

Announced Care Inspection Report 23 November 2016



Stephen Forster Dental Surgery

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

Address: 1 Church Street, Rosslea, BT92 7DD

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Inspector: Loretto Fegan and Emily Campbell

1.0 Summary

An announced inspection of Stephen Forster Dental Surgery took place on 23 November 2016 from 10.00 to 13.10.

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 Forster, registered provider, and one staff member present during the inspection 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. Five recommendations have been made in relation to the staff register, professional indemnity monitoring, the safeguarding policy and training, infection prevention and control and decontamination auditing and review of the radiation protection file.

Is care effective?

Observations made, review of documentation and discussion with Mr Forster and the staff member 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 Forster and the staff member 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. A number of quality assurance processes were in place. However, a recommendation was made that the complaints policies should be reviewed.

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	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Stephen Forster, 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 15 October 2015.

2.0 Service details

Registered organisation/registered person: Mr Stephen Forster	Registered manager: Mr Stephen Forster
Person in charge of the practice at the time of inspection: Mr Stephen Forster	Date manager registered: 04 July 2012
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 1

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 inspectors met with Mr Stephen Forster, registered person and Ms Susan Mulligan, receptionist/trainee dental nurse. 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 18 October 2016

The most recent inspection of the practice was an announced premises inspection. No requirements or recommendations were made during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 October 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 12.4 Stated: First time	It is recommended that oropharyngeal airways sizes 0 – 4 and a self-inflating bag with reservoir suitable for use with a child are provided.	Met
	Response by Registered Person(s) Detailing the Actions Taken: At the time of the inspection, oropharyngeal airways sizes 0 – 4 were available, however a self-inflating bag with reservoir suitable for use with a child was not available. Following the inspection, on 24 November 2016, Mr Forster provided evidence to RQIA that a self-inflating bag with reservoir suitable for use with a child had been ordered.	
Recommendation 2 Ref: Standard 11.1 Stated: First time	It is recommended that a staff register is developed containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.	Partially Met

	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The staff register was reviewed during the inspection and included the following staff details; name, address, position, and details regarding professional registration with the GDC. Dates of birth and the dates of the commencement and leaving employment were not included. The outstanding details should also be included. This recommendation has been partially addressed and is stated for the second time.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 11.2</p> <p>Stated: First time</p>	<p>It is recommended that robust arrangements are established to review the GDC registration status and the professional indemnity status of the self-employed dental care professional.</p>	<p>Partially Met</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>On the day of inspection, the GDC registration status of the self-employed dental care professional was available; however there was no record available regarding the professional indemnity status of this person.</p> <p>Following the inspection, RQIA received evidence from Mr Forster on 5 December 2016 that current professional indemnity is in place for the self-employed dental care professional.</p> <p>This recommendation had been partially addressed and the unaddressed aspect is stated for the second time.</p>	

4.3 Is care safe?

Staffing

One dental surgery is in operation in this practice. Discussion with staff and a review of completed patient and staff questionnaires demonstrated that there were sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Procedures were in place for appraising staff performance and it was confirmed that the appraisal process had commenced for this 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 system was in place to review the General Dental Council (GDC) registration status of all clinical staff. The professional indemnity status of Mr Forster was available at the time of inspection and subsequent confirmation was received by RQIA on 5 December 2016 that the self-employed dental care professional also had current professional indemnity. Discussion took place with Mr Forster during the inspection regarding

the need to have a robust system in place for checking and recording professional indemnity status on an annual basis. As discussed previously a recommendation was made for the second time in this regard

As discussed previously, a recommendation was made for the second time in relation to the development of a staff register to include all the details as specified in The Independent Health Care Regulations (Northern Ireland) 2005.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr Forster confirmed that no staff have been recruited since 2011. A policy and procedure for staff recruitment was in place, however, further development is needed to ensure it is comprehensive and reflective of best practice guidance. RQIA provided advice regarding best practice guidance with regard to the recruitment policy and an assurance was provided by Mr Forster that it would be further developed prior to recruiting any new staff.

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 best practice guidance. Mr Forster confirmed that all staff had attended recent safeguarding training, however a training matrix was not available to evidence the dates that safeguarding training was attended. It was agreed with Mr Forster that the practice would retain a record of staff training attendance on a matrix.

A policy and procedure was in place for the safeguarding and protection of children and adults at risk of harm. The policy did not include the types of abuse, the contact numbers for onward referral in the event of a safeguarding issue being identified and it had not been revised to reflect the new regional guidance “Adult Safeguarding Policy for Northern Ireland (2015)” and “Co-operating to Safeguard Children and Young People in Northern Ireland (2016)”. Mr Forster agreed to review the safeguarding policy to reflect these matters and on completion provide staff training on the revised policy.

A recommendation has been made to:

- review the safeguarding and protection of children and adults at risk of harm policy /procedure
- provide staff refresher training on completion of the revised policy / procedure
- record the attendance of staff training on a matrix

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF). It was observed that the format of buccal Midazolam retained was not in keeping with the Health and Social Care Board (HSCB) guidance. Following the inspection, RQIA received evidence from Mr Forster on 5 December 2016 that Buccolam pre-filled syringes in keeping with HSCB guidance was now in place and a second dose could be given if required.

With the exception of a self-inflating bag with reservoir for a child, all other emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained.

Following the inspection, RQIA received evidence from Mr Forster on 28 November 2016 that a self-inflating bag with reservoir for a child was on order. The practice does not have an automated external defibrillator (AED), however Mr Forster gave an assurance that the practice have timely access to a community AED. 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. It was agreed that in addition to recording the date of each check, the person checking the emergency medicines and equipment would also sign that they had undertaken the check.

Mr Forster confirmed that the management of medical emergencies is included in an annual update training for staff. 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.

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 chair 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. Mr Forster confirmed that staff had received training in infection prevention and control and decontamination in keeping with best practice.

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. Appropriate equipment, including washer disinfectors and steam steriliser, has been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated including a second steam steriliser kept on reserve. While RQIA acknowledge this steriliser is not in use, a separate log book should be available in the event of the steriliser being used. A review of equipment logbooks in use evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices. However, the sterilising hold time should be calculated from the printouts and the maximum temperature should also be recorded during the sterilising hold time in the logbook. It was agreed that the issues raised in relation to recording would be addressed.

As there were no recent audits undertaken to measure compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool, a recommendation has been made that these audits are completed on a six monthly basis. A copy of the IPS audit tool was forwarded to Mr Forster following the inspection.

Radiography

The practice has one surgery which has an intra-oral x-ray machine.

A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. It was evidenced that measures are taken to optimise dose exposure. This included the use of rectangular collimation and x-ray audits.

The following issues were identified on review of the radiation protection file:

- the hygienist has not been authorised by the radiation protection supervisor (RPS) for their relevant duties
- training records were incomplete
- the hygienist had not signed to confirm they had read and understood their responsibilities as outlined in the radiation protection folder

A recommendation was made in this regard.

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

As no requirements or recommendations were made during the RQIA premises inspection which took place on 18 October 2016, a detailed examination of arrangements in place for maintaining the environment was not required.

Patient and staff views

Eighteen patients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comment was provided:

- “I feel in good hands”

Three staff submitted questionnaire responses. They indicated that they felt that patients are safe and protected from harm. The staff member spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

Ensure arrangements are in place to review the professional indemnity status of the self-employed dental care professional.

Further develop the staff register.

Review the safeguarding children and adults at risk of harm policy/procedure and provide refresher training for staff.

Measure compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool.

Review the radiation protection file as detailed above.

Number of requirements	0	Number of recommendations	5
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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.

Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Although there were no computerised records, 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 Forster confirmed that oral health is actively promoted on an individual level with patients during their consultations and that further information is provided for example by directing the patient to a specific website when required. There was a range of health promotion information leaflets available in the reception area and Mr Forster advised that samples of tooth paste and toothbrushes were provided to children.

Audits

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

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- clinical records

Communication

Mr Forster confirmed that arrangements are in place for onward referral in respect of specialist treatments. It was confirmed that template referral letters have been established or the specific referral form requested by the specialist service is used as required.

It was confirmed that staff meet on an informal daily basis, and that a formal staff meeting takes place monthly to discuss clinical and practice management issues and to provide in house training. As there were no minutes of staff meetings available, it was agreed with Mr Forster that minutes of staff meetings would be retained in future.

Mr Forster and the staff member present during the inspection confirmed that there are good working relationships and there is an open and transparent culture within the practice.

Patient and staff views

All of the 18 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:

- “always happy with treatment”
- “lovely staff”

All staff who 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. The staff member spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

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

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

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

Patient and staff views

All of the 18 patients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comment was provided:

- “Friendly staff. Also very professional”

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. The staff member spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

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 the staff member present was able to describe their roles and responsibilities and was aware of who to speak to if they had a concern. The staff member confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. This concurred with the responses provided in the two staff questionnaires returned to RQIA.

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

Arrangements were in place to review risk assessments. As a premises inspection took place on 18 October 2016, it was not necessary to review risk assessments in relation to estate issues during this inspection.

A copy of the complaints procedure was displayed in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016. Review of the policy file evidenced that the practice has separate complaints policies for patients who receive private and NHS dental care and treatment. Older version of policies were also retained. It was suggested that the older versions are archived. A recommendation was made that the complaints policies should be further developed to reflect the following:

- details of the Health and Social Care Board (HSCB) and the GDC should be included in both policies as agencies which may be utilised within the complaints investigation at local level
- details of RQIA should be included in both policies as a regulatory body who take an oversight of complaints management
- the Ombudsman and the Dental Complaints Service should be the only bodies identified as routes for dissatisfaction to the complaints investigation outcome for NHS and private care respectively

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 Forster 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 for example the record keeping audit.

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

The registered provider 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

Seventeen of the 18 patients who submitted questionnaire responses indicated that they feel that the service is well managed. One patient did not complete a response to this question. Comments provided included the following:

- Stephen tries to fit me in when home from always checks with x-rays any upcoming problem with wisdom teeth....."
- "Great service, every step during check up was explained clearly and I felt at ease"
- "I couldn't get any better service anywhere"
- "Very organised"

One patient provided the comment "Sitting in waiting room (wait your turn) you can hear all that is going on in dentist dept. A TV would distract our minds and sounds". This comment was passed on to Mr Forster who agreed to monitor the situation and take corrective action as required.

All submitted staff questionnaire responses indicated that they felt that the service is well led. The staff member spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas for improvement

The complaints policies should be further developed.

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 Stephen Forster, 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 11.1

Stated: Second time

To be completed by:
31 January 2017

It is recommended that a staff register is developed containing staff details including, name, date of birth, position; dates of employment; and details of professional qualification and professional registration with the GDC, where applicable.

Response by registered provider detailing the actions taken:
The Register has been updated and developed as recommended.

Recommendation 2

Ref: Standard 11.2

Stated: Second time

To be Completed by:
31 January 2017

It is recommended that robust arrangements are established to review the professional indemnity status of the self-employed dental care professional.

Response by registered provider detailing the actions taken:
An arrangement has been put in place to ensure that the Indemnity Status is checked annually.

Recommendation 3

Ref: Standard 15

Stated: First time

To be completed by:
28 February 2017

The policy and procedure in relation to the safeguarding and protection of children and adults at risk of harm should be reviewed and further developed to reflect regional and best practice guidance.

Staff refresher training should take place on the safeguarding and protection of children and adults at risk of harm following the revision of the policy / procedure

Attendance at staff training should be recorded and records retained by the practice.

Response by registered provider detailing the actions taken:
This will be undertaken and completed by 28th February 2017

<p>Recommendation 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>Compliance with HTM 01-05 should be audited on a six monthly basis using the Infection Prevention Society (IPS) audit tool.</p>
<p>To be completed by: 31 January 2017</p>	<p>Response by registered provider detailing the actions taken: This will be carried out and completed by 31st January 2017 and further audits will be carried out on a six monthly basis.</p>

<p>Recommendation 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The radiation protection file should be reviewed to ensure the following are addressed:</p> <ul style="list-style-type: none"> • the hygienist has been authorised by the radiation protection supervisor (RPS) for their relevant duties • training records are complete • the hygienist had signed to confirm they have read and understood their responsibilities as outlined in the radiation protection folder
	<p>Response by registered provider detailing the actions taken: This has been completed as required.</p>

<p>Recommendation 6</p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The complaints policies should be further developed to reflect the following:</p> <ul style="list-style-type: none"> • details of the Health and Social Care Board (HSCB) and the GDC should be included in both policies as agencies which may be utilised within the complaints investigation at local level • details of RQIA should be included in both policies as a regulatory body who take an oversight of complaints management • the Ombudsman and the Dental Complaints Service should be the only bodies identified as routes for dissatisfaction to the complaints investigation outcome for NHS and private care respectively <p>Response by registered provider detailing the actions taken: This will be carried out and completed by the required date.</p>
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