

Announced Care Inspection Report 9 December 2016



Patrick Menary Dental Surgery

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

Address: 107 Holywood Road, Belfast, BT4 3BE

Tel no: 028 9047 1511

Inspector: Loretto Fegan

1.0 Summary

An announced inspection of Patrick Menary Dental Surgery took place on 9 December 2016 from 10.15 to 14.00.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

Observations made, review of documentation and discussion with Mr Menary, registered person and staff demonstrated that in general, 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. Two recommendations have been made in relation to; the safeguarding policy and record keeping pertaining to the decontamination process.

Is care effective?

Observations made, review of documentation and discussion with Mr Menary 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 Menary and staff demonstrated that arrangements were 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. One recommendation was made in relation to developing a whistleblowing/raising concerns policy.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Menary, registered person, 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 QIP there were no further actions required to be taken following the most recent inspection on 6 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Patrick Menary	Registered manager: Mr Patrick Menary
Person in charge of the practice at the time of inspection: Mr Patrick Menary	Date manager registered: 7 March 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 2

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 and staff questionnaires.

During the inspection the inspector met with Mr Menary, registered person, the practice manager, two dental nurses, one of which also has the role of receptionist. A tour 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2015

The most recent inspection of the Patrick Menary Dental Surgery 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 6 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Schedule 2 Stated: First time	The registered person must ensure that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice.	Met
	Action taken as confirmed during the inspection: Review of submitted staffing information and discussion with Mr Menary confirmed that no new members of staff had commenced work in the practice since the previous inspection. Mr Menary demonstrated an awareness regarding his responsibility in ensuring that enhanced AccessNI checks are undertaken and received for any new staff including self-employed staff prior to them commencing work in the practice. This was reflected in the revised recruitment policy in the practice.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that a pocket mask with oxygen port, a self-inflating bag with reservoir suitable for a child and clear face masks in adult and paediatric sizes are provided as recommended by the Resuscitation Council (UK) guidelines.	Met
	Action taken as confirmed during the inspection: A pocket mask with oxygen port, a self-inflating bag with reservoir suitable for a child and clear face masks in adult and paediatric sizes had been provided.	

Recommendation 2 Ref: Standard 12.4 Stated: First time	<p>It is recommended that advice and guidance should be sought from your medico-legal advisor in relation to the provision of an automated external defibrillator (AED) in the practice. Any recommendations made should be addressed.</p> <p>Action taken as confirmed during the inspection: An automated external defibrillator (AED) had been provided and made available for use in the practice.</p>	Met
Recommendation 3 Ref: Standard 11.1 Stated: First time	<p>It is recommended that the recruitment and selection policy is further developed to include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and provide confirmation that the person is physically and mentally fit to fulfil their duties.</p> <p>Action taken as confirmed during the inspection: A review of the recruitment and selection policy evidenced that the policy had been revised on 6 October 2015 to include the procedure for obtaining enhanced AccessNI checks prior to staff commencing work and also providing confirmation that the person is physically and mentally fit to fulfil their duties.</p>	
Recommendation 4 Ref: Standard 11.1 Stated: First time	<p>It is recommended that new staff personnel files should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>Action taken as confirmed during the inspection: Review of submitted staffing information and discussion with Mr Menary confirmed that no new members of staff had commenced work in the practice since the previous inspection. Mr Menary demonstrated a clear understanding of his role and responsibility in ensuring that the staff personnel files of newly recruited staff should include all relevant documentation as specified in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.</p> <p>This has been reflected in the further revision of the recruitment and selection policy submitted by Mr Menary to RQIA on 12 December 2016.</p>	Met

Recommendation 5 Ref: Standard 11.1 Stated: First time	It is recommended that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	Met
	Action taken as confirmed during the inspection: Mr Menary demonstrated a clear understanding of his role and responsibility in ensuring that AccessNI disclosure certificates should be handled in keeping with the AccessNI code of practice, and a record retained of the date the check was applied for and received, the unique identification number and the outcome.	

4.3 Is care safe?

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, Mr Menary confirmed that 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. A review of an appraisal record evidenced that the appraisal had been completed within the past year. 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 Menary confirmed that no new staff have been recruited since the previous inspection. It was confirmed as outlined above 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 is sought and retained for inspection.

A review of the recruitment policy and procedure available in the practice identified that further development was needed to ensure the policy was comprehensive and reflective of best practice guidance. As previously discussed the revised policy was submitted by Mr Menary to RQIA on 12 December 2016. The revised policy was comprehensive and reflective of best practice guidance.

Safeguarding

Staff spoken with were in general aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, however they were not aware of the new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership (July 2015)'. This was discussed with Mr Menary and he agreed to cascade this information to staff.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise with an adult or child were available in the practice. Whilst the new regional guidance 'Adult Safeguarding Prevention and Protection in Partnership (July 2015)' and 'Co-operating to Safeguard Children and Young People in Northern Ireland (2016)' was also available in the practice for staff reference, the policy for the safeguarding and protection of children and adults at risk of harm did not reflect these changes and the referral pathways.

A recommendation has been made to review the safeguarding of children and adults at risk of harm policy in keeping with best practice guidance. The revised policy should be made 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). Emergency equipment as recommended by the Resuscitation Council (UK) guidelines was also retained.

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.

Discussion with Mr Menary and 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. 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.

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. Training records were available for inspection. Mr Menary is the 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 disinfector and steam steriliser have been provided to meet the practice requirements. A review of documentation evidenced that the steriliser used in the decontamination process had been appropriately validated. However, the washer disinfector validation certificate was out of date. Mr Menary provided evidence to RQIA on 14 December 2016 that servicing and validation of the washer disinfector has been scheduled to take place on 8 February 2017. An assurance has also been provided by Mr Menary that a procedure is now in place to ensure that annual servicing and validation of this equipment takes place in future.

A review of documentation evidenced that log books for the washer disinfector and steriliser only provided information in relation to daily tests undertaken. It was noted that whilst print outs from the washer disinfector were kept for periodic tests undertaken, they were not retained in an accessible format. It was acknowledged by RQIA that computerised data pertaining to specific periodic tests in relation to the steriliser was available for inspection. Mr Menary provided an assurance that all periodic tests for the washer disinfector and steriliser were undertaken in accordance with Health Technical Memorandum (HTM) 01-05; however he acknowledged that the recording in the logbooks should be more robust. A recommendation has been made that periodic test results in respect of all equipment used during the decontamination process must be consistently recorded in keeping with HTM 01-05.

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 11 September 2016.

Radiography

The practice has two surgeries, each of which has an intra-oral x-ray machine. Mr Menary confirmed that the x-ray machine on the ground floor is the only x-ray machine in operation.

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 and x-ray audits.

A copy of the local rules was on display near the ground floor 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.

Mr Menary confirmed that arrangements were in place for maintaining the environment. The most recent legionella risk assessment was undertaken 31 October 2016. A fire risk assessment was completed on 25 November 2016. A written scheme of examination of pressure vessels was in place and pressure vessels have been inspected in keeping with the written scheme.

Patient and staff views

Fourteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm.

Comments provided included the following:

- “I would be quite nervous going to the dentist and the staff and Mr Menary help to put me at ease.”
- “100%.”
- “Very welcoming and helpful staff and pleasant waiting area.”

Three staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “I feel we have well maintained premises which are kept clean and tidy and infection control is of a good standard.”
- “Premises are kept in high standards regarding cleanliness and infection control, reducing hazards to patients and staff.”
- “Yes I feel patients are safe and protected from harm.”

Areas for improvement

Review the safeguarding of children and adults at risk of harm policy in keeping with best practice guidance. The revised policy should be made available for staff reference.

Periodic test results in respect of all equipment used during the decontamination process should be consistently recorded in keeping with HTM 01-05.

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.

Mr Menary confirmed that policies were available in relation to records management, data protection and confidentiality and consent.

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 and a hygienist is employed by the practice. Mr Menary confirmed that oral health is actively promoted on an individual level with patients during their consultations. There was a range of health promotion information leaflets available in the reception areas.

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
- clinical records

Communication

Mr Menary confirmed that arrangements are in place for onward referral in respect of specialist treatments.

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

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

Mr Menary confirmed that a breaking bad news policy in respect of dentistry was in place.

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.

Comments provided included the following:

- “Give great advice enabling better preventative care.”
- “Couldn’t get better care, always fits me in if urgent.”
- “Always had very good regular appointments and no problem getting emergency treatment.”
- “Any queries are effectively dealt with and explained.”

All 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. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “Patients are always offered appointments at a time suitable for them within appropriate timescales.”
- “Emergency treatment is delivered that day if suits the patient and appointments given to best suit the patients.”
- “Yes, I believe patients get the right care at the right time and with the best outcome for them.”

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.

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 ongoing basis to pro-actively seek the views of patients about the quality of treatment and other services provided. Mr Menary advised that he reviews the survey findings and that patient feedback is used by the practice to improve, as appropriate. Following the inspection, Mr Menary provided confirmation to RQIA on 12 December 2016 that a system is now in place to inform patients regarding the outcome of the surveys.

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.

Comments provided included the following:

- “Great communication.”
- “Aware of patients anxiety/listen to your questions.”

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. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- “Yes, patients are treated with dignity and respect and involved in decisions affecting their care at all times.”
- “All treatment is carefully explained with different options available to the patient, allowing them to make their own decision on which treatment plan they would like to have.”
- “Patients are always informed of their treatment plans needed and different options given before treatment is carried out. Treatment and patients’ details are kept confidential at all times.”

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.

Policies and procedures were available for staff reference. A cursory review confirmed that policies and procedures were indexed, dated and that the most recent review took place on 4 December 2016. 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 returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

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 Menary 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 not available in the practice and a recommendation was made in this regard.

The registered person demonstrated a clear understanding of their 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.

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 managed.

Comments provided included the following:

- "I have been coming for several years and am very pleased with the service. If I am unable to make an appointment, staff are very accommodating with other dates."
- "No fault, 100% service and care."
- "Very satisfied with everything – very helpful staff. Very pleased with treatment received."

All submitted staff questionnaire responses indicated that they felt that the service is well led. Staff spoken with during the inspection concurred with this.

Comments provided included the following:

- "Yes, I feel the service is managed well."
- "I feel we have a well managed Practice. Policies and procedures are in place and team morale is good, therefore concerns and issues are dealt with appropriately and efficiently."

Area for improvement

Develop a whistleblowing / raising concerns policy.

Number of requirements	0	Number of recommendations	1
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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 Mr Menary, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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 provider meets 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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 15 Stated: First time To be completed by: 28 February 2017	<p>The policy in relation to the safeguarding of children and adults at risk of harm should be reviewed and further developed to reflect best practice guidance. The revised policy should be made available for staff reference.</p> <p>Response by registered provider detailing the actions taken: The practice safeguarding policy has been updated to reflect best practice and staff training has been conducted.</p>
Recommendation 2 Ref: Standard 13.4 Stated: First time To be completed by: 9 December 2016	<p>Periodic test results in respect of all equipment used during the decontamination process should be consistently recorded in keeping with HTM 01-05</p> <p>Response by registered provider detailing the actions taken: The method of recording of periodic tests in the appropriate log books has been made more robust.</p>
Recommendation 3 Ref: Standard 8 Stated: First time To be completed by: 28 February 2017	<p>A whistleblowing / raising concerns policy should be developed in keeping with best practice guidance.</p> <p>Response by registered provider detailing the actions taken: The practice whistleblowing/raising concerns policy has been reviewed and updated to the level of best practice. Appropriate staff training has been conducted.</p>

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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