

Unannounced Care Inspection Report 23 January 2017



MindWise Belfast Resource Centre

Type of service: Day Care Service

Address: 3rd Floor Fisherwick Building, 9 Upper Queen Street, Belfast,
BT1 6FB

Tel no: 02890248006

Inspector: Louise McCabe

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of MindWise Belfast Resource Centre took place on 23 January 2017 from 11.30 to 16.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care. Observations of care practices and discussions with five service users provided evidence there was a culture of ensuring service users were safe and protected from harm. Discussions with the registered manager and care staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. There were three areas for quality improvement relating to safe care identified during this inspection. These regarded the reporting of incidents to RQIA, review of the day care setting's fire risk assessment and infection, prevention and control.

Is care effective?

On the day of the inspection observations of staff interactions with service users and discussions with a total of five service users evidenced the care was effective. There were arrangements in place to monitor and review the effectiveness and quality of care delivered to service users, however improvements are needed regarding the information in service user's care files. Five areas were identified for improvement in this domain. These regarded: service user's care documentation and the systematic audits of this information; the initial and annual reviews of their day care placement and the environment.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with kindness and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with five service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no identified areas for improvement in this domain as the result of this inspection.

Is the service well led?

On the day of this inspection there was some evidence of areas of effective leadership, management and governance arrangements in MindWise Belfast Resource Centre. Review of a random sample of documentation specified in sections 4.4 and 4.6 provided evidence of this, however also highlighted gaps in the current governance arrangements in the day care setting. The identified gaps concerned evidence of audits of service user's care documentation to ensure full compliance with Minimum Standards. There is a culture in the day care setting focused on the needs of service users. There was one area for quality improvement identified during this inspection. This regarded the day care setting's annual review report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Karen Crothers, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent premises inspection on 27 April 2015. The estates inspector approved and validated the QIP from their premises inspection.

2.0 Service details

Registered organisation/registered person: MindWise / Mr Edward George Alexander Gorringe	Registered manager: Ms Karen Crothers
Person in charge of the service at the time of inspection: Mr Aidan McNeill, Community Mental Health Worker responsible for MindWise Belfast Resource Centre in the absence of the registered manager from 11.30 to 14.30 hours. Ms Karen Crothers, registered manager from 14.30 to 16.30 hours.	Date manager registered: 20 July 2009

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 24 April 2015.

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

- Discussion with the registered manager
- Discussion with five service users
- Discussion with two care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with thirteen questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; three staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Six questionnaires were returned; five service user and one staff questionnaires were completed. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (four were randomly sampled)
- Compliments record (four were randomly sampled)
- Accident/untoward incident record (four were randomly sampled)
- Elements of three service users care files
- Review of three identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 April 2015

The most recent inspection of the day care setting was an announced premises inspection. The completed QIP was returned and processed by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 24 April 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1	The registered persons must ensure with regards to clarity and to prevent confusion, the name of the service is consistently recorded on all documentation.	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: The day care setting's Statement of Purpose, Service Users Guide and other documentation were reviewed during this inspection. MindWise Belfast Resource Centre was recorded on all documentation.</p>	
<p>Recommendation 2 Ref: Standard 7.5 Stated: First time</p>	<p>The registered manager should ensure service user's care notes are completed in line with minimum standard 7.5. Where no recordable events occur, there is an entry at least every five attendances for each service user.</p> <p>Action taken as confirmed during the inspection: Three service user's care files were randomly sampled during this inspection. There was some improvements regarding the quality of information in care notes, however these were not being completed on at least every five attendances. This recommendation will be stated for a second time in the QIP of this report.</p>	<p>Partially Met</p>
<p>Recommendation 3 Ref: Standard 8.5 Stated: First time</p>	<p>The registered persons must ensure the service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> • is dated, • includes the actions taken as a result of the previous quality assurance evaluation report • includes the action to be taken (with timescales) from the outcomes of the next collated quality assurance evaluation report; includes any actions. If no action is needed the report should state this. <p>Action taken as confirmed during the inspection: Review of the most recent service users' annual survey concluded there was information on all of the above matters.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 18.5 Stated: First time	The registered persons must ensure policies and procedures are reviewed systematically on at least a three yearly basis. The identified policies and procedures must be reviewed.	Met
	Action taken as confirmed during the inspection: Both the 'Involving People: Consultation and Information Sharing' and 'Communication with Families' policies and procedures had been reviewed by the organisation.	

4.3 Is care safe?

With regards to the safety of service users, identified policies and procedures were in place in MindWise Belfast Resource Centre. Policies and procedures were indexed, dated and ratified by the registered person. Confirmation was obtained from discussions with two care staff that these are accessible in the centre. The following three policies and procedures were randomly reviewed during this inspection:

- Involving People: Consultation and Information Sharing
- Communication with Families
- Confidentiality and Information Sharing.

The above policies and procedures had been reviewed in the last three years and were compliant with identified regulations and minimum standards.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current or ongoing safeguarding concerns. Discussion with staff confirmed that they had attended safeguarding vulnerable adults training.

On the day of the inspection no restrictive care practices were observed.

A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in the day care setting. There is a registered manager and one care staff on a daily basis in MindWise Belfast Resource Centre. Confirmation was obtained from the registered manager that staffing levels are subject to regular review to ensure the assessed needs of the service users are met. If the manager is absent from the day service, consistent bank care staff are deployed in the day care setting. The registered manager was absent from the day care setting during most of this inspection and returned in the afternoon. A designated community mental health worker was responsible for the centre and a consistently used bank worker was working during this inspection.

The registered manager confirmed that competency and capability assessments have been completed for staff who have responsibility of being in charge of the centre for any period in the absence of the registered manager. Competency and capability assessments were not examined during this inspection as they were reviewed during a previous care inspection.

With regards to recruitment documentation, confirmation was received from MindWise's Human Resources Department that all of the relevant information specified in Regulations 8,10 and 21 and Minimum Standard 20 has been adhered to and the specific documentation retained securely in line with procedures.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities. The most recent fire drill of MindWise Belfast Resource Centre occurred on 12 December 2016. The day care setting's current Fire Risk Assessment was dated 18 June 2014. The registered manager informed RQIA, the organisation is in the process of sourcing a fire risk assessor to review risk assessments. This is an identified area for improvement. Fire exits and corridors were clear of clutter and obstruction.

Inspection of the internal and external environment identified that the day care setting was appropriately heated and the centre kept tidy, safe, clean and suitable for service users, staff and visitors. In the interests of infection prevention and control, the waste bins in both the male and female toilets should contain bin liners as there were none in place during this inspection. There were no other obvious issues concerning the health and safety of service users, visitors or staff.

Staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs are met. They knew who may need additional time and support; and provided examples of this.

A review of four accidents and untoward incident records since the previous unannounced care inspection on 24 April 2015 showed RQIA had not been notified of identified untoward incidents. This is an identified area for improvement. The registered manager was advised of her responsibilities in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012). She was asked to share this information with care staff so that RQIA is informed of any future notifiable incidents or accidents.

Observations and discussions with five service users provided evidence to RQIA that they felt safe in MindWise Belfast Resource Centre.

Review of six completed RQIA questionnaires verified that everyone was either very satisfied or satisfied that the care provision in MindWise Belfast Resource Centre was safe.

Areas for improvement

Three areas for improvement were identified during the inspection. These regarded:

1. The notification to RQIA of identified untoward incidents.
2. Review of the fire risk assessment.
3. Infection, prevention and control.

Number of requirements	1	Number of recommendations:	2
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Discussion with the registered manager and two care staff established the day care setting responded appropriately to and met the assessed needs of the service users.

Three service user's care files were reviewed during this inspection. There were no photographs of the service user in their respective care file, nor was there a statement from the individual declining this. A discussion occurred about Regulation 19(1)(a), Schedule 4. This is an identified area for improvement.

All three service user's care files contained general, risk assessments and care plans. However, two identified service user's assessments were dated February 2014 and September 2015. Two service user's care plans were dated October 2015. Where there are no changes, service user's assessments and care plans should be reviewed on an annual basis in accordance with Minimum Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process. Review of care notes in service user's care files showed these are not consistently completed on at least every five attendances. This is detailed in section 4.2.

Review of three service user's care records showed annual reviews of the individual's day care placement had not taken place in the previous year. This was discussed with the registered manager and is an identified area for improvement.

Standard 17 regards the management and control of operations which support and promote the delivery of quality care services. Discussions took place with the registered manager about her management responsibilities with regards to governance arrangements in the day care setting. Systematic audits of service user's care files should occur to measure compliance against Minimum Standards 4, 5, 7 and 15. Quality improvements are needed in these areas, the registered manager agreed to review and update the identified service user's assessments and care plans.

Discussions with five service users concluded they were encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, monthly service users meetings and regular staff meetings. Discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the day care setting.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Discussions with five service users and two care staff concluded the care in MindWise Belfast Resource Centre was effective, however improvements were needed in five identified areas. Six RQIA questionnaires were returned and provided evidence that everyone was either very satisfied or satisfied that the care provision in MindWise Belfast Resource Centre was effective.

Areas for improvement

Five areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. Service user's photograph in their care file.
2. Service user's assessments.
3. Service user's care plans.
4. Service user's annual review.
5. The systematic audits of service user's care files.

Number of requirements	1	Number of recommendations:	4
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

Discussions with five service users confirmed they are treated with compassion, kindness and respect. Service users stated management and staff listen to them, offer them choices and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with care staff. They are also consulted on a formal basis via regular service users' meetings; the annual review of their day care placement and an annual survey about the standard and quality of care and day service. The most recent service users' annual quality assurance survey was recently distributed by MindWise's head office. This has been analysed and the evaluation report at the time of inspection was incomplete. The registered manager is in the process of completing an action plan concerning the matters raised in the questionnaires.

RQIA had individual discussions with a total of five service users. They all commented positively about the quality of MindWise Belfast Resource Centre. Examples of some of the comments made by service users were:

- "It's a great support to me. I've really improved since I came here. I've made friends."
- "This centre is phenomenally good. I feel I wouldn't be alive today if it wasn't for the support of here. I've made good friends here."
- "Staff are supportive, this place gives me a routine and structure. I've learned a lot."
- "This place is great. I've friends here and it helps me a lot. It's a very social place to be."
- "I love it here, there's lots to do and it helps me."

All six completed RQIA questionnaires stated everyone was very satisfied with that the care in MindWise Belfast Resource Centre was compassionate.

Areas for improvement

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

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Discussion with two care staff identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Completed staff RQIA questionnaires also verified this.

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussion with care staff and observations of practices during this inspection evidenced that the centre was operating within its registration.

The day care setting's complaints record was reviewed during this inspection. Four complaints were randomly sampled during this care inspection. These were investigated, managed and responded to in accordance with minimum Standard 14 of the Day Care Settings Minimum Standards (January 2012). A random review of four compliments concluded positive comments about the quality of care provision in MindWise Belfast Resource Centre. Arrangements were in place to share information about complaints and compliments with staff.

Monthly monitoring visits were undertaken as required under Regulation 28 and made available for service users and others. Three monthly monitoring reports were randomly sampled during this inspection (10 November, 05 December 2016 and 09 January 2017). These were qualitative, comprehensive but should also contain information on the outcomes of the designated person's audits of care documentation in service user's care files. Refer to section 4.4 for details.

The day care setting's most recent annual quality report was reviewed, with the exception of section 4 of the report; sections 1- 9 inclusive contained qualitative information; however sections 10 – 19 inclusive need to be reviewed to ensure full compliance with Schedule 3, Regulation 17(1). This is an identified area for improvement.

Discussion with care staff confirmed that staff meetings are held every few months in MindWise Belfast Resource Centre. A random sample of the minutes of three staff meetings (11 March, 11 May and 8 June 2016) verified this. Action points were included in the minutes. Discussions with a care staff stated that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to 'Is the Service Well Led' domain in the six returned RQIA questionnaires; everyone stated very satisfied or satisfied on the completed forms.

Based on the findings of this care inspection; there was some evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Mindwise Belfast Resource Centre. Refer to section 4.4 for further details.

Areas for improvement

One area was identified for improvement during the inspection in this domain and regarded the review of the day care setting's annual quality report.

Number of requirements	1	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Crothers, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider must ensure the annual quality report of MindWise Belfast Resource Centre is reviewed so it qualitatively reflects information on all of the relevant matters specified in Schedule 3.</p>
	<p>Response by registered provider detailing the actions taken: The annual quality report has been reviewed as required and is attached with this report.</p>
<p>Requirement 2</p> <p>Ref: Regulation 19(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2017</p>	<p>The registered provider must ensure service user's care files contain a recent photograph of the service user. If the service user wishes not have a photograph in their care file, this must be stated.</p>
	<p>Response by registered provider detailing the actions taken: Service users have signed consent forms and photographs are currently being processed for files. Those service users withholding consent provided written evidence of their request. Copies of the consent/refusal are included in service users file.</p>
<p>Requirement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider must give notice to the Regulation and Quality Improvement Authority without delay of the occurrence of all specified matters in Regulation 29.</p>
	<p>The identified notification of incident forms must be retrospectively reported to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: Retrospective notification form was provided to RQIA as requested.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 4.4</p> <p>Stated: First time</p> <p>To be completed by: 24 May 2017 and ongoing</p>	<p>The registered provider should ensure:</p> <p>(a) The two identified service users assessments are reviewed and updated so they fully and accurately reflect their needs.</p> <p>(b) All service user's assessments are current and have been reviewed in the previous year. Where changes are made to assessments, these should be re-signed by all relevant parties and dated.</p>
	<p>Response by registered provider detailing the actions taken: (a) The two identified service users review appointments have been scheduled for April and any updates will be reflective of changing needs. (b) A schedule for annual reviews is in place to ensure these are completed in line with Standard 4.4 Any changes in need that are identified through the review, will be documented and relevant paperwork signed by all involved</p>

--	--

<p>Recommendation 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2017</p>	<p>The registered provider should ensure the two identified service user's care plans are reviewed and updated so they fully and accurately reflect their current needs. Where changes are made to the care plan, the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user chooses not to sign any document, this should be recorded and the basis of their agreement to participate noted.</p> <p>Response by registered provider detailing the actions taken: As in recommendation (1a) the support plans will be updated along with the assessment of need during the annual reviews planned for April as both service users were not able to participate in a review at an earlier time. Support plans will be signed by the registered manager, key worker and the service and where the service user chooses to participate in the review but not to sign the support plan, this will be recorded.</p>
<p>Recommendation 3</p> <p>Ref: Standard 7.5</p> <p>Stated: Second time</p> <p>To be completed from: 24 January 2017 and ongoing</p>	<p>The registered manager should ensure service user's care notes are completed in line with minimum standard 7.5. Where no recordable events occur, there is an entry at least every five attendances for each service user.</p> <p>Response by registered provider detailing the actions taken: Service user notes are always completed after any significant contact/incident and in line with Standard 7.5 after every five visits. A plan to ensure completion of notes has been developed so that no notes are missed.</p>
<p>Recommendation 4</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 24 July 2017</p>	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> (a) An initial 4 week review takes place for all new service user's (Minimum Standard 15.3). (b) Service user's should have an annual review of their day care placement (Minimum Standard 15.3). (c) Annual review reports should reflect all of the relevant matters in Minimum Standard 15.5. <p>Response by registered provider detailing the actions taken: (a).As of the receipt of the report a four week review is now scheduled for all new service users (b) An annual review schedule is in place and their placement within the service forms part of the needs assessment (c) The annual review reports reflect the matters identified in Standard 15.5</p>
<p>Recommendation 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered provider should ensure systematic audits of service user's care files is undertaken in order to ensure compliance with Minimum Standards 4, 5, 7 and 15. The registered manager and designated person undertaking the monthly monitoring visits of the day care setting should ensure evidence of these audits are retained and made available for inspection purposes.</p>

<p>To be completed from: 24 January 2017 and ongoing</p>	<p>Response by registered provider detailing the actions taken: An audit of service user files is completed during the monthly monitoring visits by the registered provider or the designated person, alongside monthly checks made by the registered manager. An audit folder is held to show which files have been audited, any recommendations for improvements and this also shows when recommended actions have been completed</p>
---	---

<p>Recommendation 6</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2017</p>	<p>The registered provider should ensure in the interests of infection prevention and control that the waste bins in both the male and female toilets contain bin liners.</p> <p>Response by registered provider detailing the actions taken: New bins with disposable liners have been provided in male and female toilets.</p>
<p>Recommendation 7</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that a review of the current fire risk assessment is undertaken by a competent person in a timely manner, and that any significant findings highlighted in this review are fully implemented within the stipulated timescales.</p> <p>Response by registered provider detailing the actions taken: Professional fire risk assessment carried out on 6th March by Fire Safety Solutions NI. We are currently waiting on the finalised report which will be made available through an on line portal. If there are any recommendations or requirements these will be completed and the report will be updated on line to reflect the actions taken.</p>

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews