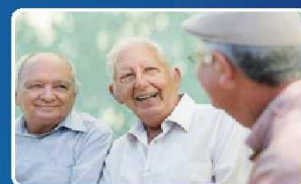


# **Inspection Report**

## **6 October 2020**



## **Bluegate Lodge**

**Type of Service: Residential Care Home**

**Address: 1 Plantation Road, Garvagh  
BT51 5ES**

**Tel No: 028 2955 7512**

**Inspector: Helen Daly**

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

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Assurance, Challenge and Improvement in Health and Social Care

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 this inspection and do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

Information relating to our inspection framework, the guidance and legislation that informs the inspections, the four domains which we assess services against as well as information about the methods we use to gather opinions from people who have experienced a service can be found at <https://www.rqia.org.uk/guidance/legislation-and-standards/> and <https://www.rqia.org.uk/guidance/guidance-for-service-providers/>

## 1.0 Profile of service

This is a residential care home which is registered to provide care for up to five residents.

## 2.0 Service details

<b>Organisation/Registered Provider:</b> Bluegate Lodge  <b>Responsible Individual:</b> Mrs Mairead Brolly	<b>Registered Manager and date registered:</b> Mrs Mairead Brolly 24 August 2010
<b>Person in charge at the time of inspection:</b> Mrs Mairead Brolly	<b>Number of registered places:</b> 5 The home is approved to provide care on a day basis only for three persons
<b>Categories of care:</b> Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment PH ( E)– physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 5

### 3.0 Inspection focus

This inspection was undertaken by a pharmacist inspector on 6 October 2020 from 10.50 to 14.30. Short notice of the inspection was provided to the registered manager on the morning of the inspection in order to ensure that arrangements could be made to safely facilitate the inspection in the home.

This inspection focused on medicines management within the home.

The inspection also assessed progress with any areas for improvement identified since the last medicines management and care inspections.

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

During our inspection we:

- spoke to staff and management about how they plan, deliver and monitor the care and support provided in the home
- observed practice and daily life
- reviewed documents to confirm that appropriate records were kept

A sample of the following records was examined and/or discussed during the inspection:

- personal medication records, medicine administration records, medicine receipt and disposal records
- controlled drug records
- care plans relating to medicines management
- governance and audit
- management of medication incidents
- staff training and competency records

### 4.0 Inspection Outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	5*	6*

\*The total number of areas for improvement includes one that has been stated for a third and final time, one which has been stated for a second time and four which were not reviewed at this inspection and have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Mairead Brolly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a result of this inspection RQIA were concerned that some aspects of the management of medicines in Bluegate Lodge were below the standard expected. Concerns were noted in the administration of medicines, medicine records, the audit process and the governance arrangements in the home.

A decision was made to invite the registered person to a serious concerns meeting to discuss the breaches under Regulation 13 (4):

### ***The Residential Care Homes Regulations (Northern Ireland) 2005***

#### ***Health and welfare of residents***

##### ***Regulation 13***

*(4) subject to paragraph (5) the registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –*

*(a) any medicine which is kept in a home is stored in a secure place; and*

*(b) medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed, and to no other resident; and*

*(c) a written record is kept of the administration of any medicine to a resident.*

The meeting was held via teleconference on 12 October 2020. At this meeting Mrs Mairead Brolly, Registered Person, and Ms Edel Mullan, Deputy Manager, acknowledged the shortfalls. They provided a detailed action plan outlining the actions which had already been taken and were planned to ensure that the necessary improvements would be implemented and sustained. This provided RQIA with assurance that the management of the home could address the issues that were discussed and the decision was made to take no further enforcement action at this time.

A follow up inspection will be undertaken to confirm that the identified improvements have been implemented and sustained. If the improvements have not been implemented and sustained further enforcement action will be considered.

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

**5.0 What has this service done to meet any areas for improvement identified at the last medicines management inspection (11 May 2017) and the last care inspection (8 September 2020)**

<b>Areas for improvement from the last medicines management inspection</b>		
<b>Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> Second time	The registered person must ensure that records of the administration of all medicines are completed accurately.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> For four medicines prescribed to be administered at weekly intervals there were missed signatures for administration.  There were also unexplained gaps in the administration records for a number of other medicines.  We were unable to confirm that these medicines had been administered as prescribed.  <b>This area for improvement is stated for a third and final time.</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> Second time	It is recommended that a robust system of audit of the management of medicines is developed and implemented.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> A small number of audit trails on the administration of medicines had been completed monthly until June 2020.  The audits did not include all aspects of the management of medicines.  The outcome of this inspection indicated that the audits were ineffective in identifying and driving the necessary improvements.  <b>This area for improvement is subsumed into an</b>	

	<b>area for improvement under the Regulations.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered provider should ensure that personal medication records and all new entries are checked for accuracy and signed by two competent members of staff.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Although this was the expected practice, we found that personal medication records and all new entries were not routinely checked for accuracy and signed by two competent members of staff. We found discrepancies in these records.	
	<b>This area for improvement is stated for a second time.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 31 <b>Stated:</b> First time	The registered provider should ensure that all medicines are marked with the date of opening to facilitate audit.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The date of opening had been recorded on the majority of medicines examined at the inspection. It was agreed that this would be closely monitored and hence this area for improvement was assessed as met.	

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with Department of Health, Social Services and Public Safety (DHSSPS) The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21.-(1) (b) <b>Stated:</b> First time	The registered person shall not employ a person to work at the residential care home unless they have obtained the information and documents specified in paragraphs 1 to 7 of Schedule 2.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed.	

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> Second time	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis.</p> <p>This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:</p> <ul style="list-style-type: none"> <li>• Infection control</li> <li>• Control of Substances Hazardous to Health (COSHH)</li> </ul>	<b>Carried forward to the next inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not reviewed.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 32.1 and 32.2  <b>Stated:</b> First time	<p>The registered person shall ensure that medicines are stored securely under conditions that conform to statutory and manufacturers' requirements and that keys to all medicine cupboards and trolleys are securely held by either the person-in-charge or by a designated member of staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Medicines were observed to be stored securely in a locked trolley which was secured to a wall. The key to the trolley was held by the person in charge.</p>	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8  <b>Stated:</b> First time	Records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the inspection:</b>  This area for improvement was not reviewed.	

## 6.0 What people told us about this service?

Residents were relaxing in the lounge when we arrived at the home. They then enjoyed their lunch together.

Staff were warm and friendly and it was evident from their interactions that they knew the residents well.

We met briefly with two care assistants. They were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Feedback methods included a staff poster and paper questionnaires which were provided to the registered manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes. No responses were received at the time of issuing this report.

## 7.0 Inspection Findings

### 7.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs will change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with local GPs and medicines were dispensed by the community pharmacist.

Personal medication records should be in place for each resident. These should contain a list of all prescribed medicines with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals e.g. medication reviews, transfers to hospital.

Personal medication records were not always verified and signed by two trained staff. This is necessary to ensure accuracy. For one resident the personal medication record on the

medicines file was not up to date. We also noted that one recent dosage change had not been recorded clearly. Rather than discontinuing the original entry and writing the new entry for the current dose staff had amended the original entry. This does not provide a clear audit trail. Corrective action was taken at the inspection. The registered manager was reminded that rewritten records and all new entries on personal medication records should be checked for accuracy and signed by two competent members of staff. An area for improvement was identified for the second time.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, antibiotics, warfarin, modified diets, self-administration, refusals etc.

The management of pain was reviewed for two residents. The registered manager advised that staff were familiar with how each resident expressed their pain and that additional pain relief was administered when required. However, care plans to direct the required care were not in place. An area for improvement was identified.

## **7.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

We found that records for the receipt of medicines had not been accurately maintained. This is necessary to ensure that there is a clear audit trail to evidence that medicines are being administered as prescribed. An area for improvement was identified.

Records of disposal had been signed by a member of staff and the community pharmacist; this is good practice.

Records of the receipt, administration and disposal of controlled drugs subject to record keeping requirements were maintained in separate spiral books for each resident; pages had been torn out. Controlled drug records should be maintained in bound books with pages sequentially numbered in order to provide a clear audit trail. Although balances were checked at each administration and at shift handover a discrepancy had not been identified by staff.

The management of controlled drugs should be reviewed to ensure that:

- records are maintained in a bound book with pages sequentially numbered
- staff physically count the controlled drugs at administration and handover

An area for improvement was identified.

The medicines trolley was observed to be securely locked to prevent any unauthorised access. The trolley was tidy and organised so that medicines belonging to each resident could be easily located. However, for at least four out of the 44 medicines reviewed more than one supply was in use; this does not facilitate a clear audit trail for the administration of medicines. The registered manager advised that this would be discussed with all staff for immediate corrective action.

A medicine refrigerator and controlled drugs cabinet were available for use as needed.

### **7.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

The medication administration records were reviewed for all five residents. We found missed signatures for administration of medicines for all five residents. Signatures for the administration of medicines which are prescribed to be administered at weekly intervals were regularly missing. We were unable to confirm if the medicines had been administered as prescribed. An area for improvement is stated for the third and final time.

Of the 44 audits carried out at the inspection, only nine confirmed that medicines were administered as prescribed. Minor discrepancies were observed in the administration of 21 medicines and the remaining audits could not be completed either because the medicines had not been accurately received into the home and/or dates of opening had not been recorded and/or more than one supply of the medicine was in use.

As identified at the last two inspections there was no evidence of robust audit and governance for medicines management. An area for improvement was therefore identified under the Regulations.

### **7.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been three recent admissions to the home. Written confirmation of medication regimes had been obtained which is safe practice. However, as identified above the personal medication records had not been verified and signed by two trained staff to ensure accuracy and medicines had not been accurately receipted into the home. For this reason we were unable to confirm that the medicines had been administered as prescribed.

### **7.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur in homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

No medication related incidents had been identified in the home since the last medicines management inspection. The findings of this inspection indicated that as the auditing system is not robust medication incidents may not be identified and opportunities for learning from incidents may be missed. This was discussed in detail with the registered manager.

### **7.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

Training on the management of medicines had been provided for staff in January 2020. Records were available for inspection. The registered manager advised that competency assessments were completed, however, records were not available.

The findings of this inspection indicate that staff should receive further training and competency assessment. An area for improvement was identified.

## **8.0 Evaluation of Inspection**

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

As detailed in Section 4.0 due to the poor record keeping we were unable to confirm that residents were being administered their medicines as prescribed by their GP. The findings of the inspection were discussed at a serious concerns meeting on 12 October 2020. Significant improvement was required in the management of medicines. The registered person provided a detailed action plan to drive the necessary improvements. A follow up inspection to confirm that the improvements have been implemented and sustained has been planned.

We would like to thank the residents and staff for their assistance throughout the inspection.

## **9.0 Quality Improvement Plan**

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Mrs Mairead Brolly, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care 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.

### **9.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

### **9.2 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 the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> Third and final time  <b>To be completed by:</b> From the date of the inspection	<p>The registered person must ensure that records of the administration of all medicines are completed accurately.</p> <p>Ref: 5.0 and 7.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>As per detailed action plan discussed via zoom with Helen Daly all records of administration are recorded and maintained.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21.-(1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection	<p>The registered person shall not employ a person to work at the residential care home unless they have obtained the information and documents specified in paragraphs 1 to 7 of Schedule 2.</p> <p>Ref: 5.0</p> <p><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection	<p>The registered person shall implement a robust audit tool which covers all aspects of the management and administration of medicines.</p> <p>Where discrepancies are identified action plans should be developed and implemented.</p> <p>Ref: 5.0 and 7.3</p> <p><b>Response by registered person detailing the actions taken:</b>            As per detailed action plan discussed with Helen Daly medications are audited weekly using an audit tool as advised by pharmacy inspector.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection	<p>The registered person shall ensure that records of all medicines received into the home are accurately maintained.</p> <p>Ref: 7.2 and 7.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Receipt of all medication received into the home are counted and recorded as per guidelines including medication not on regular prescription.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1)(c )</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 November 2020</p>	<p>The registered person shall ensure that staff receive further training and competency assessment on all aspects of the management of medicines.</p> <p>Ref: 7.6</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff administering medication have carried out additional on line training on safe handling of medicines, and competency assessments carried out by Mairead Brolly (Manager).</p>
<p><b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered provider should ensure that personal medication records and all new entries are checked for accuracy and signed by two competent members of staff.</p> <p>Ref: 5.0 and 7.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All personal medications and all new entries are checked and signed/dated by two members of staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> From the date of inspection</p>	<p>The registered person shall monitor the quality of services in accordance with the home's written procedures and complete a monitoring report on a monthly basis.</p> <p>This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 5.0</p> <p><b>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></p>

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas: <ul style="list-style-type: none"> <li>• Infection control</li> <li>• Control of Substances Hazardous to Health (COSHH)</li> </ul> Ref: 5.0
	<b>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection</p>	<p>Records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others.</p> <p>Ref: 5.0</p> <p><b>Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this will be carried forward to the next inspection.</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection</p>	<p>The registered manager should ensure that care plans for the management of pain are in place.</p> <p>Ref: 7.1</p> <p><b>Response by registered person detailing the actions taken:</b> Pain management care plans are in place alongside regular monitoring and communication and reading of body language with each resident</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection</p>	<p>The registered person shall review the management of controlled drugs to ensure that:</p> <ul style="list-style-type: none"> <li>records are maintained in a bound book with pages sequentially numbered.</li> <li>staff physically count the controlled drugs at administration and handover.</li> </ul> <p>Ref: 7.2</p> <p><b>Response by registered person detailing the actions taken:</b> Controlled drugs records are recorded and maintained in a bound book, physically counted and signed by two staff.</p>

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



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)

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