

Care Inspection Report 15 November 2016



Foyle Disability Resource Centre

Type of service: Day Care Service
Address: Glen Road, Londonderry, BT48 0BX
Tel no: 028 7126 6593
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Foyle Disability Resource Centre took place on 15 November 2016 from 10.20 to 17.15hrs.

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. The outcome was that the inspection found areas of concern along with areas for improvement, all of which are set out in the Quality Improvement Plan appended to this report.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. Records and discussions with staff confirmed that staffing levels were adequate to meet service users' day to day needs. Staff said they had to be alert to the need to manage challenging behaviours presented by a small number of service users, in order to maintain a safe group environment. Safeguarding principles and procedures were understood by all three staff members who were interviewed individually. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. However, the absence of care plans and personalised goals for service users compromises the team's ability to deliver safe care consistently. Of the areas for improvement identified at the previous inspection on 12th November 2015, two of the requirements have not been met by the registered provider.

Is care effective?

Staff members spoke positively of the value of the day care service for service users' and of the progress being made by many of those who attend, although this progress was not being recorded. There was evidence to show that service users participated in a wide range of activities, including, music sessions, ten pin bowling, cookery, art and craft, drama, sailing and 'Reading Rooms'. There were no written agreements with service users as to their purpose in attending the centre, or the service's suitability to meet their assessed needs. There were no written care plans in any of the five service users' records examined at this inspection. Progress records were few, written only when events occurred that were regarded by the manager and staff as significant. Records of meetings with service users did not meet the minimum standard. While there is some evidence of effective care, the planning of care and the written records of its purpose and its outcomes are largely absent or unsatisfactory.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be good humoured and caring. Personal care and confidential matters were spoken about discreetly and sensitively by staff members. Progress records for each service user were not being kept systematically, making it difficult to assess the tone of a broad range of staff members' references to each person. Staff members who were interviewed confirmed their confidence in the caring qualities of their colleagues and were clear that they would report poor practice, should they encounter it. Several service users communicated positive feelings on their enjoyment of activities in which they engaged. Questionnaires were completed by five service users, four of whom indicated that they were very satisfied with the compassionate care provided, while one respondent was very unsatisfied.

A range of evidence supports the view that compassionate care is provided within the Foyle Disability Resource Centre. The negative comments received will be followed up by a WHSCT manager.

Is the service well led?

The Western Health and Social Care Trust and Foyle Disability Resource Centre have systems in place to inform staff on the responsibilities of their various roles and the expected standards of practice and to supervise and monitor the quality of the service provided. Some aspects of these systems have not worked well over recent years. The registered manager has failed to implement requirements of the regulations on three identified occasions. Areas for improvement are set out in the main body of this report and in the Quality Improvement Plan (QIP) in Section 5.3.

Overall, the registered provider has failed to implement governance arrangements to ensure that improvements identified in the QIP were actioned and that the centre complied with all of the regulations and minimum standards.

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	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kevin Murray, Senior Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

As a consequence of the failings identified during the inspection and in accordance with RQIA enforcement policy, RQIA held a meeting on 25 November 2016 with senior managers from the trust and the registered manager.

At this meeting RQIA identified the lack of management and governance arrangements that would ensure the care delivered in Foyle Disability Resource Centre was in compliance with the regulations and the minimum standards.

During the meeting management representatives acknowledged the failings identified and provided a full account of the action the Trust has taken and the arrangements they have made to ensure the improvements necessary to achieve compliance with the identified regulations.

RQIA considered the information provided at the meeting and were assured that the Trust had taken suitable measures to make the necessary improvements. RQIA will continue to monitor the quality of service provided by Foyle Disability Resource Centre and will carry out an inspection to assess compliance with regulations.

The timescales for compliance and actions required to comply with the identified regulations are outlined within the Quality Improvement Plan (QIP) appended to this report.

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 12/11/15.

2.0 Service details

Registered organization/registered person: Western Health and Social Care Trust	Registered manager: Cathal MacElhatton
Person in charge of the service at the time of inspection: Kevin Murray, SDCW	Date manager registered: 27 September 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 12 November 2015.

During the inspection the inspector met with:

- Seven service users in two separate group settings
- Three care staff, in individual discussions and three staff in a lunch-time group.

Questionnaires were left with the senior day care worker to be distributed to service users, staff and a number of relatives or carers of service users. Nine completed questionnaires were returned to the inspector on the day of the inspection, five from service users and four from staff members.

The following records were examined during the inspection:

- File records for five service users, including assessments and review reports
- Monitoring reports for the months of August, September and October 2016
- Record of complaints
- Minutes of three service users' 'Advocacy Meetings', held in June, September and October 2016
- Minutes of three staff meetings, held in August, September and October 2016
- Photo booklet for 2015, 'Our Year in Pictures'.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 08/03/2016

The most recent inspection of the service was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the inspector at the next premises/estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 12/11/15

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1 Regulation 4(1) (c). Stated: Second time</p>	<p>In the statement of purpose the current registered persons must be named and other staffing information must comply with Regulation 4(1) (c).</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence to indicate that the statement of purpose had been updated.</p>	Met
<p>Requirement 2 Ref: Regulation 13(1)(a) Stated: First time</p>	<p>The WHSCT’s registered person must ensure that a written policy and guidance to staff on continence care is provided urgently.</p> <hr/> <p>Action taken as confirmed during the inspection: The senior day care worker stated that no written policy or guidance on continence care had been provided by the Trust.</p>	
<p>Requirement 3 Ref: Regulation 16(1) Stated: Second time</p>	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user’s representative as to how the service user’s needs in respect of day care are to be met. This should include more detailed information on social needs.</p> <hr/> <p>Action taken as confirmed during the inspection: None of the five files examined contained a completed care plan. A blank care plan form was present in one file.</p>	Not Met

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.7 Stated: First time	It is recommended that the Trust should explore the availability and appropriateness of a Certified Brain Injury Specialist Training Programme for members of the staff team in FDRC and provide such training in keeping with each staff member's identified training needs.	Partially Met
	Action taken as confirmed during the inspection: The manager and one care assistant are participating in specialist training, spread over three, two-day modules. Other staff were keen to attend this course and it is recommended that further opportunities should be sought.	

4.3 Is care safe?

Three staff members, who met individually with the inspector, confirmed that they have confidence in the practice of their colleagues in the staff team, in their direct work with service users. The senior day care worker is deemed by the Trust to be capable and competent to take charge of the centre in the manager's absence and was in charge throughout the day of this inspection. Recruitment and selection methods were reported by staff members to be standardised, in keeping with the Trust's procedures.

Written risks assessments were available in each of the service user's files examined. The risks assessed were specific to each individual, with one file containing assessments for 'Transport risks' and 'Moving and Handling risks', while another contained these same assessments plus others for 'Challenging Behaviour risks' and 'Medication risks'. Risk assessments were reviewed at least annually within the standard review process. Staff members, including the bus driver, were knowledgeable of the risks to and from service users, within the areas of their roles and responsibilities.

In the five questionnaires completed by service users, three people said they were 'very satisfied' and two said 'satisfied', with the provision of safe care. Of the four staff respondents, two said they were 'very satisfied' and two 'satisfied' with the safety of care provided. During the inspection visit, two service users engaged in detailed discussions and spoke positively of the quality of care provided at the centre and of their enjoyment in taking part in the various activities. Both people confirmed that they felt safe in the centre and in the transport bus, although staff identified concerns regarding safeguarding of some more vulnerable service users while they were travelling to and from the centre. The centre has been operating without 'Bus Guides' for some time but the senior day care worker said that the recently improved staffing should allow their reintroduction by the beginning of 2017 and this is recommended.

The methods available to service users of raising a concern are set out in the service user guide. It was not clear from the records of service users' meetings, (the Advocacy Group), whether or not satisfaction with the quality of care is a regular agenda item.

The three records examined were each a single page with a number of single line entries, providing little or no information on comments or suggestions made by service users or on the actions taken by the manager and staff. This does not comply with the minimum standard, which requires that a record is kept of the matters raised by service users and actions taken in response. Evidence from discussions and observations indicated that staff do seek the views of service users regarding their care preferences and the activities in which they wish to participate. Staff presented as being well informed of the needs of service users and of some methods of helping to meet these needs safely.

Twenty five notifiable events had been reported to RQIA in the year preceding this inspection. All were assessed by the allocated inspector to be low risk events. A sample of five records of notifications indicated that these events had been managed appropriately by the manager and staff. There were no recorded complaints in the year preceding the inspection.

There was insufficient evidence of safe care in FDRC, due to the absence of individual agreements and care plans for service users and the lack of sufficient progress records to verify how each person who attends Foyle Disability Resource Centre is being supported, motivated and protected. These matters are addressed in later sections of the report.

Areas for improvement

The centre has been operating without 'Bus Guides' but the senior day care worker said that the recently improved staffing should allow their reintroduction by the beginning of 2017 and this is recommended.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

The Western Health and Social Care Trust and FDRC have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Three staff members confirmed that formal supervision and annual appraisals were taking place and that training was being provided in the areas regarded as mandatory. The staff member in charge of the centre stated that records of supervision for Day Care Workers were not available, as the manager keeps them locked away. There was evidence from discussions with staff to confirm that the team members felt committed to provide good quality care. A number of service user's records included reports by other professionals, e.g. Speech and Language Therapists and Brain Injury Specialists. Staff stated that they had good working relationships with these community services which they regarded as an important part of the overall effectiveness of the support for service users.

Five service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning. Objectives for each service user were written in review reports, in the form of a list of activities in which the person should participate, or continue to participate. There was written evidence in review reports of service users, their representatives and a range of community based professionals having made an evaluation of the overall suitability of each placement and of them being satisfied with the day care service in terms of the continuing placements there for those service users.

The absence of care plans for service users has led to the current situation in which neither staff members nor service users can have a clear understanding of the objectives and planned, associated actions for each person's placement at the day care service. This unsatisfactory situation is compounded by the absence of a written agreement with each service user which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs. No progress records for service users were being kept systematically and the senior day care worker stated, when questioned, that staff had been instructed to keep individual progress records only when significant events occurred regarding the individual service user.

Staff members spoke positively of the value of the day care service for service users and of the progress being made by many of those who attend, but there was also evidence of staffs' frustration with a number of aspects of the leadership of the service, which have resulted in the situation described in the previous paragraph and have also impacted on the suitability of selections for specialist training.

The use of existing resources, including the transport vehicles, facilitated provision of a good range and variety of activities, including, music sessions, ten pin bowling, cookery, art and craft, drama, sailing and 'Reading Rooms'. Four staff members, responding in questionnaires, indicated that they were 'very satisfied' in response to the question, "Is care effective?" Questionnaires were also completed by five service users, with two people indicating that they were satisfied and three ticking "very satisfied" with the effectiveness of the service provided.

Staff were deployed in a manner that made use of their skills and experience and enabled the team to function with a degree of effectiveness, although not with high team morale. Three service users, individually, discussed their experiences of participating in the centre's activities and presented positive views of the care that they received and the activities in which they took part.

The evidence indicates that the care provided is effective in terms of contributing to each service user's enjoyment and wellbeing. However, the absence of care planning objectives and of a system to measure the outcomes of these objectives means there is insufficient evidence of effective care to support a positive conclusion in this aspect of the service.

Areas for improvement

The registered provider should provide each service user with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.

The registered provider should ensure that individual case notes related to activity within the day care service are maintained for each service user. When no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.

Certified, Brain Injury Specialist Training should be provided for members of the staff team in FDRC, in keeping with each staff member's identified training needs.

Number of requirements	0	Number of recommendations	3
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other. There was also evidence of positive and supportive relationships between some service users. Staff members presented as being committed to providing service users with a welcoming and enjoyable experience at the centre. In all of the interactions directly observed, service users were engaged by care staff with respect and encouragement.

Service users each have an activity timetable and two people confirmed that staff talk to them about what they want to do during their time in the centre. Two people confirmed that it is important for them to have some time each week when they are in contact with others in a safe place, and where there are supportive staff and activities to do. One service user said, "Everyone here is OK; well, we do quite a few activities together". Another person reported that he always enjoys being at the centre.

There were systems in place for the purpose of seeking the views and opinions of service users. It was not clear from the written records of the Advocacy Group (service users') meetings, who attended the meetings and whether or not service users were well engaged and involved in the discussions. The meetings were attended by the registered manager and were recorded as a list of bullet points, with minimal reference to any service user's input. The centre has produced an attractive book of photographs, titled, '**2015 Our Year in Pictures**' showing many service users engaged in a wide variety of activities. Staff demonstrated an understanding of each service user's assessed needs but were unable to identify agreed, planned goals and the methods of working toward these for each person, due to the absence of care plans. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in both of the monthly reports examined. There was evidence to indicate that compassionate care was being provided.

Areas for improvement

Written records of the Advocacy Group (service users') meetings should include the names of all those who attended and an account of the views expressed by service users and the management response to these.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The Western Health and Social Care Trust and Foyle Disability Resource Centre have systems in place to inform staff on the responsibilities of their various roles and expected standards of practice. A key element for ensuring the maintenance and continuous development of good practice and compliance with regulations is the implementation of suitable monitoring and governance arrangements. Some aspects of these arrangements have not worked well. On three occasions the registered manager has failed to implement requirements made by RQIA and the Trust has not fulfilled its responsibility to ensure compliance.

Monitoring reports were not immediately available for inspection and had to be e-mailed to the staff member in charge from the monitoring officer for FDRC, who is the manager of another day centre within the WHSCT. That day centre is monitored by the manager of FDRC, in a reciprocal arrangement that is not in keeping with good governance. Copies of the centre's monitoring reports must be kept in the centre and be available on request to RQIA and others, in accordance with Regulation 28(5).

Examination of three monitoring reports, for the months of August, September and October 2016, showed that most of the required aspects of the centre's operations were checked. Monthly monitoring reports were well detailed in their inclusion of the views of service users and staff members. However, no attention was reported to matters in the previous RQIA Quality Improvement Plan from which there remained two unmet requirements. The registered person should ensure that an explanation for any non-compliance with requirements and recommendations is added to each monitoring report.

There is a programme covering mandatory training for staff and other, recommended specialist training has been commenced by one care assistant and the manager. Initial selection for this training did not appear to relate accurately to each individual staff member's identified training needs. Staff confirmed that they find support within the team and that they have confidence in their care-work colleagues. Staff meetings' records indicated compliance with the minimum standards, but there were insufficient records of service users' meetings.

There was evidence from discussions with staff members to show that they were appropriately experienced and qualified for their designated roles and were deployed appropriately in the centre. Management and staffing information is included in the statement of purpose and in the service user guide, making the structures clear for those who use the day centre. Staff confirmed that they are supervised, formally and informally, within the team and those who met with the inspector confirmed that formal supervision was regular. The senior day care worker stated that he and the manager meet every Monday morning to discuss management matters and plans for the week ahead.

A WHSCT written policy, on Continence Promotion and Care, which was unavailable at the previous inspection was still not completed. The requirement on this matter is restated.

Overall, the registered provider failed to ensure there were appropriate governance arrangements in place to address identified, necessary improvements within the Quality Improvement Plans from previous inspections. In addition, the registered person failed to ensure that the day care setting was compliant with all of the regulations and minimum standards.

Areas for improvement

The registered provider shall ensure that a written care plan is prepared, in consultation with the service user or the service user's representative, as to how the service user's needs in respect of day care are to be met. This should include more detailed information on social needs.

The registered provider shall maintain a copy of each monitoring report in the day care setting and shall make it available on request to-- RQIA; a service user or his representative; an officer of the Health and Social Care Trust in the area of which the day care setting is situated.

The registered provider shall ensure that a written policy and guidance on continence care is provided urgently to staff in day care services.

The registered provider should ensure that monitoring officers interrogate evidence of the centre's operations with adequate vigour to ensure they can include accurate comments on the progress made in respect of any areas for improvement specified at a previous monitoring visit or, in RQIA's Quality Improvement Plans. Monitoring should provide evidence as to whether the day care setting is being conducted in accordance with minimum standards.

Number of requirements	3	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 Kevin Murray, Senior Day Care Worker, 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 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	
Requirement 1 Ref: Regulation 16(1) Stated: Third time To be completed by: 31 March 2017	<p>The registered provider shall ensure that a written care plan is prepared, in consultation with the service user or the service user's representative, as to how the service user's needs in respect of day care are to be met. This should include more detailed information on social needs.</p> <p>Response by registered provider detailing the actions taken: A service improvement initiative has been commenced in relation to FDRC and shared with RQIA. This recommendation will be addressed via this initiative.</p>
Requirement 2 Ref: Regulation 28(5) Stated: First time To be completed by: 31 December 2016	<p>The registered provider shall maintain a copy of each monitoring report in the day care setting and shall make it available on request to---- RQIA; a service user or his representative; an officer of the Health and Social Care Trust in the area of which the day care setting is situated.</p> <p>Response by registered provider detailing the actions taken: Copy of each monitoring report filed in Managers office and available on request by relvant person.</p>
Requirement 3 Ref: Regulation 13(1)(a) Stated: Second time To be completed by: 31 December 2016	<p>The registered provider shall ensure that a written policy and guidance to staff on continence care is provided urgently.</p> <p>Response by registered provider detailing the actions taken: Written policy and guidelines on continence care has been provided to care staff and will be reviewed on an annual basis to take account of any practice changes or developments.</p>
Recommendation 1 Ref: Standard 3 Stated: First time To be completed by: 28 February 2017	<p>The registered provider should provide each service user with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.</p> <p>Response by registered provider detailing the actions taken: A service improvement initiative has been commenced in relation to FDRC and shared to RQIA. This recommendation will be addressed via this initiative.</p>

<p>Recommendation 2</p> <p>Ref: Standard 7.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered provider should ensure that individual case notes related to activity within the day care service are maintained for each service user. When no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.</p> <p>Response by registered provider detailing the actions taken: With immediate effect, individual case notes for each service user relating to activity within the centre are now in place and maintained at least every five attendances.</p>
<p>Recommendation 3</p> <p>Ref: Standards 8.2 and 8.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure that records of 'Advocacy Group' meetings include the names of all those who attend and a record of the views expressed by service users and the management response to these.</p> <p>Response by registered provider detailing the actions taken: Template for record of names of those in attendance at "Advocacy Group" meetings, template for recording of views expressed and response to these drawn up in December and will become effective from Advocacy meeting January 2017.</p>
<p>Recommendation 4</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should ensure that monitoring officers interrogate evidence of the centre's operations with adequate vigour to ensure they can include accurate comments on the progress made in respect of any areas for improvement specified at a previous monitoring visit or, in RQIA's Quality Improvement Plans. Monitoring reports should provide evidence as to whether the day care setting is being conducted in accordance with minimum standards.</p> <p>Response by registered provider detailing the actions taken: Monitoring visits are now undertaken by Head of Service. Recommendations from previous RQIA Improvement Plans will be included in monitoring visits to ensure compliance.</p>
<p>Recommendation 5</p> <p>Ref: Standard 21.7</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2017</p>	<p>Certified, Brain Injury Specialist Training should be provided for members of the staff team in FDRC, in keeping with each staff member's identified training needs.</p> <p>Response by registered provider detailing the actions taken: The staff team do not require Brain Injury training which is Certified. However, they receive ongoing Brain Injury training from Dr. Shane McCarney Consultant Neuropsychologist and Headway. Dr. Shane McCarney who is based in the Day Centre also provides information and training sessions as required in the management of individuals who present specific behavioural deficiencies.</p>

Recommendation 6 Ref: Standard 13.9 Stated: First time	The centre has been operating for some time without 'Bus Guides' but the senior day care worker said that the recently improved staffing should allow their reintroduction by the beginning of 2017 and this is recommended.
To be completed by: 30 September 2017	Three months pilot to evaluate this use was commenced February 2017 and will be reviewed in May 2017 with a decision in relation to its continued use made thereafter.

****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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