

# Unannounced Care Inspection Report 15 June 2016



## Derg Valley Care Centre

Type of Service: Day Care Setting  
Address: 5 – 7 Parkview Road, Castlederg BT81 7BN  
Tel No: 028 816 70764  
Inspector: Angela Graham

## 1.0 Summary

An unannounced inspection of Derg Valley Care Centre took place on 15 June from 09.45 to 16.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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. There was very positive feedback from all service users, spoken with, about the delivery of safe care in the day centre. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A requirement has been made in regard to the provision of fire awareness training. Recommendations have been made in regard to the completion of competency and capability assessments and that supervision be undertaken in line with Standard 22.2 of the Day Care Settings Minimum Standards (January 2012).

### **Is care effective?**

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users. Reports of annual reviews of service users' placements showed that all those involved were satisfied with the outcomes of the service provided. No areas for quality improvement were identified.

### **Is care compassionate?**

On the day of the inspection Derg Valley Care Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement were identified.

### **Is the service well led?**

Staff confirmed that they were well supported in their roles and that good training is provided. There was evidence of good outcomes for service users and the service was well regarded by a health care professional who has regular contact with the day care setting. Recommendations have been made in regard the management of service users' monies and the signing and ratifying of policies and procedures.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards (January 2012), previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with the Responsible Person, Ms Maureen McKeague and the Registered Manager, Mrs Gladys Armstrong, 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 previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organization/registered provider:</b> Derg Valley Care Ltd/Southern HSC Trust	<b>Registered manager:</b> Mrs Gladys Armstrong
<b>Person in charge of the day care setting at the time of inspection:</b> Mrs Gladys Armstrong, Registered Manager 09.45 hours – 12.20 hours. Ms Maureen McKeague, Responsible Person 12.20 hours – 16.15 hours	<b>Date manager registered:</b> 26 August 2010

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The previous care inspection report
- The returned quality improvement plan (QIP) from the previous care inspection

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

- Discussion with the responsible person
- Discussion with the registered manager
- Discussion with one care staff
- Discussion with 13 service users
- Discussion with one visiting health care professional

- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with five questionnaires to distribute to service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requested their return to RQIA. Five service users, four service users' representatives and five staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record (none recorded since the previous care inspection)
- Staff duty records
- Staff supervision and appraisal records
- Elements of three service users' care files
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Two monthly monitoring reports

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the last care inspection dated 11 December 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 17 (3) <b>Stated:</b> Third time	The registered provider should expand the use of audits of working practices as a means to enhance quality assurance of the service and include the findings within the monthly monitoring report for the month they were completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The responsible person confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits of care records, care reviews, infection control, environment and adherence to Day Care Minimum Standards were available for inspection and evidenced that actions identified for improvement were incorporated into practice.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (2)</p> <p><b>Stated:</b> Second time</p>	<p>The registered provider should ensure that the centre has a policy based on the principles outlined in the DHSSPS Guidance on Restraint and Seclusion and the European Convention on Human Rights, Article 5. Copies of these policies and guidance should be available to the staff team for reference.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The responsible person confirmed that the policy and procedure on restrictive practices was reviewed and updated following the previous care inspection to include the principles outlined in the DHSSPS Guidance on Restraint and Seclusion and the European Convention on Human Rights, Article 5. The responsible person also confirmed that a copy of the policy had been forwarded to the relevant care inspector for consideration.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (1) (a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager must ensure that</p> <ul style="list-style-type: none"> <li>a) the tasks volunteers undertake are clearly defined</li> <li>b) suitable arrangements must be in place to monitor that volunteers are operating within the guidance provided by the organisation.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b>                  The responsible person confirmed a detailed job description including the tasks to be undertaken by volunteers had been developed. Evidence was provided in this regard.</p> <p>The responsible person also confirmed that mandatory training and supervision arrangements were in place for volunteers. The registered manager confirmed that a member of staff was appointed as a mentor for volunteers. Discussion with care staff and one volunteer confirmed these arrangements.</p>	<p><b>Met</b></p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 6 (1)</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager must ensure that a record of, and receipts for all transactions undertaken by staff must be recorded. Procedures detailing the process for collecting and recording the monies should be in place and known by all staff.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The responsible person confirmed that a record of all transactions was maintained. The responsible person also confirmed that procedures had been developed detailing the process for collecting and recording service users' monies. Evidence was provided in this regard.</p>		
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 16 (1) (2)</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager must ensure that service users care plans are kept under review and updated when changes occur and the service user/representative are notified of any revision. This requirement was previously stated in the inspection report dated 2 September 2013. This requirement is stated for a second time as compliance has not been maintained.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of three service users' care plans evidenced that this requirement had been addressed. The care plans were signed by the service user and the registered manager.</p>		
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should ensure that all assessments are amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The responsible person and registered manager confirmed that this recommendation had been addressed. A review of three service users' care records evidenced that this recommendation had been addressed.</p>		

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the policy on continence promotion is reviewed and includes a procedure which reflects current best practice guidance on continence promotion.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A policy on continence promotion had been developed and was available for inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> <li>• Consent</li> <li>• Involvement of service users in the running of the day care setting</li> <li>• Listening and responding to service users' views</li> <li>• Service Users Meetings and Forums</li> <li>• Safe and Healthy Working Practices</li> <li>• Service users' involvement in activities and events</li> <li>• Communications with carers and representatives</li> <li>• Quality Improvement</li> </ul>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The above policies and procedures were available on the day of inspection. The responsible person confirmed that the identified policies and procedures had been developed/reviewed in line with this recommendation.</p> <p>Staff confirmed that they had access to the day centre's policies and procedures.</p>	

#### 4.2 Is care safe?

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

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty. Care staff responded to service users' requests in a timely manner.

No concerns were raised regarding staffing levels during discussion with service users, the visiting healthcare professional and staff.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. A review of the supervision schedule identified that supervision had not been undertaken on a quarterly basis in line with Standard 22.2 of the Day Care Settings Minimum Standards (January 2012). A recommendation has been made to address this issue.

Discussion with staff confirmed that they had received annual appraisal. Review of the appraisal schedule confirmed this arrangement.

Discussion with the responsible person revealed that competency and capability assessments were not undertaken for any person who is given the responsibility of being in charge of the day care setting for any period in the absence of the registered manager. A recommendation has been made to address this issue.

Review of a sample of staff training records concluded three staff members had not received training updates on fire awareness since June 2014. A requirement has been made to address this issue.

Review of elements of three service users' care records confirmed annual reviews of the individuals' day care placements had taken place in the previous year.

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 safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Discussion with staff confirmed that they had attended safeguarding vulnerable adults training.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

### **Areas for improvement**

A requirement has been made in regard to the provision of fire awareness training.

Recommendations have been made in regard to the completion of competency and capability assessments and that supervision be undertaken in line with Standard 22.2 of the Day Care Settings Minimum Standards (January 2012).

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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### **4.3 Is care effective?**

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with 13 service users also concluded their needs are being met in the day care service.



On the day of inspection service users' care files were stored securely in a locked filing cabinet in order to maintain confidentiality.

The inspector reviewed elements of three service user care files. The care records reflected multi-professional input into the service users' health and social care needs. Care recording for every five attendances was being maintained.

The incident, accident and complaints records were inspected. There was no new recording in these records since the previous inspection.

The responsible person confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits of care records, care reviews, infection control, environment and adherence to Day Care Minimum Standards were available for inspection and evidenced that actions identified for improvement were incorporated into practice.

The responsible person confirmed that systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users' meetings and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with service users and one visiting healthcare professional and observation of interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' independence and of maintaining dignity.

Discussion with the responsible person confirmed that staff meetings were held on a quarterly basis. The last staff meeting was held on 20 May 2016. The responsible person confirmed that the minutes of the meeting were made available for staff to consult.

Staff stated that there was effective teamwork. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff also confirmed that if they had any concerns, they could raise these with the registered manager.

Discussion with the registered manager and review of records evidenced that service user meetings were held generally on a monthly basis. The last meeting was held on 18 May 2016 and minutes were available.

A discussion with one visiting healthcare professional at the time of this inspection was positive.

Service users spoken with and responses received from questionnaires issued expressed their confidence in raising concerns with the day centre's staff/management.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

The responsible person confirmed that advocacy arrangements were in place.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care compassionate?

Discussion with staff, service users and observation of practice and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussion with staff, 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.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

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. The registered manager confirmed a service users' forum takes place generally monthly.

The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports.

The comments within the questionnaires returned to RQIA evidenced that compassionate care was delivered within the day care setting.

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

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

Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Derg Valley Care Centre. The findings from the annual survey had been collated into an evaluation/summary report.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "This is a great service. Staff are always helpful and kind."
- "You could not improve the service; it is top."

- “The food is lovely. Every morning the staff come around and offer a choice of dinner.”
- “I enjoy coming here every week. We are like a big family.”
- “I am very happy here. Staff listen to me and provide support as necessary.”
- “We are planning a summer trip.”
- “I do not feel it necessary to get a receipt for my dinner money.”
- “The staff are always cheerful and respectful.”
- “We have meetings with the staff and make suggestions about activities. Our suggestions are always listened to.”
- “I have been coming here for many years and I never had any concerns or complaints about the day centre.”

The inspector met with one visiting healthcare professional. The healthcare professional spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the healthcare professional are listed below:

- “Staff keep me fully informed of any changes in regard to clients.”
- “Staff participate fully in the care review process.”
- “I consider this to be an excellent service.”

Review of five completed service users, four service users’ representatives and five staff RQIA questionnaires asking for opinions on how safe, effective and compassionate the care is and how well led the service is; concluded all of the responses were positive.

The following qualitative comments were recorded in one of the service user’s representative’s questionnaires:

- “I am very happy and pleased with the care we are receiving from Derg Valley.”
- “Carers are very friendly and accommodating.”

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.5 Is the service well led?**

The responsible person 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. Review of a sample of policies and procedures evidenced that these policies and procedures were not dated when issued nor were they ratified by the registered person. A recommendation has been made to address this issue. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

Discussion with the responsible person identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the responsible person was kept informed regarding the day to day running of the centre.

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 registered manager confirmed that the centre operated in accordance with the regulatory framework. The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

Discussion with the responsible person and registered manager confirmed that a number of service users decline to sign for transactions such as payment of dinner monies. The registered manager confirmed that at all times two staff members are present during transactions with the service user. However, if the service user declines to sign for a transaction staff do not sign the record of transactions. The registered manager must maintain a record of monies received on behalf of services users. The record should be signed by either the service user or their representative and a staff member. In the event the service user cannot sign or declines to sign two staff should sign the record. A recommendation has been made to address this issue.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The day care centre had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

**Areas for improvement**

A recommendation has been made that the registered person ensures that all policies and procedures are dated when issued, reviewed or revised and ratified by the registered person following revision to, or the introduction of, new policies and procedures.

A recommendation has been made that the registered manager ensures that the record of monies received on behalf of services users is signed by either the service user/or their representative and a staff member. In the event the service user cannot sign two staff should sign the record.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Responsible Person, Ms Maureen McKeague and the Registered Manager, Mrs Gladys Armstrong, 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 the Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) for review 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.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	The registered person must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the day care setting for any period of time in the absence of the registered manager.
	<b>Response by registered provider detailing the actions taken:</b> A draft of the competency assessment proposed has been sent to the inspector. Competency assessments using this template will be carried out on staff who will deputise for the manager during periods of absence.
<b>Requirement 2</b> <b>Ref:</b> Regulation 26 (4) (e) <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2016	The registered person must make arrangements for persons employed in the day care setting to receive suitable training from a competent person in fire prevention.
	<b>Response by registered provider detailing the actions taken:</b> An external provider has been sourced to provide fire awareness and fire marshal training on 5 September 2016. The date is outside the anticipated timescale to allow for annual leave and to ensure that all staff are available for the training.
<b>Recommendations</b>	
<b>Recommendation 1</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2016	The registered manager should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.
	<b>Response by registered provider detailing the actions taken:</b> The process for ensuring that supervisions conducted are recorded on the Carefree system required improvement as some conducted supervisions (paper records) had not been replaced in the file and were not on the system. In future the supervision documentation will remain with the file until updated on Carefree.
<b>Recommendation 2</b> <b>Ref:</b> Standard 11.5 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2016	The registered manager must ensure that the record of monies received on behalf of services users is signed by either the service user or their representative and a staff member. In the event the service user cannot sign two staff should sign the record.
	<b>Response by registered provider detailing the actions taken:</b> The system for recording monies received now ensures two staff signatories. Service-users continue to be reluctant to sign. The Kalamazoo system will be up and running by 1 <sup>st</sup> September which will provide receipts for service-users and retain a carbon copy for inspection in a manageable format.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18.4 and 18.5</p>	<p>The registered person must ensure that all policies and procedures are dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p>
<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2016</p>	<p><b>Response by registered provider detailing the actions taken:</b> We will ensure that dates are recorded on policies when issued, reviewed or revised and ratified. This was an oversight on our part in relation to new policies recently issued.</p>

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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