

Unannounced Care Inspection Report

8 August 2016



Mindwise

Type of service: Day Care Service
Address: 132 Union Street, Lurgan BT66 8EF
Tel No: 02838329492
Inspector: Maire Marley

1.0 Summary

An unannounced inspection of Mindwise took place on 8 August 2016 from 10.15 to 4.00 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 this inspection supporting evidence was found to confirm that this day centre was delivering safe care. In discussions with staff and service users it was established that staffing levels met the current assessed needs of service users, who all confirmed that they were safe and well cared for in the centre.

Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures. A tour of the environment found the centre to be clean and there were no obvious hazards for service users or staff.

Areas for improvement were identified during this inspection and relate to training records and the effect of training on practice, risk assessments pertaining to the use of the stair lift and the review of the systems for referrals to the multi-disciplinary teams.

Is care effective?

The records examined provided evidence that appropriate referral information, assessments and care plans, along with daily notes are maintained. In discussion with eight service users they spoke of the positive relationships they had with the management and the staff team. The range of activities provided was reviewed and improvements were requested to ensure activities are stimulating, fulfilling, engaging, purposeful, and enjoyable, facilitate community involvement and inclusion and promote the best outcomes for service users.

Areas for improvement were identified during the inspection and relate to a review of the handover, a review of activities, improvement to the records of meetings and complaints and the availability of agreements.

Is care compassionate?

Throughout this inspection evidence of compassionate care was observed. It was evident that staff knew the service users well and were familiar with their interests and preference; it was noted that conversations were respectful and appropriate. Care practices observed established that service users were treated with respect and were involved in the discussions taking place. Systems were in place to ensure that service users were involved and communicated with about the issues that affect them.

No areas for improvement were identified during the inspection.

Is the service well led?

There were examples of the quality monitoring arrangements in place. The registered manager had recently resigned from post and an interim manager has been in place since June 2016. The relevant document was submitted to RQIA detailing the changes. The manager and staff members confirmed that the service was well supported by senior managers in the organisation. Staff spoke of effective working relationships within the team and confirmed that they were well supported in their roles and that suitable training was provided.

Monitoring visits were carried out on a monthly basis in accordance with regulations and reports of the visits were available.

One area for improvement were identified during the inspection and related to the findings from the annual survey and any action taken to address identified improvements.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gwynneth Witherow (acting 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 care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 September 2016.

2.0 Service details

Registered organisation/registered person: Mindwise/Edward George Alexander Gorringer	Registered manager: Gwynneth Witherow (Acting)
Person in charge of the home at the time of inspection: Gwynneth Witherow	Date manager registered: No registered manager in place
Categories of care: DCS-MP, DCS-MP(E)	Number of registered places: 20

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Registration status of the setting
- Review of previous inspection report/QIP dated 29 September 2015
- Notifications received from the service

During the inspection the inspector greeted and spoke with 8 service users and spoke with the acting manager and a community mental health worker. No professionals or representatives visited the centre during the inspection.

The registered manager was provided with questionnaires to distribute to five service users and the staff on duty. The questionnaires asked for the views of service users and staff regarding the service, and requested their return to RQIA. The interim manager, one staff member and a volunteer completed questionnaires and these were returned to RQIA on the day of inspection.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Supervision policy and procedure
- Five service users' care records
- Complaint policy and complaint record
- Accident/incident records
- Service user (members) meetings
- Staff meetings
- Staff training records
- Record of dates of supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider
- Audits
- Activities programme

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 28 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29(1)(d) Stated: First time	The registered persons must ensure that upon conclusion of the safeguarding investigation process, RQIA are informed of the investigative outcome and of any actions for the service. Ref 5.4	Met

	Action taken as confirmed during the inspection: Evidence was available that the safeguarding investigation had been closed and there was no action for the service.	
Requirement 2 Ref: Regulation 26 (2)(a)(b)(d)(i) Stated: First time	The registered persons must undertake a review of the premises to include an infection control audit. An action plan identifying areas for upgrading and improvement and timescales for completion must be devised and submitted to RQIA. Ref Additional Areas Examined 5.5.2	Met
	Action taken as confirmed during the inspection: There was evidence that a review of the premises had been undertaken and included an infection control audit. An action plan completed by the organisation dated 9 November 2015 was submitted to RQIA as requested.	
Requirement 3 Ref: Regulation 18 (2)(d) Stated: First time	The registered persons must ensure that on a day to day basis effective arrangements are in place in the day care setting for maintaining satisfactory hygiene standards. Ref Additional Areas Examined 5.5.2	Met
	Action taken as confirmed during the inspection: Inspector can confirm arrangements were in place to maintain satisfactory hygiene standards. There were no hygiene issues noted at the time of this inspection.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 15.5 Stated: Second time	The registered person should ensure review reports should be signed and dated by the staff member completing the report and by the registered manager. Ref 5.2	Met
	Action taken as confirmed during the inspection: Three review reports were viewed and found to be signed and dated appropriately.	

Recommendation 2 Ref: Standard 25.5 Stated: Third time	<p>The organisation must ensure that areas not developed by the service users are kept free from weeds.</p> <p>Ref 5.2</p> <p>Action taken as confirmed during the inspection: The inspector was informed that the garden area had been cleared and arrangements were in place for an external organisation to undertake the work on an ongoing basis. The inspector was informed that work was commencing again the following week to maintain the garden.</p>	Met
Recommendation 3 Ref: Standard 7.1 Stated: Second time	<p>The registered person must ensure the office is free from clutter.</p> <p>Ref 5.2</p> <p>Action taken as confirmed during the inspection: On the day of this inspection the office was well organised and free from clutter.</p>	Met
Recommendation 4 Ref: Standard 19 Stated: First time	<p>The registered person should ensure that care records include unique identification of service users to safeguard privacy and confidentiality of service users' information.</p> <p>Ref 5.3</p> <p>Action taken as confirmed during the inspection. There was evidence in records examined that each service user had been allocated a unique number.</p>	Met
Recommendation 5 Ref: Standard 17 Stated: First time	<p>The registered person should ensure that a range of different service users are consulted during monitoring visits, and as evidence, service user unique identification is included in the monthly monitoring report.</p> <p>Ref 5.4</p> <p>Action taken as confirmed during the inspection: The inspection of the monthly reports for May 2016, June 2016 and July 2016 provided evidence that this recommendation had been addressed.</p>	Met

Recommendation 6 Ref: Standard 17 Stated: First time	The registered person should ensure that a copy of the annual quality report for 2015 which includes service users' views and opinions and incorporates details of measurable outcomes is submitted to RQIA. Ref 5.4	Met
	Action taken as confirmed during the inspection: The annual report for the year 2014- 2015 had been submitted to RQIA as requested.	

4.2 Is care safe?

The registered manager had resigned from post in June 2016 and the appropriate notification regarding the management arrangements in their absence had been submitted to RQIA. An interim manager with managerial experience and knowledge of the different schemes within Mindwise was in post.

In the absence of the interim manager, one of the community mental health workers assumes responsibility for the day care setting. Records examined established that competency and capability assessments had been undertaken for the named staff.

The planned daily staffing levels for the day care centre were outlined by the manager and staff and they confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met.

On the day of inspection the manager, community health worker and a volunteer were on duty and observation of the delivery of care provided evidence that service users' needs were met. The manager confirmed that volunteers working in the setting are not taken into account in the overall staffing calculation. Those staff and service users consulted were fully aware of who was in charge on the day of inspection.

Mindwise has a robust staff recruitment policy and procedure dated May 2016 in place. The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. There had been no new staff recruited in the service since the last inspection. Recruitment records were retained at the organisation's personnel department.

Review of two staff files and discussion with a member of care staff confirmed that staff had received mandatory training, including safeguarding vulnerable adults training which was undertaken in October 2015, and fire training which was undertaken on 15 April 2016. Staff demonstrated knowledge and understanding of adult safeguarding principles and were also fully aware of their responsibility in relation to raising concerns about poor practice and whistleblowing. Staff confirmed that they had no concerns about their colleagues practice.

A review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the

relevant persons and agencies for investigation in accordance with procedures. The manager reported that there were no current ongoing safeguarding investigations. On the day of the inspection no restrictive practices were observed.

The manager reported there was a written training and development schedule issued annually by the organisation and explained that staff identified their training needs during their continuous development review and arrangements were put in place for them to attend identified training. The training records held for each staff member were found to be disorganised and it was difficult to ascertain when required training was provided. There was no evidence that the effect of training on practice was evaluated as part of quality improvement. The manager must review the current arrangements and ensure suitable arrangements are in place to identify when mandatory training is due, arrangements should also be implemented to review the effect of training on practice.

A range of policy and procedures relating to safe and healthy working practices were in place and the evidence confirmed that these were reviewed regularly. Policies included, for example; COSHH, fire safety and manual handling.

The staff confirmed that there had been no outbreaks of infection within the last year and that any outbreak would be managed in accordance with Mindwise policy and procedures and reported to the relevant organisations. An infection control audit is in place and details all tasks undertaken or completed by staff.

Inspection of the internal environment found that the centre was clean and tidy and there were no visible hazards observed which might impact on the health and safety of service users. The building is an old building and is housed across three floors; access to two floors can present some difficulties for some service users who reported that they rarely use the upstairs rooms. A stair lift is available for service users and volunteers who have mobility difficulties.

Discussion centred on the assessments relating to the use of the stair lift and there was evidence that advice had been sought from a service user's G.P regarding the individuals' use of the lift. However where there are mobility difficulties that require specialist equipment, advice should be sought from an occupational therapist. Management are requested to review the systems of referral to the multi-disciplinary team. Records examined confirmed that the stair lift in use was well maintained and regularly serviced. Observation of the use of the stair lift and service records evidenced it was fit for purpose. The registered person should confirm that associated fire risks for those volunteers and service users who use the lift are included in the fire risk assessment.

Areas for improvement

Areas for improvement were identified during the inspection and relate to training records and the effect of training on practice, risk assessments relating to the use of the stair lift, and the review of the systems for referrals to the multi-disciplinary teams.

Number of requirements:	1	Number of recommendations:	2
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4.3 Is care effective?

On arrival at the centre the inspector was greeted by a service user and taken to the activity room/kitchen area where time was spent talking to seven service users who were sitting chatting and having a cup of tea. There were no staff present and the inspector was shown around the downstairs area and garden by a service user.

Staff were on the third floor of the building and reported that they were having a hand-over however management should review these arrangements as some service users use the service for a short period and could leave the building before seeing staff.

The activities on offer for service users was a particular focus of this inspection. It was noted that playing pool was the recorded activity for the day of inspection; however, seven of the service users spoken with on the morning of the inspection reported that they did not play pool. One service user told the inspector that he played pool but no longer played as he had no-one to play with. During the week different activities were recorded and there was evidence in the minutes of service users meetings that service users were involved in decisions about the activities/outings they wished to be involved in. It was disappointing therefore to note that outings were organised with two other centres and it was difficult to ascertain how this decision was made and if it reflected the choice of those service users in Lurgan Mindwise centre; transport was always arranged at a cost to service users and it was noted they were not encouraged to use public transport. Management are requested to review the arrangements in place to ensure that activities are appropriate, engaging, purposeful, enjoyable and facilitate community involvement and inclusion.

Service users consulted on the day of inspection spoke of the benefits of attending the centre and several spoke of how the centre gave them a structure to their day, provided friendships, outings and some-one to listen to them.

A review of four care records confirmed that these were maintained and included an up to date assessment of needs, life history, risk assessments, and associated support plans. It was noted not all records had an entry for every five attendances for each service user to confirm that no recordable events had occurred.

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager, or the registered manager if necessary.

Informally, staff stated they consult service users daily. Discussion with service users and staff and a review of records provided evidence of service user (members) meetings being held and records examined indicated an agenda was prepared and a minute of the meeting maintained. It was noted that both service user meetings and staff meetings were recorded in a loose page file and there was evidence that pages had been removed from both records. Management need to review these records and ensure they are fit for purpose.

The manager reported that the complaints policy in place was currently being reviewed and updated. A record of complaints was maintained. The last recorded complaint was dated 29 August 2014. The record of complaints was disorganised and should be reviewed to ensure the record meets the minimum standards. The records should include details of all communication with complainants, the results of any investigations and the action taken.

Service users consulted were aware of how to raise any issues or concerns and named the staff they would talk to in these circumstances. Staff were also familiar with the action to take in the event a service user raised a concern or were dissatisfied with the service provided.

Areas for improvement

Five areas for improvement were identified during the inspection and relate to a review of the handover, a review of activities, improvement to the records of service user attendances, minutes of service users and staff meetings and the complaint record.

Number of requirements:	0	Number of recommendations:	5
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4.4 Is care compassionate?

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff confirmed that service users' needs were being met.

Service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities.

Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There was a relaxed ambience throughout the day and service users were observed chatting amongst themselves, and it was evident they had developed good relationships and enjoyed each other's company. All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre. Service users expressed:

- "It is really good to come here; It gets me up and out in the morning."
- "The centre gives me somewhere to go and meet my friends and talk about my weekend."
- "We do different things here I enjoyed the cooking we done."
- "The staff are excellent, always ready to listen and support you."

Discussions with service users along with observations of practice during this inspection confirmed that service users were supported to engage and participate in different activities; however as previously stated, staff must ensure that the types of activities offered are diverse and varied, facilitate community involvement and promote the best outcomes for all service users.

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. Informally service users are consulted on a daily basis in discussions with staff and the management team. Formally they are consulted during service users' meetings; annual care reviews and the monthly monitoring visits.

Areas for improvement

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

Number of requirements:	0	Number of recommendations:	0
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4.5 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

The registered manager had resigned from post in June 2016 and an interim manager has been in place since that date. The registered manager has CQC qualifications and has many years of experience working in both day centres and supported living. The manager has settled very well into her new role as manager of the two centres and the relevant document was submitted to RQIA detailing the changes.

Staff spoke of the effective working relationships within the team and confirmed they had received good support from the senior management team during the periods of change. They confirmed that they were well supported in their roles and that suitable training was provided.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the day care setting. Staff were able to describe their roles and responsibilities and were fully aware of the organisational structure within the day care setting and the trust, and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns about any aspect of practice.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

The certificate of registration issued by RQIA was displayed in a prominent position in the entrance to the day care setting.

There was an accident/incident/notifiable events policy and procedure which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed there had been no accidents in the centre since the previous inspection.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

The manager confirmed that a service user satisfaction survey was completed annually and it was agreed the quality summary report on the outcome of the service users' questionnaire survey would be submitted to RQIA including the action taken to address any issues or improvements made.

It was confirmed arrangements are in place for managing poor performance of staff and there was evidence that competency assessments had been completed for staff left in charge of the centre in the absence of the manager. It was reported that the day centre had open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from staff and it was good to note all responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gwynneth Witherow, 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 service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Setting 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 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

Requirement 1

Ref: Regulation 26 (4) (a)

Stated: First time

To be completed by:
30 September 2016

The registered provider must confirm that associated fire risks for those staff and service users who use the stair lift are added to the fire risk assessment.

Response by registered provider detailing the actions taken:

A fire risk assessment was completed by an external assessor and this includes information on regress from the building for those with mobility problems. A risk assessment has been completed for each person who uses the stair lift and these have been updated to include how they exit the building in the event of a fire. Those with mobility problems are encouraged to use the lower floor where there are four steps to the exit and the ground floor where they have direct access via the front door. A PEEP is currently being completed for each individual with mobility problems to support the actions identified in the risk assessment.

Recommendations

Recommendation 1

Ref: Standard 21.9

Stated: First time

To be completed by:
30 September 2016

The registered provider should ensure suitable arrangements are in place to identify when mandatory training is due, arrangements should also be implemented to review the effect of training on practice.

Response by registered provider detailing the actions taken:

Staff training files are now in date order of training attended. The training schedule has been updated for September- December 16 and staff are booked onto the courses required to ensure that the appropriate mandatory training is up to date. A new HR system is currently being introduced which will provide more accurate recording of the dates training updates are required. Staff discuss the effectiveness of training they have attended through reflective practice at supervision.

Please note that it is not possible to answer the question below in the box provided so the reply has been included in this box

As both staff are in the service for the majority of the opening times, a formal handover is not required each day. A handover is given to the registered manager when they are in the service and also to the area manager, if required. This is provided by one staff member so that the other staff member is still available to support the service users.

Recommendation 2 Ref: Standard 17.9 Stated: First time To be completed by: Immediately and ongoing	The registered provider should ensure a review of the hand-over is completed to ensure that service users are suitably supervised and staff are fully aware of who is in the building.
Recommendation 3 Ref: Standard 7.6 Stated: First time To be completed by: 30 September 2016	The registered provider should review the arrangements for referral to the multi-disciplinary team. Response by registered provider detailing the actions taken: Where there is an identified need for a service user to use the stair lift whilst visiting the service, this will be discussed with the individual, their statutory key worker and a referral made to an OT to complete the assessment.
Recommendation 4 Ref: Standard 9.2 Stated: First time To be completed by: 30 September 2016	The registered provider should review the arrangements in place to ensure that activities are appropriate, engaging, purposeful, and enjoyable and facilitate community involvement and inclusion. Response by registered provider detailing the actions taken: There is an activities brochure available in the service and service users have input into the choice of activity through their monthly meeting and reviews. The activities notice board is updated weekly. The new proposed service model will be operational by the end of the financial year and through the implementation stage, each service user will have a review of their support needs and activities will be more person centred, based on the needs assessment.
Recommendation 5 Ref: Standard 19.2 Stated: First time To be completed by: 30 September 2016	The registered provider should ensure the service user meetings and staff meetings are recorded in a suitable record. Response by registered provider detailing the actions taken: There are now two hard backed books in the service - one for the service user meeting notes to be recorded and the other for the staff meeting notes. These notes are agreed and signed by those attending the meeting and are made available to those who were not able to attend..
Recommendation 6 Ref: Standard 8.5 Stated: First time To be completed by: 30 September 2016	The registered provider should forward the quality summary report on the outcome of the service users' questionnaire survey including the action taken to address any issues or improvements made to RQIA with the return of the QIP. Response by registered provider detailing the actions taken: No results are available for 2015 but the 2016 survey is currently with the service users for completion and the collated results and report are expected by the end of December and this will be forwarded to the inspector once received.

Recommendation 7 Ref: Standard 7.5 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should ensure care records have an entry for every five attendances for each service user to confirm that no recordable events had occurred.</p> <p>Response by registered provider detailing the actions taken: A record is completed weekly for each service user and these are stored in a combined file and periodically transferred into the individual service user files. The use of the combined file helps to ensure that individual's weekly entries are not missed.</p>
Recommendation 8 Ref: Standard 14.10 Stated: First time To be completed by: 30 September 2016	<p>The registered provider should ensure the record of complaint is suitable for purpose and includes details of the complaint, the action taken to resolve the complaint, the result of any investigations and record if the person was satisfied with the action taken.</p> <p>Response by registered provider detailing the actions taken: A standard template for the recording of complaints has been forwarded to every service and is now operational. A record of all complaints recorded in the service is now forwarded to Head Office each quarter and these will be analysed to ensure they are resolved appropriately and to identify trends within services or across the organisation</p>

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



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