



Unannounced Care Inspection Report 14 August 2018



Knockagh Rise

Type of Service: Nursing Home (NH)
Address: 236 Upper Road, Greenisland, BT38 8RP
Tel No: 028 9085 5930
Inspector: Kieran McCormick

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 registered nursing home which is registered to provide nursing care and residential care for up to 29 persons.

3.0 Service details

Organisation/Registered Provider: Knockagh Rise Ltd Responsible Individual(s): Malcolm James Wilson	Registered Manager: Diane Brown (Acting)
Person in charge at the time of inspection: Wendy Turkington – Deputy Manager	Date manager registered: Diane Brown – application not yet submitted
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 29 There shall be a maximum of four named residents in receipt of residential care.

4.0 Inspection summary

An unannounced inspection took place on 14 August 2018 from 11.45 to 17.20 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The term 'patient' is used to describe those living in Knockagh Rise which provides both nursing and residential care.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Knockagh Rise were below the minimum standard expected. A decision was taken to hold a serious concerns meeting in relation to the care and treatment of patients. This meeting took place at RQIA on 22 August 2018.

During the serious concerns meeting the responsible individual and manager acknowledged the failings and were able to provide a full account of the actions and arrangements needed to ensure the improvements necessary to achieve compliance with the required regulations. RQIA were satisfied with the action plan and assurances provided and a decision was made that no further enforcement action was required to be taken.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	*5

*The total number of areas for improvement includes three which have been stated for a second which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Wendy Turkington, deputy manager and Malcom James Wilson, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection in the form of a serious concerns meeting.

4.2 Action/enforcement taken following the most recent inspection dated 13 March 2018

The most recent inspection of the home was an unannounced premises inspection undertaken on 13 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

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 home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with four patients, ten staff and one patient's visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the nurse in charge with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 6 to 19 August 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- two patient care records
- two patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the person in charge at the conclusion of theinspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 March 2018

The most recent inspection of the home was an unannounced premises inspection.

The completed QIP was returned and approved by the estates inspector.

This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 1 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Reregulation 30	The registered person shall ensure that RQIA are notified in accordance with Regulation 30. Refer to Provider Guidance available on our web site: www.rqia.org.uk	

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection: A review of records confirmed that RQIA had been appropriately notified of events in accordance with regulation 30.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 22 Stated: First time</p>	<p>The registered person shall review the management of falls to ensure that falls risk assessments and associated care plans accurately reflect the needs of patients and are reviewed post fall.</p> <p>The management of falls and falls prevention practices should reflect DHSSPS Care Standards for Nursing Homes and regional best practice guidance.</p> <p>Action taken as confirmed during the inspection: Care records reviewed for an identified patient evidenced that the patients care plan and associated falls risk assessment had not been reviewed or evaluated post fall.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 2 Ref: Standard 12.10 Stated: First time</p>	<p>The registered person shall ensure that nursing staff accurately record the named patient's daily nutritional intake and that they have reviewed the intake at regular intervals.</p> <p>Action taken as confirmed during the inspection: Review of supplementary care records for a patient requiring nutritional intake monitoring evidenced that records of intake had been contemporaneously maintained however there was no evidence of daily oversight from a registered nurse on the chart or in the daily progress note.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	<p>Partially met</p>
<p>Area for improvement 3 Ref: Standard 4</p>	<p>The registered person shall ensure that, as required, patient care plans are specific regarding how often a patient is to be repositioned and the setting for any therapy</p>	

Stated: First time	mattresses/cushions in use, if required.	Not met
	<p>Action taken as confirmed during the inspection: Review of care records for an identified patient failed to evidence the required frequency of repositioning and the type and setting of the pressure relieving equipment in use.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>	

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.

The nurse in charge at the commencement of the inspection confirmed the planned daily staffing levels for the home. Discussion with patients, relatives and staff confirmed that they had no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a timely and caring manner. Staff rotas also confirmed that catering and housekeeping staff were rostered to help meet the needs of the patients and to support the nursing and care staff. However the staff duty rota failed to identify the hours available to the manager to undertake the management role in the home. We were advised that management hours for the manager were utilised on a weekly basis to support the registered nursing compliment required in the home. This appears to have had a direct impact on the day to day management and governance of the home, this was discussed with the responsible individual and an area for improvement under the regulations was made. The availability of management hours formed part of the serious concerns meeting held in RQIA post inspection.

A review of training records raised concerns regarding compliance with mandatory training requirements; records also failed to provide assurances of a robust system in place for the oversight and management of mandatory training. This was discussed with the nurse in charge and responsible individual and an area for improvement under the regulations was made. Training provision formed part of the serious concerns meeting held in RQIA post inspection. Despite the identified deficits in training staff who met with the inspector demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that staff were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of notification records evidenced that these had been reported to RQIA in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients’ bedrooms, lounges and dining rooms were found to be warm and comfortable. Fire exits and corridors were observed to be clear of clutter and obstruction.

The inspector noted from a review of records and from discussion with the responsible individual that the fire risk assessment for the home, last reviewed in January 2017, had not been reviewed annually in accordance with HTM84. The responsible individual assured the inspector that immediate action would be taken to address this, the information was also shared with the aligned estates inspector for the home, and an area for improvement under the regulations was also made. The annual review of the fire risk assessment formed part of the serious concerns meeting in RQIA post inspection.

Observation of practices/care delivery, discussion with staff and review of records evidenced that infection prevention and control measures guidance were consistently adhered to.

Review of two staff recruitment files evidenced that these had been largely maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. However the induction records for one member of staff were not available for review, the inspector was advised that the records were held by the member of staff until complete, the nurse in charge agreed to address this immediately.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC). A review of the system in place to confirm the registration of care staff with the Northern Ireland Social Care Council (NISCC) identified concerns that not all staff had an active registration or application processed to obtain registration. This was discussed with the nurse in charge and responsible individual and an area for improvement under the regulations was made. The management of NISCC registration was discussed at the serious concerns meeting in RQIA post inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, adult safeguarding, infection prevention and control and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to the working hours of the acting manager, completion and oversight of staff training, annual review of the fire risk assessment and the registration of care staff with the NISCC.

	Regulations	Standards
Total number of areas for improvement	4	0

6.5 Is care effective?

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

A review of two patients' care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been created in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the SALT or the dietician changed. Review of supplementary care records for a patient requiring nutritional intake monitoring evidenced that records of intake had been contemporaneously maintained however there was no evidence of daily oversight from a registered nurse on the chart or in the daily progress note, a previous area for improvement had been made and will be stated for a second time. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. However in the case of one patient care plans regarding repositioning and use of therapy mattresses did not reflect the frequency of repositioning for the patient and the type of pressure relieving mattress in use, an area for improvement previously stated has therefore been stated for a second time. Care plans and risk assessments reviewed in both patients care records, whilst person centred, did not demonstrate that they had been consistently reviewed or evaluated periodically, this was discussed with the nurse in charge and an area for improvement under the standards was made.

Care records reviewed for an identified patient at risk of falls evidenced that whilst immediate post falls observations were completed, the patients care plan and associated falls risk assessment had not been reviewed or evaluated following a recent fall, a previous area for improvement regarding this issue had been made and will be stated for a second time.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the acting manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient representatives confirmed their input into the care planning process. There was evidence of regular communication with representatives within the care records.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Patients and representatives were aware of who the acting manager was.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between patients, their representatives, staff, other key stakeholders and with the multi-professional team.

Areas for improvement

One area for improvement was identified in relation to the review and evaluation of patient care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We arrived in the home at 11.45 and were greeted by staff who were helpful and attentive. Patients were enjoying a morning cup of tea/coffee in the lounge or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately and a registered nurse was overseeing the mealtime experience. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Discussion with patients and staff, review of the activity programme board and photos displayed around the home evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

Consultation with four patients confirmed that they were happy and content living in Knockagh Rise. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

In addition to speaking with patients, their relatives and staff, RQIA provided ten questionnaires for patients and ten questionnaires for patients' relatives/representatives to complete. At the time of writing this report seven questionnaires were returned. All questionnaires returned indicated a rating of being very satisfied across the four domains of safe, effective, compassionate and well led care. Some of the comments recorded included:

"I am really pleased with the care my uncle receives at Knockagh Rise".

A poster was also displayed for staff inviting them to provide online feedback to RQIA. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

A record of compliments and thanks were available in the home. Some of the comments recorded included:

"...your care and kindness was much appreciated".

There were systems in place to obtain the views of patients and their representatives on the running of the home, this included a suggestion box that was available.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, staff knowledge of patients' wishes, preferences and assessed needs, dignity, privacy and listening to and valuing patients and their representatives.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. However RQIA have been advised by the responsible individual, post inspection that the current acting manager will be coming forward to apply as the registered manager for Knockagh Rise.

Discussion with staff, patients and their representatives evidenced that the acting manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. However the current working arrangements of the acting manager in supporting the registered nursing compliment appears to have had a direct impact on the day to day management and governance of the home, as previously discussed in section 6.4. The need for protected management time is very evident. This matter was discussed at the serious concerns meeting in RQIA post inspection.

Staff were able to identify the person in charge of the home in the absence of the acting manager.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints and/or concerns were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the nurse in charge and review of records confirmed that a process for governance and monthly auditing of accidents/incidents, falls and infection prevent and control was in place. However the inspector noted that audits were not consistently completed in full and that in some cases despite issues being identified following completion of an audit a supporting action plan had not been devised. As a result an area for improvement under the standards was made.

Discussion with the responsible individual and a review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the nurse in charge and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to understanding of roles and responsibilities, management of complaints and incidents, communication amongst staff, maintaining good working relationships and completion of Regulation 29 monitoring visits.

Areas for improvement

The following areas were identified for improvement in relation to the auditing process.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Wendy Turkington, deputy manager and Malcom James Wilson, responsible individual, 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 nursing home. 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 10 (1) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the acting manager has sufficient hours protected to allow for the effective management and governance of the home.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Registered person has allocated two shifts per week protected time for the acting manager to ensure the effective management & governance of the home- current off duty reflects this practice.</p>
Area for improvement 2 Ref: Regulation 14 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all staff working in the home are compliant with required mandatory training. An effective system should be established and maintained to provide ongoing assurance of the mandatory training compliance of staff working in the home.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Letters issued to the staff regarding the importance of training as per compliance of nursing of nursing home regulations. online and practical training has been arranged for all the staff to bring training up to date. A weekly spread sheet is now in place to track training - supervisions will be completed in due course.</p>
Area for improvement 3 Ref: Regulation 27 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the fire risk assessment for the home is reviewed annually.</p> <p>Ref: Section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Annual fire safety risk assessment has been completed & the registered person will ensure that the risk assessment is renewed annually. This will be over seen by the acting manager.</p>
Area for improvement 4 Ref: Regulation 25 Stated: First time To be completed by: Immediate action	<p>The registered person shall ensure that all care staff at the commencement of employment are registered or make application to register with the NISCC, and that a robust system is in place to review periodically the professional registration of all care staff with the NISCC.</p> <p>Ref: Section 6.4</p>

required	<p>Response by registered person detailing the actions taken: Applications to NISCC has been completed for three employees. Current employees on the NISCC register are checked and printed monthly (organisation registrants) All communications with NISCC is documented.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1 Ref: Standard 22 Stated: Second time To be completed by: Immediate action required</p>	<p>The registered person shall review the management of falls to ensure that falls risk assessments and associated care plans accurately reflect the needs of patients and are reviewed post fall.</p> <p>The management of falls and falls prevention practices should reflect DHSSPS Care Standards for Nursing Homes and regional best practice guidance.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All staff nurses have been informed both verbally & in written form that they must comply with the policy regarding falls management accident form, post falls review form, body map, care plan & risk assessments must be completed following any fall and Reg 30 completed as necessary.</p>
<p>Area for improvement 2 Ref: Standard 12.10 Stated: Second time To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff accurately record the named patient's daily nutritional intake and that they have reviewed the intake at regular intervals.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All staff have been informed both verbally & in written form that all fluid & food charts must be reviewed & signed daily by the nurse in charge. A new fluid intake book has been commenced, daily targeted fluid amounts have been calculated as per advice by the community dietitian, all are monitored and any deficits highlighted. Referrals to the relevant health professionals are made as required.</p>
<p>Area for improvement 3 Ref: Standard 4 Stated: Second time To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patient care plans are specific regarding how often a patient is to be repositioned, and the setting for any therapy mattresses/cushions in use, if required.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All staff nurses have been made aware of the importance of accurately recording pressure relief equipment & settings for individual clients, care plans to reflect same and include individual repositioning regimes. to be monitored by the monthly care plan audits.</p>

<p>Area for improvement4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients individual care plans and risk assessments are reviewed/evaluated on at least a monthly basis or sooner if required.</p> <p>Ref: Section 6.5</p>
<p>Area for improvement5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: DD Month Year</p>	<p>Response by registered person detailing the actions taken: All staff nurses have been informed both verbally and in written form regarding the importance of accurate evaluation of nursing documentation on a monthly basis and as required. To be monitored by monthly care plan audit. Care plan format has been changed and care plans are currently being re-written.</p> <p>The registered person shall ensure that all governance audits are completed in full and that a supporting action plan is devised when issues are identified.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Governance audits ongoing and trackers in place. Audits are reviewed at monthly intervals.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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