

Announced Care Inspection Report 09 October 2018



Blossom Cosmetic Laser Clinic

**Type of Service: Independent Hospital (IH) – Cosmetic
Laser/Intense Pulse Light (IPL) Service**

Address: Unit 4, 16 Balloo Avenue, Bangor, BT19 7QT

Tel No: 028 9147 7073

Inspector: Carmel McKeegan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a cosmetic laser service providing treatments using an Intense Pulse Light (IPL) machine and Class 4 laser machines.

IPL Equipment

Manufacturer:	Lumenis
Model:	Aculight HR – SA 350100
Serial Number:	007-04545
Wavelength:	560nm & 695nm

Laser equipment

Manufacturer: Not Marked
 Model: Not Marked
 Serial Number: YAG 31102
 Laser Class: Class 4
 Wavelength: 532nm & 1064nm

Manufacturer: Lumenis
 Model: Light Sheer Desire
 Serial Number: SA 1170000
 Laser Class: Class 4
 Wavelength: 532nm & 1064nm

Laser protection advisor (LPA):

Mr Irfan Azam (Lasernet)

Laser protection supervisor (LPS):

Ms Kerry Millar

Medical support services:

Dr Paul Myers (Lasernet)

Authorised operators:

Ms Kerry Millar, Siobhan Shannon, Mel McMullan and Sian Keane

Types of IPL treatments provided

Hair removal, skin rejuvenation & thread veins

Types of laser treatments provided

Tattoo removal

3.0 Service details

Organisation/Registered Provider: Kieran Beattie t/a Blossom Cosmetic Laser Clinic Responsible Individual: Mr Kieran Beattie	Registered Manager: Mr Kieran Beattie
Person in charge at the time of inspection: Mr Kieran Beattie	Date manager registered: 30 October 2014
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

4.0 Inspection summary

An announced inspection took place on 09 October 2018 from 11.00 to 12.45.

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 Care Standards for Independent Healthcare Establishments (July 2014).

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

Examples of good practice were evidence in all four domains. These included the arrangements for managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Two areas requiring improvement were made against the standards, one to ensure an individual register is maintained in respect of each laser machine and the IPL machine, and one to ensure a summary report of the client consultation process is made available for clients and other interested parties.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mr Kieran Beattie, registered provider, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 06 December 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 06 December 2017.

5.0 How we inspect

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

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were received by RQIA.

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

During the inspection the inspector met with Mr Kieran Beattie, registered provider, an authorised operator and a receptionist.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser and IPL safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Beattie, registered provider at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 06 December 2017

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

6.2 Review of areas for improvement from the last care inspection dated 06 December 2017

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
Area for improvement 1 Ref: Regulation 19 (2) as amended Stated: First time	<p>The registered person shall ensure that all recruitment records as outlined in as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 are obtained for all new staff, prior to commencement of employment.</p>	Met
	<p>Action taken as confirmed during the inspection: Mr Beattie confirmed that since the previous inspection two authorised operators had been recruited. Review of the personnel files of the new authorised operators confirmed that, in the main, recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, had been provided. However, no written references had been obtained for one of the new authorised operators. Mr Beattie readily agreed to follow this up.</p> <p>On 02 November 2018 RQIA received confirmation that two satisfactory written references had been obtained in respect of the new authorised operator.</p>	
Area for improvement 2 Ref: Regulation 25 (4) Stated: First time	<p>The registered person shall ensure that a validated fire risk assessment is carried out. The action plan arising from the assessment should be fully implemented within timescales acceptable to the assessor.</p> <p>Reference should be made to guidance available from the Northern Ireland Fire and Rescue Service.</p> <p>A copy of the fire risk assessment should be forwarded to RQIA.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of records confirmed that a fire risk assessment was completed on 02 March 2018. Mr Beattie is aware that this risk assessment should be reviewed annually.</p>	
<p>Area for improvement 3 Ref: Regulation 25 (2) (d) Stated: First time</p>	<p>The registered person shall ensure that a legionella risk assessment is undertaken by a competent person and made available for staff and other relevant persons.</p> <p>Monthly monitoring of water temperatures should be maintained in this regard.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of records confirmed that a legionella risk assessment was completed on 02 March 2018. It was confirmed that water temperatures are monitored monthly and a record is maintained in this regard.</p>	
<p>Area for improvement 4 Ref: Regulation 25 (2)(d) Stated: First time</p>	<p>The registered person shall ensure that a competent electrician provides verification that the fixed electrical installation is in a safe and satisfactory condition and that portable appliance testing (PAT) has been completed. The verification should be forwarded to RQIA upon return of the QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: A copy of the PAT certificate undertaken on 21 February 2018 and fixed electrical installation certificate was provided to RQIA, as requested.</p>	
<p>Area for improvement 5 Ref: Regulation 25 (1) Stated: First time</p>	<p>The registered person shall provide RQIA with confirmation that the statutory planning authority has given approval for the premises to be used for the purposes of an independent healthcare facility providing laser and IPL services.</p>	Met
	<p>Action taken as confirmed during the inspection: Following the previous inspection RQIA received confirmation that the statutory planning authority has given approval for the premises to be used for the purposes of an independent healthcare facility providing laser and IPL services.</p>	

Area for improvement 6 Ref: Regulation 28 (1) (d) Stated: First time	The registered person shall ensure that all notifiable events must be investigated and reported to RQIA or other relevant bodies as appropriate.	Met
	Action taken as confirmed during the inspection: Mr Beattie confirmed that there have not been any notifiable events since the previous inspection, however should such an event occur, any notifiable events will be investigated and notified to RQIA.	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard Stated: First time	The registered person shall ensure that the safeguarding lead completes Level 2: Awareness Raising, Recognising and Responding training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).	Met
	Action taken as confirmed during the inspection: The identified safeguarding lead has completed level 2 adult safeguarding training.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Mr Beattie confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mr Beattie and staff confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL equipment is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, had received laser safety awareness training.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with Mr Beattie and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

As previously discussed, a review of two personnel files of authorised operators recruited since the previous inspection confirmed that, in the main, new staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. It was noted that two written references were not provided for one staff member and Mr Beattie agreed to follow this up. On 02 November 2018 RQIA received confirmation that two satisfactory written references had been obtained in respect of the new authorised operator.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

It was confirmed that laser and IPL treatments are not provided to persons under the age of 18 years.

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

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Laser and IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the laser and IPL equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 13 June 2019.

Laser and IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 14 June 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL and laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 6 October 2017 and all recommendations made by the LPA have been addressed. On 7 November 2018 RQIA received confirmation from Mr Beattie that arrangements have been made for the LPA to conduct a risk assessment later in November 2018.

The laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser and/or IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Discussion with Mr Beattie confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

The environment in which the laser and IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. There are two treatment rooms. Treatment room one contains the Lumenis Light Sheer Desire laser which has an interlock system in place. Treatment room two contains the other laser machine and the IPL machine. Doors to treatment rooms are locked when the laser or IPL machine is in use but can be opened from the outside in the event of an emergency.

The Lumenis Light Sheer Desire machine is operated using a keypad and the other laser and IPL machine are operated using keys. Arrangements are in place for the safe custody of the keypad code and the laser and IPL keys, when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser and IPL equipment is in use and removed when not in use.

At the previous inspection it was confirmed that the establishment had a separate register for each laser machine and the IPL machine which was completed every time the laser and IPL machines were operated. However during discussion with Mr Beattie and an authorised operator it was revealed that completion of the individual registers had been discontinued. The

purpose of maintaining the registers was outlined to Mr Beattie and the authorised operator, and further advice and guidance was provided in this regard. Mr Beattie agreed that completion of the individual registers will be reinstated and will review the possibility of recording this information electronically.

An area of improvement has been made against the standards to ensure that a separate register is in place for each laser and the IPL machine which is completed each time the machines are operated and should include:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service report for each machine was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment rooms were clean and clutter free. Discussion with the authorised operator evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser and IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

An individual register should be in place for each laser machine and the IPL machine, which is completed each time the machines are operated in keeping with the Minimum Care Standards for Independent Healthcare Establishments July 2014.

	Regulations	Standards
Areas for improvement	0	1

6.5 Is care effective?

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

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each laser and IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Four client care records were reviewed. Client records are held electronically which provide an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Discussion with Mr Beattie and review of the management of records policy confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Staff confirmed that management is approachable and their views and opinions are listened to. Mr Beattie and staff confirmed that staff meetings are held on a regular basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with an authorised operator regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely and electronic records are password protected.

At the previous announced inspection on 06 December 2017 Mr Beattie confirmed that a client satisfaction survey would be undertaken and a summary report would be made available to clients and other interested parties. However this process has not yet completed, Mr Beattie confirmed that whilst the consultation process has concluded a summary report had not yet been collated. An area for improvement has been made against the standards in this regard.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

Areas of good practice

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

Areas for improvement

The results of the most recent client satisfaction survey should be collated to provide a summary report to be made available to clients and other interested parties.

	Regulations	Standards
Areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

There was a clear organisational structure within the establishment 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 the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

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

Discussion with Mr Beattie demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mr Beattie demonstrated a good awareness of complaints management.

Mr Beattie confirmed that 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 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.

Discussion with Mr Beattie confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. It was

confirmed that if required an action plan would be developed and embedded into practice to address any shortfalls identified during the audit process.

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

Mr Beattie demonstrated a clear understanding of his role and responsibility in accordance with legislation. Mr Beattie confirmed that the statement of purpose and client’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.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

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

6.9 Client and staff views

Eighteen clients submitted questionnaire responses to RQIA. All 18 indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients also indicated that they were very satisfied with each of these areas of their care. Comments included in client questionnaire responses as follows:

- ‘Great service with great staff.’
- ‘Knowledgeable and professional therapist.’
- ‘Everything excellent and of a high standard.’

RQIA invited staff to complete an electronic questionnaire prior to the inspection. No staff questionnaires were received by RQIA.

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and 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 Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p> <p>To be completed by: 09 October 2018</p>	<p>The registered provider shall ensure that an individual register is provided for each laser machine and the IPL machine. The laser/IPL registers should be completed each time the machines are operated and provide the following information;</p> <ul style="list-style-type: none"> • the name of the person treated • the date • the operator • the treatment given • the precise exposure • any accident or adverse incident <p>Ref: 6.4</p>

	Response by registered person detailing the actions taken: Registers in place. Kieran Beattie
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: 09 November 2018	The registered provider shall ensure the results of the most recent client satisfaction survey are collated in an anonymised format to provide a summary report which is made available to clients and other interested parties. Ref: 6.6 Response by registered person detailing the actions taken: Client Survey carried out. Kieran Beattie

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



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