

# Unannounced Care Inspection Report

## 30 June 2017



## Bannvale Social Education Centre

**Type of Service: Day Care**  
**Address: 10 Moyallen Road, Gilford BT63 5JX**  
**Tel No: 028 38 831545**  
**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting which is registered with RQIA to accommodate a maximum of 90 service users. The centre provides care and day time therapeutic activities for people with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> <b>Southern Health and Social Care Trust.</b>	<b>Registered Manager:</b> Mairead Murphy
<b>Responsible Individual(s):</b> Francis Rice, chief executive. Stephen McNally ( interim chief executive)	
<b>Person in charge at the time of inspection:</b> Stephaney Burrows SDCW until 10.00, then Mairead Murphy registered manager.	<b>Date manager registered:</b> 04/12/2012
<b>Number of registered places:</b> 90	

### 4.0 Inspection summary

An unannounced inspection took place on 30 June 2017 from 09.00 to 16.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to how service users are involved in and given opportunities to influence the running of the day centre and quality of care provided. For example: consultation at monthly service user meetings, satisfaction surveys, involvement in the planning of activities including outings and menu planning.

Good practice was also evident in regard to staff induction, training, supervision and appraisal, infection prevention and control and audits undertaken,

Areas requiring improvement were identified; review and revision of fire risk assessment, timely submission of notifications to RQIA, review and revision of service user agreements and care record review to identify and address unsigned documents.

Service users who were able to articulate their views said:

“I like coming to the centre to meet my friends and make many things”

“Staff are kind, we have good fun and they help us to do things”

“I like our new big screen TV / i-pad”

The findings of this report will provide the day centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	6

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Murphy, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 14 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 June 2016.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous report and QIP
- Notifications of events
- Correspondence

During the inspection the inspector met with service users within small group format, 5 staff, one visiting professionals and two service users' relatives.

The following records were examined during the inspection:

- RQIA registration certificate
- Staff induction programme
- Staff duty roster
- Staff training
- Accident / incident records
- Selected policies / procedures
- Statement of Purpose
- Service user guide
- Three care records
- Staff meetings
- Service user meetings
- Staff supervision / appraisal
- Audits
- Annual satisfaction survey
- Monthly monitoring visits

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 June 2016

The most recent inspection of the day care centre was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 14 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4.3  <b>Stated:</b> First time	The registered person should confirm that the identified assessment has been updated and strategies are in place to manage the identified risks.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the assistant manager and review of care record held confirmed that the assessment had been updated with strategies in place to manager identified risks.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2016	The registered person should confirm that the monitoring records relating to a specific pattern of behaviour reflect all the relevant matters and include the periods when the service user is absent from the centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior day care worker and review of records confirmed that monitoring records had been reviewed. Specific behavioural matters were reflected	

	within monitoring records which included the periods when absent from the centre	
<b>Recommendation 3</b> <b>Ref:</b> Standard 22.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 August 2016	The registered person should ensure staff are in receipt of individual formal supervision every three months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager and staff confirmed that staff supervision were in receipt of individual supervision every three months.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed that at all times, sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The centre retains a duty roster of staff working each day, the capacity in which they worked and who is in charge of the centre.

Review of two completed staff competency and capability assessment and discussion with the registered manager confirmed that suitably competent and capable staff were in charge when the registered manager was out of the day centre.

Review of one completed care staff induction record and discussion with the assistant manager and staff confirmed that an induction programme was in place for all staff relevant to their roles and responsibilities.

Discussion with the registered manager confirmed that staff were recruited in accordance with Regulation 21 Schedule 2 of Day Care Setting Regulations (Northern Ireland) 2005. These records were retained at the organisations personnel department.

Discussion with staff confirmed that mandatory training, supervision was regularly provided. Annual appraisal was also provided. Schedules of mandatory training, supervisions and appraisals were in place.

Discussion with the registered manager and review of accident and incident notifications submitted to RQIA since the previous inspection was undertaken. These were considered to be appropriately managed with action taken where necessary.

Accidents and incidents were recorded within the trust electronic Datex system. Monitoring of accidents, incidents and notifiable events is undertaken by management and the trust governance officer so that trends and patterns can be identified and where necessary action taken to address issues and lessons learned. One alleged safeguarding matter, which was not notified to RQIA, was discussed with the registered manager who explained that this was an oversight and notification would be retrospectively forwarded RQIA.

The adult safeguarding policy and procedure in place was dated 2014. The registered manager confirmed that work was in progress to produce an updated trust policy and procedure consistent with current Department of Health (DOH) policy and procedures. A named safeguarding champion for the organisation was confirmed.

Discussion with staff confirmed they were knowledgeable and had a good understanding of the principles of adult safeguarding. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that adult safeguarding training was provided on 13 April 2016. Training in the new DOH policy and trust procedures was scheduled for July 2017.

The registered manager and staff confirmed there were risk management procedures in place relating to the safety of individual service users. Discussion with the registered manager identified that the day centre did not accommodate any individuals whose needs could not be met. Review of three care records identified that needs assessments were complemented with risk assessments prior to commencing day care.

The registered manager and staff explained that restrictive practice used in the centre related to lap strap use when service users are in wheelchairs and a safe holding technique use by staff to assist with personal care, transfers and assisted feeding. Discussion with the registered manager confirmed that appropriate assessments were undertaken by multi-professional staff and the restrictive methods in use were necessary in order to provide safe care and treatment. Regular reviews were conducted, recorded and reflected within care plans. The centre's electronic policy on restrictive practice was dated 2017.

Staff training records confirmed that staff had received training in infection prevention and control. A trust policy on infection prevention and control was available and known by staff who met with the inspector.

A general inspection of the centre was undertaken. All areas were noted to be clean, tidy and organised. Infection prevention and control measures were observed to be in place to minimise the risk of cross contamination of infection, for example; seven step hand washing notices positioned at wash hand basins, liquid hand soap, paper hand drying towels and pedal operated bins disposal were available. Controls of substances hazardous to Health (COSHH) were observed to be stored within locked cupboards.

The SHSCT is to be commended on the considerable improvements made within the centre. These included, for example: two new shower rooms, two additional toilets, renovated meeting room with new furniture and floor covering, store room refurbishment, redecoration of the professionals associated to medicine (PAMS) room, repair of faulty fire panel and improved central heating and hot water supply. In addition large screen televisions including one large screen i-max television (i-pad) which can be operated by service users was installed within their therapeutic activity rooms.



The day centre's fire safety risk assessment provided for review was dated 2014. The registered manager felt that a more recent fire risk assessment was undertaken. However, no documentation was available. Action is required to ensure that the fire risk assessment is reviewed in compliance with standard 28.1 of The Day Care Settings Minimum Standards (2007).

Fire safety training records showed staff training was provided. A fire drill was held in September 2016 with fire safety training provided on 12 April 2017.

Sixteen satisfaction questions were returned to RQIA within the timescale. Responses from service users (5) relatives (4) and staff (7) indicated that respondents were "very satisfied" that the care provided was safe.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, risk management and the improvements made within the day centre's environment.

### Areas for improvement

Action is necessary to ensure compliance with submission of notification to RQIA regarding alleged safeguarding. Retrospective notification is to be submitted to RQIA of one matter arising during May 2017. Review and revision of the centre's fire risk assessment is necessary to ensure compliance with fire safety standards.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.5 Is care effective?

Discussion with the registered manager established that staff responded appropriately to and met the needs of service users who attend the day centre.

Three service user's care files were provided for review. Individual service user's needs assessments were complemented with risk assessments; fall, dysphasia, behavioural and moving and handling. Current user friendly person centred pictorial care plans were in place which reflected care to be provided to meet assessed needs. Behavioural management plans / tracker charts were in place where required. Daily progress notes were being recorded within five days of attendance or more frequently if necessary. Records of reviews were in place. Individual service user agreements were contained within records examined. Care records reflected multi-professional input into service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service user. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Reference to the development of the annual quality report of the centre is cited within section 6.7 of the report.

Records were being stored safely and securely in line with data protection.

Areas of improvement which were identified from the review of care records included:



- Avoid recording in pencil and blue biro/ink
- When changes are made to a care plan a new plan, showing dates, should be developed as opposed to recording over previous information
- Review and revise service user agreements to ensure these are in keeping with standard 3.1 of Day Care Settings Minimum Standards
- Ensure care plans, needs assessments and service user agreements are signed by the service user or representative. Where a service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.

The registered manager confirmed that systems were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits undertaken included; medications, care records, accidents / incidents, fire safety and environmental. In addition the annual service user / carer satisfaction survey was conducted during 2016/17. Areas of improvement from the survey and audit were identified and addressed. The assistant manager explained these included; the provision of big screen television, large i-max i-pad, improved communication on “how to complain”, development pictorial food allergy information, increased external activities and improved pictorial table mats which included reminders/guidelines. The improvements made are to be commended. The assistant manager agreed to record the action taken in response to the outcome of audit and the satisfaction survey undertaken, within the summary report.

The registered manager confirmed that systems were in place to ensure effective communication with service users their representatives and other key stakeholders. Modes of communication included: pre-admission information, multi-professional team reviews, and service users’ monthly meetings, formal staff meetings with senior care staff and daily morning briefing meetings regarding planned activity provision for the day. In addition a quarterly Bannvale Day Care newsletter was published periodically throughout the year. Copies were distributed to service users and representatives. The newsletter reviewed contained articles including; activities, fundraising, quiz and outings organised.

Service users and two relatives spoken with alongside observation of care practice provided confirmation that staff communicated effectively with service users, their representatives and other key stakeholders. Minutes service users meetings reviewed were noted to be user friendly and in pictorial format.

The registered manager explained that multi-professional collaboration and team work was essential in the provision of safe and effective care. One physiotherapist who spoke with the inspector described the considerable improvements made within the centre and good provision of resources to enhance care for service users. No issues or concerns were raised or indicated.

A review of care records, along with accident and incident records, confirmed that referral to other health professionals was timely and responsive to the needs of service users.

Sixteen satisfaction questions were returned to RQIA within the timescale. Responses from service users (5) relatives (4) and staff (7) indicated that respondents were “very satisfied” that the care provided was effective.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to quality improvements through audit and reviews, effective communication between service users, staff and other key stakeholders.

### Areas for improvement

Action is required to ensure care plans and service user agreements are maintained in accordance with minimum standards.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with service users and two of their relatives, staff and observation of interactions demonstrated that service users are treated with dignity and respect while promoting and maintaining their independence.

The registered manager confirmed that staff in the day centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was further reflected within care records.

Staff explained that the philosophy of the day centre was to enable service users to make informed decisions and to empower them to enjoy the experience to live a happy, fulfilled and purposeful life.

Discussion with service users who were able to respond, two relatives, and staff confirmed that action was taken to manage any discomfort or pain in a timely and appropriate manner. This was further evidenced within care records reviewed.

Service users are enabled and supported to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests. The activity programme reviewed provided opportunities for both group and individual activities. Staff advised that the programme was flexible and allows for service user choice.

Service users and two relatives who spoke with the inspector confirmed that their views and opinions were taken into account in all matters affecting them. Relatives explained that prior to their relative commencing day care they had a conducted tour of the centre and were introduced to staff. Relatives felt this helped them to feel welcome and involved. Service users who were able to articulate their views confirmed they were consulted in service user meetings and that their opinions were listened to by staff present.

Service user meetings were being held monthly with pictorial, user friendly minutes recorded and distributed.

Service users were provided with information, in a format that they can understand which enables them to make informed decisions regarding their life, care and treatment. For example: person centred pictorial care plans, pictorial daily activity programmes, pictorial service user satisfaction survey and summary report. In addition several health information notices were displayed in Makaton including “how to complain”. This is to be commended.

The registered manager explained that the staff were very keen to ensure service users and their carers had the necessary user friendly information and advice regarding healthier life styles. Forward planning includes the intention to focus on the management of Type 2 Diabetes for people with a learning disability.

An annual service user satisfaction survey, in makaton format, was conducted during 2016/17 with a summary report available and displayed. Reference to the survey report is cited within section 6.5 of this report.

Sixteen satisfaction questions were returned to RQIA within the timescale. Responses from service users (5) relatives (4) and staff (7) indicated that respondents were very satisfied that the care provided was compassionate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users, taking account of their views and the effective information sharing in a format which service users can understand.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The day centre’s RQIA registration certificate was displayed within the hallway of the day centre.

The registered manager of the day centre is also registered manager for two other day centres within the trust. The registered manager explained the operational and management support arrangements in place to support her in this role.

The registered manager is supported in her role at Bannvale SEC by two assistant managers and team of day care workers, day care support workers, clerical, kitchen and ancillary staff. At higher management level support is provided to the registered manager by her line manager who provides monthly supervision, annual appraisal and conducts monthly monitoring visits.

The registered manager and staff explained that the needs of service users were being met in accordance with the day centre's statement of purpose, service user guide and service user agreement.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

Staff confirmed they had individual formal supervision at least every three months and annual appraisal in accordance with minimum standards. One staff member made comment within a questionnaire that "supervision was not always provided due to certain circumstances in staffing levels". This response was shared with the registered manager.

Staff meetings were being held on a monthly basis for day care workers with minutes recorded. The day care support workers who met with the inspector explained that they were disappointed as they were not invited to attend meetings and recalled their attendance at previous general meetings kept them fully informed and provided an opportunity for them to raise any issues or suggested improvement in the service. Day care support staff also indicated that attendance made them feel more included in the general running of the centre. This matter was discussed with the registered manager who readily agreed that day care support workers would be included in all forthcoming general staff meetings.

Inspection of complaints records and discussion with the assistant manager evidenced that no complaints were received since the previous inspection. Information on how to complain was contained within the statement of purpose and service user guide which was in makaton format to aid understanding for service users. The registered manager explained that any complaint received would always be taken seriously and dealt with promptly and effectively. Staff who spoke with the inspector knew how to receive and deal initially with complaints.

The arrangements and evidence in place to audit and review the effectiveness and quality of care delivered to service users is cited within section 6.4 of this report.

The completion of the day centre's annual quality report for 2016/17 was discussed with the registered manager. Reference to the contents of this report is cited within Schedule 3 Regulation 17 (1) of The Day Care Setting Regulations (2007) The registered manager agreed to forward a copy of this report to RQIA.

Monthly monitoring visits were undertaken on behalf of the registered provider. Reports on visits undertaken were available for service users/representatives, staff, trust representatives and RQIA.

Sixteen satisfaction questions were returned to RQIA within the timescale. Responses from service users (5) relatives (4) and staff (7) indicated that respondents were satisfied that they were very satisfied that the centre was well led.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### **Areas for improvement**

Action required includes: review of the current arrangement to ensure that day care support workers are included in staff meetings and the completion of the centre's annual quality report for 2016/17. As agreed a copy of the report would be forwarded to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead Murphy, registered manager, Maureen Killen, assistant manager and four day care workers as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 June 2017	The registered person shall ensure that one alleged safeguarding issue is retrospectively notified to RQIA  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Notification to RQIA completed
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	The registered person shall ensure that the fire risk assessment is reviewed with a report retained within the centre.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> Fire risk assessment has been reviewed on 04.08.17 and this report will be retained within the centre.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	The registered person shall ensure; <ul style="list-style-type: none"> <li>• A review of care plans and needs assessments is undertaken to identify those which are unsigned and take appropriate action to ensure signatures are recorded. Where a service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</li> <li>• When changes are made to a care plan; a new plan, showing dates, should be developed as opposed to recording over previous information</li> <li>• Staff avoid recording in pencil and blue ink</li> </ul> Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> A review of care plans and needs assessments are currently being undertaken and those which are unsigned are being signed. Where a service user is unable or chooses not to sign this is recorded. When changes are made to a care plan a new updated plan will be developed. Staff will use black ink for all recording.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 3.1  <b>Stated:</b> First time	The registered person shall ensure that service user agreements are reviewed and revised to ensure all necessary information is included. Service user agreements should be signed by relevant parties. Where a service user is unable or chooses not to sign the document, this should be recorded and the basis of his or her agreement to

<b>To be completed by:</b> 30 September 2017	participate noted.  Ref 6.5
	<b>Response by registered person detailing the actions taken:</b> Service user agreements have been reviewed and revised to include all necessary information. These will be signed by all relevant parties.
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 23.8  <b>Stated: First time</b>  <b>To be completed by:</b> 30 July 2017	The registered person shall ensure that support workers are included in forthcoming staff meetings. Ref 6.7
	<b>Response by registered person detailing the actions taken:</b> A plan of monthly staff meetings including support workers has been devised with the first meeting on 03.08.17  Ref 6.7 The day centre's annual quality report will be completed by 31.08.17.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 17.09  <b>Stated: First time</b>  <b>To be completed by:</b> 31 August 2017	The registered person shall ensure that the day centre's annual quality report for 2016/17 is completed with a copy forwarded to RQIA. (Reference to this report is reflected within Schedule 3 Regulation 17 (1) of The Day Care Setting Regulations.)  Ref 6.7
	<b>Response by registered person detailing the actions taken:</b>  The day centres annual quality report will be completed by 31.08.17.

*\*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\**





The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews