

# Inspection Report

## 2 September 2021



## St James' Lodge Care Home

Type of service: Nursing (NH)  
Address: 15 - 17 Coleraine Road, Ballymoney, BT53 6BP  
Telephone number: 028 2766 8212

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> St. James' Lodge Limited  <b>Responsible Individual:</b> Mr Francis Donal McKenna	<b>Registered Manager:</b> Miss Bronagh Barker  <b>Date registered:</b> 4 October 2013
<b>Person in charge at the time of inspection:</b> Miss Bronagh Barker	<b>Number of registered places:</b> 44  A maximum of 20 patients in category NH-DE accommodated on the Ground Floor  A maximum of 21 patients in category NH-I and a maximum of 3 patients in NH-PH accommodated on the First Floor.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment DE – Dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 43
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 44 patients. The home is divided in two units, over two floors. The ground floor unit provides care for people living with dementia and the first floor unit provides general nursing care. Patients have access to communal lounges, dining rooms and a garden space.	

## 2.0 Inspection summary

An unannounced inspection took place on 2 September 2021 from 10.00 am to 6.10 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Eight new areas for improvement have been identified as part of this inspection as detailed in the quality improvement plan. Three further areas for improvement are stated for a second time.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients, people who visit them, relatives and staff, are included in the main body of this report.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the Manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with 10 patients, 11 staff and one relative. Six questionnaires were returned from both patients and relatives of whom five respondents were either satisfied or very satisfied with all aspects of care delivery in St James' Lodge.

Comments within one questionnaire from a relative highlighted concern in regard to staffing levels and activity provision; these comments were shared with the Manager for further consideration. Activity provision and staffing arrangements are discussed in the body of this report.

A comment received from a relative within a questionnaire stated; “St James’ Lodge is an excellent care home, which is very well managed, Frank and Bronagh are very dedicated and approachable and respond to any queries raised, this is a model nursing home.”

Patients spoken with during the inspection expressed no concerns about the care they received and confirmed that all the staff were very good. One patient stated: “If you have to be in a nursing home, this is the one” and “I am very content, everyone is very good and the food is lovely.”

A staff member told us, “I love it here; everyone has been so supportive from the owner, the Manager and all the team.” We received no feedback from the staff online survey.

**5.0 The inspection**

**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Areas for improvement from the last inspection on 26 January 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 13 (4) (a) <b>Stated:</b> First time	The registered person shall ensure sluice rooms are locked so that cleaning products can be stored in accordance with COSHH legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment evidenced this area for improvement was met.	

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b>Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• damaged bed rail protectors are replaced</li> <li>• emergency pull cords are appropriately covered with a wipe able material</li> <li>• toilet cisterns and radiators are kept free from clutter and not used to store toiletries, toilet rolls or wipes.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that bed rail protectors were in good condition and that the toilet cisterns and radiators were clutter free. However, pull cords were not all appropriately covered; this is further discussed in Section 5.2.3.</p> <p>This area for improvement has been partially met and has been stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p><b>Action taken as confirmed during the inspection:</b> Thickening agents were observed in an unlocked cupboard. This is further discussed in Section 5.2.3.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of care records evidenced a number of care records were not up to date. This is further discussed in Section 5.2.2.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	<p><b>Not met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that RQIA is appropriately notified of any accident in the home where medical advice is sought.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that reports produced following monthly visits to the home are completed in sufficient detail in accordance with the regulations and care standards.</p> <p>This includes, but not limited to, the recording of start and finishing times of the visit and consultation with patients and other appropriate stakeholders.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of monthly monitoring reports evidenced this area for improvement was met.</p>	<p><b>Met</b></p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	The registered person shall ensure that menus are displayed in each dining room for patients' information, in a suitable format and updated on a daily basis to reflect the food served.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Menus were displayed in both dining rooms.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to help protect patients.

Any nurse in charge of the home during the Manager's absence should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. Review of these competency and capability assessments evidenced that they had not been reviewed on a yearly basis to ensure that nursing staff remained competent to undertake such a role in the absence of the manager. An area for improvement was identified.

A review of staff training records evidenced a number of staff were not up to date in regard to some mandatory training requirements. An area for improvement was identified. This included mandatory face to face fire training; a further area for improvement was identified. The Manager confirmed after the inspection that face to face fire training sessions and other mandatory training has been booked for staff in the coming weeks.

The dates that staff had taken part in a fire drill was also unavailable for inspection; this information was submitted to RQIA following the inspection and evidenced that staff had taken part in regular fire drills within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. Discussion with the manager and staff indicated that staffing levels had been impacted on occasion due to staff having to self-isolate; however, there were robust arrangements in place to manage such instances. The Manager also advised of an ongoing recruitment drive for the home.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was identified.

Review of a sample of care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. However, it was noted that the timely review of care plans and risk assessments for a number of patients was inconsistent. An area for improvement was stated for a second time.

Daily records were kept of how each patient spent their day and of the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. Review of records showed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance, if required. The appropriate care records were reviewed and updated post fall.

At times, some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care within patients' records; governance oversight of this aspect of care is discussed further in Section 5.2.5.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available which were served with meals. Staff attended to patients in a caring and compassionate manner.

There was evidence that patients' weight was checked at least monthly to monitor weight loss or gain and if required, records were kept of what patients had to eat and drink daily. Patients spoke positively in relation to the food provision in the home. The daily menu was appropriately displayed in both dining rooms. It was observed that a number of patients in the general nursing unit were seated in the dining room for some time before their lunch was served; this was discussed with the Manager who agreed to review this aspect of patients' dining experience.



### 5.2.3 Management of the Environment and Infection Prevention and Control (IPC)

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces, the laundry and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

A number of pull cords throughout the home remain uncovered; an area for improvement was stated for a second time. Thickening agents were also observed within an unlocked cupboard within the kitchenette area of the dementia care unit; an area for improvement was stated for a second time. Assurance was provided after the inspection from the Manager that a lock has now been fitted to the cupboards so thickening agents can be stored securely.

Corridors were clear of clutter and fire exits were unobstructed.

The most recent fire risk assessment, dated 22 July 2020, was not available for inspection and was subsequently forwarded to RQIA following the inspection. RQIA were advised that the fire risk assessor had been booked to update the fire risk assessment on the 28 September 2021; the Manager agreed to forward the updated fire risk assessment to RQIA once available.

The Manager advised that Personal Protective Equipment (PPE) was in plentiful supply. However, availability of PPE stations and hand sanitiser pumps was limited to two areas on each floor of the home; this increased the distance staff needed to walk to avail of the required PPE and hand sanitising gel. An area for improvement was identified. Some staff were also observed not donning the required PPE before performing manual handling tasks; this was discussed with the Manager who agreed to address this with staff, as needed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and Care Partners and any outbreak of infection was reported to the Public Health Agency (PHA).

Visiting arrangements were managed in line with Department of Health and IPC guidance.

### 5.2.4 Quality of Life for Patients

It was observed that staff offered choice to patients throughout the day which included preferences for getting up and going to bed; what clothes they wanted to wear; food and drink options; and where and how they wished to spend their time.

Patients were observed listening to music, chatting with staff, reading, completing puzzles and watching TV. Efforts had been made in recent months to facilitate social events for patients using a garden area, such as, a dance, musical bands and religious services.

Discussion with the Manager confirmed that the home does not currently have an activity coordinator and that there is no structured activity programme for patients. Feedback from staff and the Manager confirmed that care staff endeavour to keep patients stimulated while simultaneously carrying out their caring role. An area for improvement was identified.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and Care Partner arrangements were in place with positive benefits being noted by staff to the physical and mental wellbeing of patients.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

A number of governance audits were completed to monitor the quality of care and services. Gaps were evident in the consistent completion of these governance audits. Where deficits are identified the audit process should include: an action plan with the person responsible for completing the action; a time frame for completion; and a follow up to ensure the necessary improvements have been made. It was noted that such action plans were absent in some quality assurance audits which had been delegated by the Manager to other staff members. An area for improvement was identified. There was also no evidence the home had completed an annual quality report to review the quality of nursing and other service provision in the home. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happen in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that comprehensive records were maintained.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA. It was observed that a matter requiring action had been restated in several monthly monitoring reports with no evidence of it having been addressed. This was discussed with the Manager and the importance of completing such actions in a timely manner was stressed.

## 6.0 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

Based on the inspection findings and discussions held we are satisfied that staff are attending to patients in a caring and compassionate manner.

Eight new areas for improvement were identified as a result of this inspection as outlined in the quality improvement plan within Section 7.0.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	7*	4

\* The total number of areas for improvement includes three under regulation which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Bronagh Barker, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following:</p> <ul style="list-style-type: none"> <li>• emergency pull cords are appropriately covered with a wipe able material.</li> </ul> <p>Ref: 5.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> The emergency pull cords which had been identified previously had been covered. The light pull cords have now additionally been covered as requested with the exception of Residents who did not want theirs covered for various reasons.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b>Regulation 13 (4) (a)</p> <p><b>Stated:</b>Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> It has been re-emphasised to staff that all thickening agents must be stored securely. New lock fitted to cupboard for storage.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b>Regulation 15 (2) (a) (b)</p> <p><b>Stated:</b>Second time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p>The registered person shall ensure care records and risk assessments are kept up to date and regularly reviewed to accurately reflect the assessed needs of the patient.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The ongoing pandemic has as previously stated placed considerable pressure on staff who have prioritised their duties. They continue as far as possible to ensure that care records and risk assessments are kept up to date and regularly reviewed. An action plan for completion has been issued to named nurses and audit processes will continue for same. Due to staffing issues, which the NHSCT were made aware of, made prioritising documentation difficult. Support and help was requested but unavailable leaving staff unable to complete this in a timely manner.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b>Regulation 27 (4) (a) (e)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> <li>• fire safety awareness training is provided for all staff twice yearly and a record is maintained within the home for inspection.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Fire awareness training which was scheduled for the 28<sup>th</sup> of September 2021 has been completed and is future programmed to be carried out twice yearly. Due to COVID 19 lockdowns our fire trainer was unavailable to attend the home to complete this.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (i)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p>The registered person shall ensure that staff employed in the home receives mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p>The registered person shall implement robust governance and management systems to ensure effective managerial monitoring and oversight of the day to day service provided by the home.</p> <p>This relates specifically to the robust completion, action planning and management oversight of all governance quality assurance audits.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Mandatory training has been updated for the home's staff</p> <p><b>Response by registered person detailing the actions taken:</b> Robust governance and management systems are in place to ensure that effective oversight and governance of the nursing home continues. Again staffing issues delayed the timely completion of this.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 17 (1)</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 31 October 2021</p>	<p>The registered person shall ensure an annual quality report is completed to review the quality of nursing and other services provided in the home and is available for inspection by RQIA.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The Annual Quality Report has been completed and is available for inspection by the relevant bodies.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 October 2021</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Action plan has been implemented with respect to the competency and capability assessments in relation to the Nurses who take charge of the home in the absence of the Nurse Manager which once completed will be maintained on an ongoing basis.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b>Standard 4.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> As previously stated throughout the ongoing pandemic considerable pressure has been placed on the nursing home's staff they have prioritised their duties and will to the best of their ability ensure that initial care plans are in place within 24 hours of admission based upon pre-admission assessments. Care plans will be further developed reviewed and updated within five days of admission in response to any changed need of the patient. Same discussed with named nurses.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b>First time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p>The registered person shall review the availability of alcohol hand sanitiser and PPE supplies along the corridor areas throughout the home in order to reduce, where possible, the distance staff have to travel to reach such supplies.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 2 October 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> The arrangements with regards to the location of alcohol hand sanitisers and PPE has been reviewed whilst maintaining a homely environment and minimising the travel distance of staff as far as possible.</p> <p>The registered person shall ensure a structured programme of activities is developed and implemented following discussion with the patients. Arrangements for the provision of activities should be in place in the absence of an activity co-ordinator. Activities must be an integral part of the care process with daily progress notes reflecting activity provision.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> The current provision for activities within the nursing home has been reviewed in consultation with the home's residents and the programme amended accordingly, with the delivery and its recording an integral part of the care process and daily notes.</p>

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



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