

Announced Care Inspection Report 19 November 2019



O'Hagan & Murray Ltd Dental Practice

Type of Service: Independent Hospital (IH) – Dental Treatment
Address: 10 Trevor Hill, Newry, BT34 1DN
Tel No: 028 3026 2057
Inspector: Norma Munn

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



In respect of dental practices for the 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with four registered places. Three of the surgeries are operational and the fourth surgery located in the basement has not been operational for some time and is used as a store room.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: O'Hagan & Murray Ltd Dental Surgery Responsible Individual: Mr Seamus O'Hagan | Registered Manager: Mr John Murray |
| Person in charge at the time of inspection: Mr John Murray | Date manager registered: 26 September 2017 |
| Categories of care: Independent Hospital (IH) – Dental Treatment | Number of registered places: 4 |

4.0 Action/enforcement taken following the most recent inspection dated 11 September 2018

The most recent inspection of the establishment was an announced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

4.1 Review of areas for improvement from the last care inspection dated 11 September 2018

| Areas for improvement from the last care inspection | |
|--|---------------------------------|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | Validation of compliance |

| | | |
|--|---|-----------------------|
| <p>Area for improvement 1</p> <p>Ref: Regulation 38 (a)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that all members of the dental team providing treatment under Conscious Sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in the Provision of Dental Care (2003).</p> | <p>Not met</p> |
|--|---|-----------------------|

Action taken as confirmed during the inspection:

It was confirmed that two types of conscious sedation were being offered in the practice in the form of Intravenous (IV) and Relative Analgesia (RA).

Following the previous inspection the registered person confirmed in the returned QIP that IV sedation was no longer being offered to patients. However, during this inspection Mr Murray confirmed that the practice was continuing to offer IV sedation to patients. It was confirmed that the medication is administered by a visiting consultant anaesthetist who is assisted by Mr Murray and one of the dental nurses. Whilst Mr Murray and the dental nurse had received training since the previous inspection in keeping with Conscious Sedation in the Provision of Dental Care (2003) there was no evidence of training updates in respect of the consultant anaesthetist.

This was discussed with Mr Murray and following the inspection Mr Murray confirmed in writing that the practice would no longer be offering IV sedation in the practice.

Mr Murray has been advised that should he decide to recommence this service in the future he must ensure that there is evidence to confirm that all members of the dental team providing treatment under Conscious Sedation have received appropriate training in keeping with Conscious Sedation in the Provision of Dental Care (2003).

Conscious sedation is still being offered in the form of RA. Training records in respect of conscious sedation were reviewed and it was confirmed that not all members of the dental team providing RA treatment had undertaken training in keeping with Conscious Sedation in The Provision of Dental Care (2003).

This area for improvement has not been addressed and has been stated for a second time.

| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | | Validation of compliance |
|--|---|--------------------------|
| Area for improvement 1 Ref: Standard 12.4 Stated: First time | The registered person shall provide Buccolam in sufficient quantities and doses as recommended by the Health and Social Care Board (HSCB) and the British National Formulary (BNF). | Met |
| | Action taken as confirmed during the inspection: A review of emergency medicines evidenced that Buccolam had been provided in sufficient quantities and doses as recommended by the HSCB and the BNF. | |

5.0 Inspection findings

An announced inspection took place on 19 November 2019 from 10.30 to 14.30.

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 (DoH) Minimum Standards for Dental Care and Treatment (2011).

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

During the inspection the inspector met with Mr John Murray, registered manager, two dental nurses, a trainee dental nurse and two receptionists. A tour of some areas of the premises was also undertaken.

Seven areas for improvement have been identified.

An area for improvement against the regulations made during the previous inspection in relation to conscious sedation training has been stated for the second time. One further area for improvement has been made against the regulations in relation to recruitment practices.

Five areas of improvement have been made against the standards. These are in relation to developing conscious sedation policies and procedures, maintaining records in relation to conscious sedation, reviewing the procedures in respect of the management of medicines and equipment in relation to conscious sedation, addressing infection prevention and control issues and reviewing the radiation protection file.

The findings of the inspection were provided to Mr Murray at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. The provision of paediatric pads for the automated external defibrillator (AED) was discussed and staff confirmed that the adult pads can be used on a child if needed. Consideration should be given to the provision of paediatric pads as recommended by the Resuscitation Council (UK) guidelines.

A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

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. The most recent occasion staff completed medical emergency refresher training was during December 2018 and further training was booked to take place on December 2019.

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.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

On the day of the inspection Mr Murray confirmed that both IV sedation and inhalation sedation, known as RA, were being offered in this practice.

As previously discussed there was no evidence to confirm that all members of the dental team providing treatment under conscious sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with best practice. An area for improvement had been made as a result of the previous inspection which has not been addressed and has been stated for a second time.

A policy and procedure in relation to the management of conscious sedation was in place however, the policy reviewed was not applicable to O'Hagan and Murray Limited Dental Practice and did not reflect the arrangements of the management of conscious sedation within the practice. An area for improvement against the standards has been made.

Review of a patient's care record in respect of RA sedation evidenced that the justification for using sedation, consent for treatment; pre, peri and post clinical observations were recorded. Information was available for patients in respect of the treatment provided and aftercare arrangements.

Review of a patient's care record in respect of IV sedation evidenced that consent for treatment was recorded however, the justification for using sedation had not been recorded and there was insufficient detail recorded in relation to the patient's pre, peri and post clinical observations. There was no information in relation to the removal of the cannula or if the patient had been deemed fit for discharge by the consultant anaesthetist. An area for improvement against the standards has been made in relation to maintaining robust clinical records.

Mr Murray confirmed that in relation to IV sedation a consultant anaesthetist visits the practice and prepares the patient for dental treatment. The consultant anaesthetist brings with him any medicines and equipment required and removes these from the practice the same day the treatment is completed. The practice does not have a robust system in place for checking equipment used during IV sedation or for ordering, administration, reconciliation and disposal of drugs used. Robust procedures should be in place to ensure the medicines and equipment used in relation to IV sedation are in keeping with Conscious Sedation in The Provision of Dental Care (2003). An area for improvement against the standards has been made.

In relation to RA sedation the environment and equipment is being managed in keeping with Conscious Sedation in The Provision of Dental Care (2003). Information was available for patients in respect of the treatment provided and aftercare arrangements. A review of records and discussion with Mr Murray confirmed that the RA equipment has been sent to be serviced in keeping with manufacturer's instructions. Mr Murray confirmed that a nitrous oxide risk assessment had been completed to identify the risks and control measures required in required in keeping with the Northern Ireland Adverse Incident Centre (NIAIC) alert NIA-2017-001 issued on 6 September 2017.

Areas of good practice

A review of arrangements in respect of RA sedation evidenced that in general dental practitioners are providing conscious sedation treatments in keeping with best practice guidance.

Areas for improvement

All members of the dental team providing treatment under conscious sedation should have received appropriate training in keeping with best practice. A record of training should be retained and available for inspection.

A conscious sedation policy and procedure should be developed in keeping with best practice.

Accurate and contemporaneous records should be maintained for each patient undergoing conscious sedation treatment in keeping with Conscious Sedation in the Provision of Dental Care (2003).

Robust procedures should be in place to ensure the management of medicines and equipment in relation to conscious sedation is in keeping with Conscious Sedation in The Provision of Dental Care (2003).

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 1 | 3 |

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean and tidy.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during October 2019, evidenced that the audit had identified both areas of good practice and areas that require to be improved. It was confirmed that an action plan is developed and embedded into practice when shortfalls are identified during the audit process.

The audits are carried out by one of the dental nurses and any learning identified as a result of these audits is shared with staff during staff meetings.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Mr Murray confirmed that a record was retained to evidence the Hepatitis B vaccination status of the most recently recruited staff members. These records had been generated by an occupational health (OH) department. Mr Murray was informed that all new clinical staff

members new to dentistry recruited in the future should be referred to OH in keeping with best practice guidance.

Issues identified in relation to infection prevention and control should be addressed as follows:

- any surgical hand soap that has exceeded its expiry date should be disposed of
- the clinical waste bins in the surgeries should be accessible either foot or sensor operated in keeping with best practice

An area for improvement against the standards has been made.

Areas of good practice

A review of the current arrangements evidenced that in general standards in respect of infection prevention and control practice are being given priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

Address the infection prevention and control issues identified.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 1 |

5.4 Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available.

The decontamination process facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a washer disinfectant, and four steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated with the exception of one of the sterilisers. Following the inspection RQIA received confirmation that this had been actioned. Pressure vessels had

been inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|------------------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

5.5 Radiology and radiation safety

Radiology and radiation safety

The practice has four surgeries, however only three of the surgeries are operational. Each of three surgeries that are operational has an intra-oral x-ray machine.

Mr Murray confirmed that he was the radiation protection supervisor (RPS) and was aware of the most recent changes to the legislation surrounding radiology and radiation safety and a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

The radiation protection file reviewed did not contain all relevant up to date information in respect of radiology and radiation safety. Mr Murray was advised to review the information contained within the file to ensure that all the relevant information is included and up to date. This includes details of the RPS, an up to date record of current staff, reference of the most current legislation and evidence of staff training. An area for improvement against the standards has been made.

The appointed RPA completes a quality assurance check every three years. A review of the report of the most recent visit by the RPA demonstrated that any recommendations made have been addressed.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

The RPS should review the radiation protection file to ensure that all the relevant information is included and up to date.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 1 |

5.6 Complaints management

There was a complaints policy and procedure in place. Mr Murray was advised to review the policy to include reference to the General Dental Council (GDC) and RQIA in accordance with legislation and DoH guidance on complaints handling. Mr Murray confirmed that patients and/or their representatives were made aware of how to make a complaint by way of information on display in the practice. Discussion with staff confirmed that were knowledgeable about how to respond to complaints.

Mr Murray confirmed that there have been no complaints received since the previous inspection of the practice. However, discussion with staff confirmed that arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. Mr Murray was advised to ensure that records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. Staff confirmed that information about complaints and compliments would be shared with staff and complaints would be audited to identify trends, drive quality improvement and to enhance service provision.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 0 | 0 |

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr Seamus O'Hagan, registered person works in this practice and also works in O'Hagan and Murray Limited Surgery in Rathfriland. Mr O'Hagan is available and is in day to day charge of this practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

5.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Murray and staff.

5.9 Recruitment and Selection

On the day of the inspection a visiting consultant anaesthetist who also works in the Southern Health and Social Care Trust had provided IV sedation to a patient. Mr Murray confirmed that this consultant anaesthetist works in the practice on at least a monthly basis and there was no practicing privileges agreement in place in respect of this consultant.

Mr Murray confirmed that he had not carried out any recruitment checks in relation to this consultant anaesthetist as outlined in Regulation 19, Schedule 2, as amended, of The Independent Health Care Regulations (NI) 2005. There was no evidence of the following being sought and retained:

- a criminal conviction declaration
- an enhanced AccessNI check
- references
- confirmation of physical and mental fitness
- a current General Medical Council (GMC) registration
- qualifications in line with the service provided
- conscious sedation training updates

Mr Murray was advised to ensure that all the relevant recruitment checks in relation to this consultant anaesthetist as outlined in legislation is sought and retained. Following the inspection Mr Murray and Mr O'Hagan confirmed in writing that the consultant anaesthetist had ceased to provide IV sedation in O'Hagan and Murray Ltd Dental Practice.

Mr Murray was advised to ensure that all recruitment checks are carried out in accordance with Regulation 19, Schedule 2, as amended, of The Independent Health Care Regulations (NI) 2005 prior to commencement of any other staff who work in the practice in the future. An area for improvement against the regulations has been made.

Areas for improvement

All information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 must be sought and retained for all staff who commence work in the future.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 1 | 0 |

5.10 Patient and staff views

Nineteen patients submitted questionnaire responses to RQIA. All of the patients indicated that they felt their care was safe that they were treated with compassion and that the service was well led. Eighteen patients indicated that they were either satisfied or very satisfied that the care was effective; one patient was neither satisfied nor unsatisfied in relation to this aspect of their care.

RQIA invited staff to complete an electronic questionnaire prior to the inspection. Two questionnaires were returned and both staff members indicated that they were very satisfied that the care was safe, effective, compassionate and the service was well led.

5.10 Total number of areas for improvement

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 2 | 5 |

6.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Murray, registered manager 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. 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.

6.1 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 via Web Portal for assessment by the inspector.

| Quality Improvement Plan | |
|--|--|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 38 (a)</p> <p>Stated: Second time</p> <p>To be completed by: 19 December 2019</p> | <p>The registered person shall ensure that all members of the dental team providing treatment under Conscious Sedation have received appropriate supervised theoretical, practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in the Provision of Dental Care (2003).</p> <p>Ref: 4.1 and 5.2</p> |
| | <p>Response by registered person detailing the actions taken: All staff involved in providing treatment under Conscious Sedation - only Relative Analgesia provided at practice - to have received appropriate supervised theoretical ,practical and clinical training before undertaking independent practice in keeping with Conscious Sedation in the Provision of Dental Care (2003).</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) Schedule 2, as amended</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2019</p> | <p>The registered person shall ensure that all information as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for all staff who commence work in the future.</p> <p>Ref: 5.9</p> |
| | <p>Response by registered person detailing the actions taken: All future staff employed recruitment checks are carried out in accordance with Regulation 19, Schedule 2, as amended, of The Independent Health Care Regulations (NI) 2005</p> |
| Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011) | |

| | |
|---|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 19 January 2020</p> | <p>The registered person shall develop a conscious sedation policy and procedure in keeping with best practice that relates to the services offered within O'Hagan and Murray Dental Practice Ltd.</p> <p>Ref: 5.2</p> |
| | <p>Response by registered person detailing the actions taken: Policy for Conscious Sedation O'Hagan and Murray Ltd . - policy and procedure appropriately developed and introduced.</p> |

| | |
|---|---|
| <p>Area for improvement 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 19 November 2019</p> | <p>The registered person shall ensure that accurate and contemporaneous records are maintained for each patient undergoing conscious sedation treatment in keeping with Conscious Sedation in the Provision of Dental Care (2003).</p> <p>Ref: 5.2</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2019</p> | <p>Response by registered person detailing the actions taken: Accurate and contemporaneous records to be maintained as detailed in policy and procedures developed in accordance with Conscious Sedation in the Provision of Dental Care (2003).</p> <p>The registered person shall ensure that robust procedures are in place to ensure the management of medicines and equipment in relation to conscious sedation is in keeping with Conscious Sedation in The Provision of Dental Care (2003).</p> <p>Ref: 5.2</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 13.2</p> <p>Stated: First time</p> <p>To be completed by: 19 December 2019</p> | <p>Response by registered person detailing the actions taken: All equipment to be serviced and maintained to required standards in keeping with Conscious Sedation in The Provision of Dental Care (2003).</p> <p>The registered person shall ensure that the infection prevention and control issues identified as follows are addressed:</p> <ul style="list-style-type: none"> • any surgical hand soap that has exceeded its expiry date should be disposed of • the clinical waste bin in the surgeries should be accessible either foot or sensor operated in keeping with best practice <p>Ref: 5.3</p> <p>Response by registered person detailing the actions taken: All soap containers with expiry date exceeded to be disposed of .New waste bins purchased for surgeries and sterilisation room .</p> |

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|---|---|
| <p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 19 January 2020</p> | <p>The registered person should ensure that the radiation protection file is regularly reviewed to ensure that all the relevant information in relation to radiology and radiation safety is included and up to date.</p> <p>Ref: 5.4</p> |
| | <p>Response by registered person detailing the actions taken: Radiation protection file to be regularly reviewed by John Murray to ensure all relevant information is included and up to date .</p> |

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



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