

Announced Care Inspection Report 1 September 2016



McCann and Haran Dental Clinic

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

Address: 3 James Street, Omagh BT78 1DH

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Inspectors: Stephen O'Connor and Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of McCann and Haran Dental Clinic took place on 1 September 2016 from 09:50 to 12:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Haran, Registered Person and staff demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. A recommendation was made during the previous care inspection in regards to the provision of an automated external defibrillator (AED). This recommendation has been partially addressed and a new recommendation has been made during this inspection. An additional recommendation has been made in regards to retaining records in respect of safeguarding refresher training.

Is care effective?

Observations made, review of documentation and discussion with Mr Haran and staff demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included clinical records, health promotion, audits and communication. No requirements or recommendations have been made.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Haran and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered provider's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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).

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with the practice 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/ registered providers: Mr Mark Haran Mr Eamonn McCann	Registered manager: Mr Mark Haran
Person in charge of the service at the time of inspection: Mr Mark Haran	Date manager registered: 15 July 2013
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 3

3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed patient questionnaires. No completed staff questionnaires were returned to RQIA.

During the inspection the inspectors met with Mr Mark Haran, registered person, the practice manager, and a dental nurse. A tour of some areas of the premises was also undertaken.

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 September 2015

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 30 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15 (3) Stated: Second time	<p>In keeping with PEL (13) 13 issued by the Department of Health on the 1 October 2013, reusable dental instruments must be decontaminated using an automated validated process. Compatible handpieces must be processed through the washer disinfector.</p> <p>Action taken as confirmed during the inspection: A dental nurse confirmed that all handpieces are being processed in the washer disinfector prior to sterilisation.</p>	Met
Requirement 2 Ref: Regulation 19 (2) Schedule 2 Stated: First time	<p>The registered persons must ensure that the following issues in relation to enhanced AccessNI checks are addressed:</p> <ul style="list-style-type: none"> • enhanced AccessNI checks must be undertaken and received prior to the commencement of employment for any new staff recruited; and • enhanced AccessNI checks must be handled in keeping with the AccessNI Code of Practice 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>Review of submitted staffing information confirmed that no new staff have commenced work in the practice since the previous inspection. The practice manager confirmed that she is aware that an AccessNI enhanced disclosure check must be in place prior to any staff commencing work in the future. Review of documentation confirmed that a template has been developed to record the information contained within AccessNI certificates.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<p>The registered persons must ensure that staff personnel files for newly recruited staff, including self-employed staff contain all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005; in addition a record of staff induction must be retained.</p> <p>The registered persons must ensure that the following records are added to the staff file reviewed:</p> <ul style="list-style-type: none"> • positive proof of identity including a photograph; • a criminal conviction declaration by the applicant; • contract/agreement of employment; • details of full employment history, including an explanation of any gaps in employment; and • documentary evidence of qualifications. <p>Action taken as confirmed during the inspection:</p> <p>As discussed no new staff have commenced work in this practice. Review of the staff personnel file for the staff member identified during the previous inspection demonstrated that all records outlined within this recommendation had been added to the personnel file. The practice manager confirmed that should any new staff commence work in the future all documents as outlined in regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained.</p>	<p>Met</p>

Last care inspection recommendations	Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>It is recommended that should issues be identified with hand pieces following processing in the washer disinfectant, the advice and guidance in Professional Estates Letter (PEL) (13) 13 Addendum 1 issued on the 24 March 2015, should be followed, and a record retained.</p> <p>Action taken as confirmed during the inspection: Discussions with the practice manager and a dental nurse confirmed that following processing of handpieces in the washer disinfectant there has been no increased incidence of handpieces requiring repair. Therefore the advice and guidance outlined in PEL (13) 13 did not need to be followed.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>It is recommended that the following issues in relation to emergency equipment are addressed:</p> <ul style="list-style-type: none"> • Messrs McCann and Haran should consult with their medico-legal provider in regards to the provision of an external automated defibrillator (AED) and any recommendations made should be addressed; and • Oropharyngeal airways should be provided in the various sizes as outlined in the Resuscitation Council (UK) guidelines. <p>Action taken as confirmed during the inspection: It was confirmed that Messrs McCann and Haran did consult with their medico-legal provider in regards to the provision of an AED. The medico-legal provider advised Messrs McCann and Haran that the practice should have timely access to an AED. However, discussions with the practice manager and staff confirmed that an AED is not available in the practice and that the practice has no formal arrangements in place to gain timely access to an AED.</p> <p>Review of medical emergency equipment confirmed that oropharyngeal airways in the various sizes are available in the practice.</p> <p>This recommendation has been partially addressed and a new recommendation has been made in regards to the provision of an AED/having timely access to a community AED.</p>	Partially Met

<p>Recommendation 3</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p>	<p>It is recommended that all staff who work in the practice, including self-employed staff should be provided with a contract/agreement.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The practice manager confirmed that all staff including self-employed staff have been provided with contracts of employment. Review of one staff personnel file confirmed this.</p>		

4.3 Is care safe?

Staffing

Three dental surgeries are in operation in this practice. Discussion with staff and a review of completed patient 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 the practice manager 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 spoken with 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.

The practice manager confirmed that staff have completed training in safeguarding children and adults using online training portals. The practice manager was not able to evidence if all

staff had completed safeguarding refresher training as outlined in the Minimum Standards for Dental Care and Treatment (2011). A recommendation has been made to address this.

One overarching policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. The policy 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.

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 with the exception of an automated external defibrillator (AED) was retained. As discussed, a recommendation had been made during the previous inspection in regards to the provision of an AED. This recommendation has been partially addressed and a new recommendation has been made during this inspection. 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 and 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 steam sterilisers have been provided to meet the practice requirements. The practice manager confirmed that a new washer disinfectant was installed during August 2016. Review of documentation evidenced that the newly installed washer disinfectant was validated on installation and that the steam sterilisers have been appropriately validated.

A review of equipment logbooks evidenced that in the main periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. Discussion with staff evidenced that periodic tests in respect of the newly installed washer disinfectant had not been recorded. This was discussed with the practice manager who confirmed that the results of periodic tests had not been recorded as the practice was awaiting a new pre-printed logbook. It was confirmed prior to the conclusion of the inspection that a pre-printed logbook for the washer disinfectant had been delivered to the practice and the practice manager confirmed that this would be used to record results of periodic tests.

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 during March 2016.

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

Radiography

The practice has three surgeries, each of which has an intra-oral x-ray machine. In addition there is an orthopan tomogram machine (OPG), which is located in surgery one.

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 in respect of the intra-oral x-ray machines.

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 recommendations made have been addressed.

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.

It was confirmed that arrangements are in place for maintaining the environment to include the annual servicing of the oil central heating burner, intruder alarm, fire detection system and firefighting equipment. Portable appliance testing (PAT) of electrical equipment is undertaken every three years.

The practice manager confirmed that a legionella risk assessment was undertaken by an external organisation and arrangements are in place to review this annually. Water temperatures are monitored and recorded as recommended.

The practice manager confirmed that a fire risk assessment had been undertaken by an external organisation and arrangements are in place to ensure this is reviewed annually. Staff demonstrated that they were aware of the actions to take in the event of a fire.

Review of records confirmed that the pressure vessels in the practice have been inspected during July 2016 in keeping with the written scheme of examination of pressure vessels.

Patient and staff views

Four patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

As discussed no staff questionnaire responses were submitted to RQIA prior to the inspection. During discussions staff confirmed that the questionnaires had been distributed to them prior to the inspection.

Areas for improvement

An automated external defibrillator (AED) should be available in the practice or formal arrangements established to gain timely access to a community AED.

A record confirming that all staff have completed refresher training in the protection of children and adults at risk of harm within the previous two years in keeping with the Minimum Standards for Dental Care and Treatment (July 2011) should be retained.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Clinical records

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient's treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and it was confirmed 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.

The practice manager confirmed that 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 Haran confirmed that oral health is actively promoted on an individual level with patients during their consultations. A range of oral health information leaflets are available in the practice. The practice has an intra-oral camera and this is used when discussing oral hygiene. The provision of an intra-oral camera is considered to exceed best practice guidance.

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

Communication

Mr Haran 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 monthly 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 four patients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

As discussed no staff questionnaire responses were submitted to RQIA prior to the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Dignity, respect and involvement in decision making

Staff spoken with 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 converse with patients and 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 a six monthly 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.

The practice manager confirmed that 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 four patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

As discussed no staff questionnaire responses were submitted to RQIA prior to the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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. Mr Haran has overall responsibility for the day to day management of the practice and he is supported by a practice manager.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual 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 available 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, discussion with the practice manager and review of documentation evidenced 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 Haran and the practice manager 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 Haran demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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.

On 17 February 2016 RQIA placed a condition on the registration of McCann and Haran Dental Clinic and a new certificate of registration was issued to the practice. The most recent certificate to include the condition on registration was observed to be displayed in the main reception area of the practice.

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

Patient and staff views

All four patients who submitted questionnaire responses indicated that they feel that the service is well managed. No comments were included in submitted questionnaire responses.

As discussed no staff questionnaire responses were submitted to RQIA prior to the inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the practice manager as part of the inspection process. The timescales commence from the date of inspection.

The registered providers/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered providers to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered providers meet legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered providers may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered providers should confirm that these actions have been completed and return completed QIP to independent.healthcare@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 12.4 Stated: First time To be completed by: 1 November 2016	Messrs McCann and Haran should ensure that either an automated external defibrillator (AED) is available in the practice or that the practice has established formal arrangements to gain timely access to a community AED in keeping with advice provided by their medico-legal provider.
	Response by registered provider detailing the actions taken: IN PROCESS OF INSTALLING AED
Recommendation 2 Ref: Standard 15.3 Stated: First time To be completed by: 1 November 2016	Records confirming that all staff have completed refresher training in the protection of children and adults at risk of harm within the previous two years in keeping with the Minimum Standards for Dental Care and Treatment (July 2011) should be retained.
	Response by registered provider detailing the actions taken: IN PROCESS OF SOURCING AND COMPLETING TRAINING



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