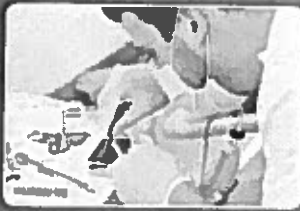




The Regulation and
Quality Improvement
Authority

Announced Care Inspection Report 14 June 2017



Springfield Dental Surgery

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 74 Springfield Road, Belfast BT12 7AH

Tel No: 028 9032 2691

Inspector: Carmel McKeegan

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 registered dental practice with two registered places providing general dental services.

3.0 Service details

Registered Provider: Mr Eamonn Toner	Registered Manager: Mr Eamonn Toner
Person in charge at the time of inspection: Mr Eamonn Toner	Date manager registered: 11 June 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

4.0 Inspection summary

An announced inspection took place on 14 Jun 2017 from 10.00 to 12.30.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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

Evidence of good practice was found in relation to: staff induction; training; appraisal; infection prevention control and decontamination procedures; radiology; management of the environment; management of clinical records; the range and quality of audits; health promotion strategies and ensuring effective communication between patients and staff; maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld; and providing the relevant information to allow patients to make informed choices; governance arrangements; management of complaints and incidents; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified against the standards to ensure that the safeguarding lead for the practice completes Level 2 safeguarding training in keeping with best practice guidance and that management of medical emergency training is undertaken annually by all staff.

The findings of this report will provide the practice with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Eamonn Toner, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 23 May 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 May 2016.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted staffing information
- submitted complaints declaration

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of RQIA. Returned completed patient and staff questionnaires were also analysed prior to the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met Mr Toner, registered person, the practice manager and a dental nurse. A tour of the premises was also undertaken.

A sample of records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion

- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Mr Toner, registered person, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 May 2016

The most recent inspection of the practice was an announced 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 23 May 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)		Validation of compliance
Area for improvement 1 Ref: Standard 13 Stated: First time	The registered person should consult the washer disinfectant manufacturer's instructions regarding the monthly soil test and take appropriate action.	Met
	Action taken as confirmed during the inspection: Discussion with Mr Toner and staff and review of documentation confirmed that monthly soil tests have been undertaken and recorded in the relevant logbook in keeping with best practice.	
Area for improvement 2 Ref: Standard 13 Stated: First time	Arrangements should be established to ensure that decontamination equipment is validated in accordance with HTM 01-05 guidance.	Met
	Action taken as confirmed during the inspection: Validation certificates demonstrated that the decontamination equipment had been	

	validated on 16 June 2016. Mr Toner confirmed that the engineer is scheduled to validate the machines on 19 June 2017.	
Area for improvement 3 Ref: Standard 8.3 Stated: First time	The registered person should review the manufacturer's instructions and establish arrangements to ensure that all x-ray equipment is serviced and maintained in keeping with manufacturer's instructions. The arrangements should be confirmed to RQIA in the returned QIP.	Met
	Action taken as confirmed during the inspection: Records confirmed that the x-ray machines had been serviced on 16 June 2016 and Mr Toner confirmed that arrangements have been made for the x-ray machines to be serviced in June 2017.	
Area for improvement 4 Ref: Standard 14 Stated: First time	The registered person should ensure the fire risk assessment is reviewed at least annually.	Met
	Action taken as confirmed during the inspection: A copy of the fire risk assessment was received by RQIA following the previous inspection. Review of records confirmed the fire risk assessment has been reviewed in keeping with best practice.	

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.

Staffing

Two dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

No new staff have been recruited since the previous care inspection; however, induction programme templates were in place relevant to specific roles within the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Toner and staff confirmed that no new staff have been recruited since the previous inspection. It was confirmed that, should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

Safeguarding

Staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received refresher training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011. However it was established that Mr Toner last attended safeguarding training in 2014. Mr Toner, as the identified safeguarding lead, should complete Level 2 safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area for improvement against the standards has been made in this regard.

It was identified that policies and procedures for the safeguarding and protection of adults and children were in need of further development to reflect the most recent regional guidance documents in relation to safeguarding adult and children. Advice and guidance was provided and on 20 June 2017 RQIA received a copy of the updated safeguarding policy by email. Review of the updated safeguarding policy confirmed the policy reflected the most recent regional safeguarding guidance documents. Policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the new regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' issued during March 2016 and the new regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' issued during July 2015 were both available for staff reference.

Following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016)

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained, with the exception of a self-inflating bag with reservoir suitable for use with a child. On 20 June 2017 RQIA received written confirmation that this item had been ordered.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. An area for improvement against the standard was made to ensure that the management of medical emergencies training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

Infection prevention control and decontamination procedures

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of the uniform and hand hygiene policies.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including a washer disinfectant and two sterilisers have been provided to meet the practice requirements. As previously stated, documentation evidenced that equipment used in the decontamination process has been appropriately validated and arrangements established for annual validation to take place. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed on 4 April 2017.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the next quality assurance check was due. On 23 June 2017, RQIA received written confirmation that the LPA had completed the three yearly quality assurance check for both x-ray machines and the report had been provided to the practice. Mr Toner confirmed to RQIA that the recommendations made within the report were being addressed and upon completion the action list would be forwarded to RQIA. This will be reviewed at the next care inspection.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

Environment

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment that included fire safety equipment and the fire detection system. It was identified that portable appliance testing (PAT) of electrical equipment was last undertaken in January 2015, PAT testing should be undertaken every three years.

A legionella risk assessment was last undertaken in June 2016 and water temperature are monitored and recorded as recommended. Mr Toner confirmed the legionella risk assessment is reviewed every two years in accordance with best practice.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels had been established and the last pressure vessel examination was undertaken on 5 June 2016.

It was confirmed that robust arrangements are in place for the management of prescription pads/forms and that written security policies are in place to reduce the risk of prescription theft and misuse.

Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm and also indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

Four staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm and also indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided in a submitted questionnaire response:

- 'I feel our practice creates a safe environment for our patients.'

Areas of good practice

There were examples of good practice found in relation to staff recruitment; induction; training; supervision and appraisal; infection prevention control and decontamination procedures; radiology; and management of the environment.

Areas for improvement

Mr Toner should complete Level 2 safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Management of medical emergencies training should be updated on an annual basis in keeping with best practice guidance.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Clinical records

Mr Toner and staff confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Mr Toner confirmed that routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

Health promotion

The practice has a strategy for the promotion of oral health and hygiene. Mr Toner and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations. A variety of information was available in the waiting area promoting oral health.

Audits

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- annual patient consultation
- patient waiting times
- clinical records

Communication

Mr Toner and the practice manager confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are retained. Staff spoken with confirmed that meetings also facilitated informal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All 19 patients indicated they were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

All of the submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. All four staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. The following comment was provided in a submitted questionnaire response:

- Yes, Mr Toner always considers what is going to be the best for the patient and thinks all options through.'

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Dignity, respect and involvement in decision making

Staff demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensured patients understood what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of

patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All 19 patients indicated they were very satisfied with this aspect of care. The following comment was provided in a submitted questionnaire response:

- 'Staff very helpful and friendly.'

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. All four staff indicated they were very satisfied with this aspect of care. Staff spoken with during the inspection concurred with this. Comments provided included the following:

- 'Yes, Mr Toner will always talk everything through with the patients and will not proceed with anything unless he knows the patient is happy with doing so.'
- 'Patient confidentiality is taken very seriously in the practice. Patient satisfaction surveys are carried out regularly.'

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff

confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There is the nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Toner confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Toner demonstrated a clear understanding of his role and responsibility in accordance with legislation. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

All of the patients who submitted questionnaire responses indicated that they felt that the service is well led. All 19 patients indicated they were very satisfied with this aspect of the service. Comments provided included the following:

- 'Yes –very good service.'
- 'I always receive the best care and attention. Staff are always nice as is Mr Toner.'

All submitted staff questionnaire responses indicated that they felt that the service is well led. All four staff indicated they were very satisfied with this aspect of the service. Staff spoken with during the inspection concurred with this. The following comment was provided in a submitted questionnaire response:

- 'We are all up to date on procedures and we as staff get on very well and our practice manager is very easy to approach.'

Areas of good practice

There were examples of good practice found in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Eamonn Toner, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person 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 dental practice. 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 Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

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 independent.healthcare@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 or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: 14 August 2017	Mr Toner should complete Level 2 safeguarding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) Ref: 6.4 Response by registered person detailing the actions taken: TRAINING WILL BE ARRANGED AS SOON AS POSSIBLE AFTER SUMMER HOLIDAYS. ^{NO COURSE AVAILABLE AT PRESEN}
Area for improvement 2 Ref: Standard 12.2 Stated: First time To be completed by: 14 August 2017	Mr Toner shall ensure that management of medical emergencies training is undertaken and updated on an annual basis in keeping with best practice guidance. <i>Ask Aiden</i> Ref: 6.4 Response by registered person detailing the actions taken: TRAINING HAS BEEN ARRANGED BY PHONE WITH BRITISH HEART FOUNDATION FOR 3/8/17 TRAINING DONE. WILL FORWARD CERTIFICATE ON RECEIPT

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



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