a lack of managerial oversight of the roster to ensure there was a gender balance to support patient choice, respect and dignity. This area for improvement has been subsumed into part of the failure to comply notice issued to the nursing home on 18 June 2019 under Regulation 10(1).

6.2.5 Management of medicines

The management of medicines was undertaken by trained and competent staff and systems were in place to review staff competency. The sample of medicines examined had been administered in accordance with the prescriber's instructions. There were robust arrangements in place for the management of medicine related incidents.

The admission process in relation to one patient was examined and found to be satisfactory. Written confirmation of the patient's medicine regime was held on file and records had been accurately generated using this information.

The management of antibiotics was examined and found to be satisfactory. Four supplies of antibiotics were audited. The medicines had been received in a timely manner and administered appropriately. The personal medication records and medicine administration records in relation to these medicines had been fully and accurately completed.

The records of medicines received and administered had been fully completed, however, personal medication records required improvement. These records had not always been updated in a timely manner; medicines that had been discontinued had not been cancelled and newly prescribed medicines had not always been added. This could lead to an error in the administration of medicines. An area for improvement has been identified in relation to personal medication records.

The management of pain was reviewed. A pain assessment had been completed each month for one patient who had been prescribed a regular analgesic patch and tablets to take "when required". This pain assessment indicated that the patient was experiencing significant pain; however, there was no evidence of any action being taken to review this patient's prescribed medicines. There was also no evidence that additional pain relief was administered through two recent infections which required antibiotic treatment, to ensure that the patient was comfortable and alleviate symptoms.

For a second patient, the pain relief was being reduced slowly and then stopped. Staff advised that the general practitioner had initiated the dosage reduction; however, there was no record of this discussion in the patient notes. There was no evidence that this patient's pain was monitored more regularly through this process. A care plan detailing the management of pain for this patient had not been implemented. The management of pain must be reviewed to ensure that each patient that requires regular pain relief has a care plan and that pain is assessed at appropriate intervals. This was identified as an area for improvement.

The management of warfarin was examined. Written confirmation of the regime had been obtained and was available for reference. Numerous obsolete dosage regimes were also held on file. These should be promptly archived to ensure that they do not get mixed up and result in the incorrect dosage being administered. A running stock balance was not being maintained. This is good practice as any discrepancy can be quickly identified. Where there was a high risk of falls, warfarin therapy was not recorded in the care plan in relation to falls. Warfarin can lead to excessive bleeding after a fall and this should be highlighted in the relevant care plan to ensure that staff are aware of this risk. An area for improvement was made in relation to the management of warfarin as a result of the previous inspection; this is now stated for a second time.

The management of distressed reactions for one patient was examined. The details of the medicines prescribed did not correspond on the personal medication record and the medicine administration records. There was no care plan in place and when two medicines were prescribed, there was no indication of which medicine to administer first or when the second medicine should be administered. One medicine had been administered frequently in previous weeks; however, the reason and outcome of administering this medicine had not always been recorded. There was no evidence that the registered nurses had considered if the patient's distressed reaction was related to pain. An area for improvement was identified.

The management of medication changes for one patient was examined. The general practitioner had asked the registered nurses to withhold two of this patient's medicines. The personal medication record had not been fully updated with this information and the medicines remained on the medicine trolley and available for administration. This could lead to these medicines being administered in error. There was no evidence in the patient's progress notes that the general practitioner had been updated as requested; however, the registered manager advised by email following the inspection that this had been done on a weekly basis. There was no care plan in place to direct the care that the registered nurses provided. This issue is included in the area for improvement in relation to care planning

Medicines were safely and securely stored. They were stored in accordance with the manufacturer's instructions. Medicine storage areas were clean, tidy and well organised.

6.2.6 Environment

The environment in Blair House was warm and comfortable. Patients' were encouraged to individualise their own rooms; many had pictures, family photographs and ornaments brought in from home. Staff were provided to ensure that housekeeping duties were undertaken daily. Cleaning schedules were in place for the environment, arm chairs and equipment. No concerns were expressed with the cleanliness of the environment by patients, relatives or staff.

Prior to the inspection concerns were raised regarding the management of odours. No odours were evident in the communal areas of the home and the majority of bedrooms. We spoke with housekeeping staff who discussed the challenges of odour management in one identified bedroom; we were satisfied that steps were being taken in an attempt to eliminate the odours.

6.2.7 Operation of the laundry

The laundry is located on the ground floor of the home. We observed a number of trollies in the corridor outside the laundry waiting to be taken to the patients' bedrooms, a number of linen skips were also parked; the storage of this equipment had the potential to compromised fire safety. This was identified as an area for improvement following the care inspections on 23 July

and 15 October 2019 following which alterations were made to the laundry to provide space for this equipment to be stored. There was no evidence that the operation of the laundry had been monitored to ensure compliance with the improvements required. This area for improvement has now been subsumed into part of the failure to comply notice issued to the nursing home on 18 June 2019 under Regulation 10(1).

Prior to the inspection concerns were raised with the effectiveness of the laundry which impacted on the availability of clean bed linen, towels and face clothes. The complaints record included issues with the laundry. Areas for improvement were identified during previous inspections by RQIA; whilst improvements had been made at the time, given the recent complaints, it was evident that the improvements had not been sustained. This area for improvement has now been subsumed into part of the failure to comply notice issued to the nursing home on 18 June 2019 under Regulation 10(1).

6.2.8 Management of complaints

We reviewed the systems in place for the management of complaints and noted that all of the complaints recorded in 2019 had been received via the health and social care trusts ; none had been received directly by the manager or staff. The records reflected that responses had been provided to the relevant Trusts; there was no evidence that the manager had discussed any of the complaints directly with the complainant or provided them with a direct response in accordance with regulation. This area for improvement has now been subsumed into part of the failure to comply notice issued to the nursing home on 18 June 2019 under Regulation 10(1).

6.2.9 Management and governance arrangements.

On arrival to the nursing home no one knew who the nurse in charge of the building was – it had not been identified on the nursing rota or communicated to staff. Competency and capability assessments had not been completed for all nurses given the responsibility of being in charge of the home in the absence of the registered manager. This was identified as an area for improvement.

We identified that a patient was resident in the home who was outside of the categories of care the home was registered to provide care within. This was brought to the attention of the manager and an application to vary the registration of the home was submitted to RQIA on 7 June 2019 and subsequently approved. The manager must maintain oversight of the referral and admission process to ensure patients admitted to the home are within the registered categories of care.

The governance systems including the monthly monitoring visits completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, and the programme of audits maintained in the home were not effective in reviewing the quality of service delivered and driving the required improvements. There was an ineffective auditing process in relation to the delivery of individual care and the monthly accident audit. The medicines management audits were not effective in identifying and addressing the areas for improvement noted during this inspection. These areas for improvement have now been subsumed into part of the failure to comply notice issued to the nursing home on 18 June 2019 under Regulation 10(1).

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Bowen, Registered Manager, Sharon Butler, Regional Director, and Roberta Wilson, Quality Improvement Lead, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12(1)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>The delivery of care in the early morning must only be provided in response to individual need.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: This is resolved. Care plans reflect patients preferred routines. There are ongoing monitoring checks on this by manager and regional director. Staff have all been made aware of expectations around this</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19(1)(1) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that contemporaneous records are maintained of the nursing care provided to patients during the early morning routine.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: This was rectified immediately and the manager/deputy manager are reviewing records on an ongoing basis</p>
<p>Area for improvement 3</p> <p>Ref: 16(1)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</p>	<p>The registered person shall ensure that care plans are in place to meet patients identified needs.</p> <p>This includes but is not limited to the preferred early morning routines , management of behavioural issues, pain management, distress reactions, anticoagulants and fall,</p> <p>Ref: 6.2.1, 6.2.3 & 6.2.5</p> <p>Response by registered person detailing the actions taken: This has been rectified. The manager and deputy manager are reviewing this on an ongoing basis. It was also reviewed via general auditing processes</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</p>	<p>The registered person shall ensure that personal medication records are fully and accurately completed</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This was reviewed at the time, and has been under weekly and monthly review by the manager and is resolved.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13(1)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</p>	<p>The registered person shall ensure that robust processes are implemented for pain management and that all of the relevant assessments and records are completed.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: This was reviewed at the time. The manager is reviewing this on an ongoing basis. This forms also part of overall care planning reviews</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 20(3)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</p>	<p>The registered person shall ensure that competency and capability assessments are completed with any nurses given the responsibility of being in charge of the home in the absence of the registered manager.</p> <p>Ref: 6.2.9</p> <p>Response by registered person detailing the actions taken: These were reviewed immediately and all have been completed</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 15(1)(e)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of the inspection.</p>	<p>The registered person shall ensure that oversight of the referral and admission process is maintained to ensure patients admitted to the home are within the registered categories of care.</p> <p>Ref: 6.2.9</p> <p>Response by registered person detailing the actions taken: This is resolved. The manager is aware that we do not accept any patients who are out with our category of care unless we can meet needs and a variation to registration is approved</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that gluten free bread is stored separately from other bread; if patients request toast, a separate toaster must be provided.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: This was resolved at the time. All items are stored separately. Items were purchased to ensure effective storage</p>

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: Second time</p> <p>To be completed by: Ongoing from the day of the inspection.</p>	<p>The registered person shall ensure that the management of warfarin is closely monitored.</p> <p>Ref 6.2.5</p> <p>Response by registered person detailing the actions taken: This was reviewed at the time. The new deputy manager and manager are maintaining oversight of this via auditing, daily flash meetings</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</p>	<p>The registered person shall ensure that robust processes are implemented for the management of distressed reactions</p> <p>Ref 6.2.5</p> <p>Response by registered person detailing the actions taken: This was rectified at the time. All documentation was fully reviewed and amended to be more person centred.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The registered person shall ensure that the nurse in charge of the building is clearly identified on the nursing rota and communicated to staff.</p> <p>Ref: 6.2.9</p> <p>Response by registered person detailing the actions taken: This is in place- both on the rota and front entrance. There is a full person in charge of the building information folder</p>

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



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