



# Unannounced Care Inspection Report

## 11 August 2020



## Rectory Field

**Type of Service: Residential Care Home (RCH)**  
**Address: 19b Limavady Road, Londonderry BT47 6JU**  
**Tel No: 028 7134 7741**  
**Inspector: Jane Laird**

[www.rqia.org.uk](http://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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 35 residents in the categories of care as listed in section 3.0 below.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)	<b>Registered Manager and date registered:</b> Dolores Moran – 1 April 2005
<b>Responsible Individual:</b> Dr Anne Kilgallen	
<b>Person in charge at the time of inspection:</b> Ciaran Meenan – acting manager	<b>Number of registered places:</b> 35  RC-PH category of care for 5 residents only
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 13

### 4.0 Inspection summary

An unannounced inspection took place on 11 August 2020 from 09.05 to 17.15 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- management, leadership and governance arrangements
- infection prevention and control (IPC) measures
- staffing arrangements
- the home's environment
- care delivery and care records.

Significant concerns were identified during the inspection with regard to the management, leadership and governance arrangements within the home, health and welfare of residents' and IPC practices. There was a lack of robust systems to regularly review the quality of care and other services provided by the home. This included, but is not limited to, the oversight and management of the home's environment, infection prevention and control measures, recording and reporting of accidents and incidents, management of complaints, care records, risk management, governance audits and maintenance of duty rotas.

From our observations, discussion and review of the delivery of care it was evident that the home was operating outside of its' Statement of Purpose and registration.

As a consequence, a meeting was held on 18 August 2020 in RQIA with the intention of issuing eight failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005 and a notice of proposal to impose conditions on the registration of the home under Article 10 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (The Order), in relation to:

- Regulation 3 relating to the statement of purpose
- Regulation 13 (1) relating to the health and welfare of residents
- Regulation 13 (4) relating to medicines management
- Regulation 13 (7) relating to IPC practices
- Regulation 14 (2) (a) (c) relating to risk management
- Regulation 20 (1) (a) (b) (c) (i) (ii) (iii) (iv) (3) relating to staffing arrangements
- Regulation 27 (4) (a) (e) (f) relating to fitness of premises
- Regulation 30 relating to notification of death, illness and other events.

The meeting was attended via video conference by Ann Kilgallen, responsible individual, John McCosker, assistant director social work, western health and social care trust (WHSC), Denise Foster, acting head of care and accommodation, primary care and older people's services, WHSC and other representatives from the WHSC.

At the meeting the home's representatives discussed the actions that had been taken since the inspection and provided an action plan following the meeting confirming how the home would revert back to residential care as per the registration and Statement of Purpose of the home and the Notice of proposal to impose conditions on the registration of the home was not issued.

However, during the meeting RQIA did not receive the necessary assurance required in relation to the other areas requiring improvement. It was therefore decided that six of the eight failure to comply notices would be issued under Regulation 3, Regulation 13 (1), Regulation 13 (4), Regulation 13 (7), Regulation 20 (1) (a) (b) (c) (i) (ii) (iii) (iv) (3) and Regulation 27 (4) (a) (e) (f), with the date of compliance to be achieved by 21 September 2020.

Despite enforcement action being taken, areas of good practice in relation to the compassionate and caring attitude of staff towards the residents were evidenced.

Residents described living in the home mainly in positive terms and were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

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

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*1

\*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ciaran Meenan, manager, and Denise Foster, acting head of care and accommodation, primary care and older people's services, WHSCT, as part of the inspection process. The timescales for completion commence from the date of inspection.

Six failure to comply notices under Regulation 3, Regulation 13 (1) Regulation 13 (4), Regulation 13 (7), Regulation 20 (1) (a) (b) (c) (i) (ii) (iii) (iv) (3) and Regulation 27 (4) (a) (e) (f) were issued with the date of compliance to be achieved by 21 September 2020.

FTC Ref: FTC000110 with respect to Regulation 3

FTC Ref: FTC000111 with respect to Regulation 13(1)

FTC Ref: FTC000112 with respect to Regulation 13 (4)

FTC Ref: FTC000113 with respect to Regulation 13 (7)

FTC Ref: FTC000114 with respect to Regulation 20 (1) (a) (b) (c) (i) (ii) (iii) (iv) (3)

FTC Ref: FTC000115 with respect to Regulation 27 (4) (a) (e) (f).

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

Questionnaires and 'Tell us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 3 August and 10 August 2020
- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- three residents' care records
- a sample of governance audits/records
- the home's Statement of Purpose
- staff competency assessments for medicine management
- complaints folder
- compliments received

- a sample of monthly monitoring reports from June 2020
- RQIA's registration certificate.

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 23 September 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (t) <b>Stated:</b> Second time	<p>The registered person shall risk assess all individual radiators / hot surfaces in accordance with current safety guidance with subsequent appropriate action.</p> <p><b>Action taken as confirmed during the inspection:</b>            We observed that radiator covers had been installed following the previous care inspection. This area for improvement has been met.</p>	Met
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 – (7) <b>Stated:</b> First time	<p>The registered person shall ensure as far as reasonably practicable that all parts of the residential care home to which residents have access are free from hazards to their safety and unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.</p> <p>This is in relation to the chemicals stored in the unlocked stores and laundry.</p> <p><b>Action taken as confirmed during the inspection:</b>            Observation of the environment identified that a sluice room containing chemicals was unlocked within an area accessible to residents.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	



Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered person shall ensure the building is kept decorated to a standard acceptable for the residents. This is in relation to the window blinds in residents bedrooms.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations of a sample of residents' bedrooms evidenced that window blinds had been replaced in a number of bedrooms but this was not consistent throughout all bedrooms where there were broken and/or missing parts of window blinds.  This area for improvement has not been fully met and has been stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 Management, leadership and governance arrangements

In accordance with the Covid 19 Guidance for Nursing and Residential Care Homes in Northern Ireland. RQIA undertook to work with providers to come to solutions that may be "outwith" the letter of standards or regulations but which would provide safe, pragmatic remedies to issues that could never have been planned for. On this basis on 14 April 2020 Rectory Field were granted a temporary condition to their registration to allow them to admit nursing patients. However it was made clear at the time that this condition was agreed only on a temporary basis and once the surge had passed the home's registration was to revert to normal.

On 30 July 2020, RQIA received information from Denise Foster, acting head of care and accommodation, primary care and older people's services, WHSCT, that the registered manager Dolores Moran was on leave and that Ciaran Meenan was temporarily acting as manager. During the inspection on 11 August 2020, following discussion with management, observations and the change to the signage at the entrance of the home to "Rectory Field Nursing Rehab Unit" it was evident that the Trust had made permanent changes to the home without seeking approval from RQIA in accordance with regulations. It was also evident that the home was not operating within its' own Statement of Purpose of registered categories of care.

Discussion with management and review of governance records evidenced that there was a lack of robust systems in place to regularly review the quality of care and other services provided by the home. For example, there was no audit in place to monitor or manage the home's environment, IPC measures, the recording and reporting of accidents and incidents occurring in the home, the recording and management of complaints received, the management of risks to residents, visitors to the home and staff; and the staff duty rotas did not clearly identify who was on duty and in which capacity they were working.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by Denise Foster and copies of the report were available for residents, their representatives, staff and trust representatives. The reports did not provide

a robust overview of the systems and processes within the home nor did they identify the issues that were evident during the inspection. An area for improvement was made.

We requested a record of all accidents/incidents which had occurred within the home since the previous care inspection. The manager advised us that all accident/incidents were logged onto a computerised system but they were unable to access this information to analysis or review all accidents occurring in the home. This was concerning as we were unable to review and trace accidents and incidents notified to RQIA nor were we assured that the manager was able to review overall trends or patterns of accidents emerging over time.

Review of records identified that not all registered nurses had a medicine competency assessment completed; and medicines competencies for senior care assistants had not been updated since April 2019. In addition we evidenced that a serious medication incident which was reported to the Consultant Pharmacist (Older People) WHSCT, on 18 June 2020 had not been reported to RQIA and there was no evidence available to confirm that staff medicine competencies had been reviewed following the incident. Following the inspection a notification was submitted retrospectively and the acting head of service provided assurances during the meeting at RQIA on 18 August 2020 that a review of all accident/incidents had been completed and there were no further notifiable events. An area for improvement was made.

We discussed the management of complaints with the manager who advised us that complaints were dealt with in accordance to the trust policy and procedure. However, review of the home's complaints records evidenced that there was no system in place to record complaints.

Two areas for improvement were made in relation to the monthly quality monitoring visit reports and notification of incidents and accidents to RQIA. The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on the 21 August 2020.

### **6.2.2 Infection prevention and control (IPC) measures**

On arrival at the home the staff member who greeted the inspector was not wearing a face mask and a care assistant was observed entering the kitchen without the correct personal protective equipment (PPE) during the inspection.

The inspector's temperature was not checked in line with the current COVID-19 guidelines for visiting care homes and during discussions with the manager it was confirmed that residents transferred from hospital to the home were not isolated in line with the current COVID-19 guidance. On further review of the COVID-19 information folder for staff, it contained the March 2020 care home guidance and not the current version of the guidance. This was discussed with the manager and during the inspection the folder was updated with the current guidance.

We observed that the integrity of a number of surfaces, within bedrooms, which were compromised and could not be effectively cleaned. This included bed frames, vanity units and chest of drawers. Grout between tiles in a number of bedrooms around the vanity units were also identified as stained.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had received training which has provided them with the necessary skills and knowledge to care for the residents. The manager provided a folder with a record of staff training which evidenced that staff had received training in IPC between September 2019 and



February 2020. However, on review of the staff names within the training folder in comparison to the staff duty rota, it was evident that not all staff working in the home were included on the training matrix and we were therefore unsure of the compliance with IPC training.

There was no evidence available to confirm that IPC audits had been undertaken.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on 21 August 2020.

### **6.2.3 Staffing arrangements**

The manager confirmed the daily planned staffing levels and that these levels were reviewed regularly to ensure the assessed needs of the residents were met. We also reviewed the staff duty rota but we were unable to determine the planned staffing levels as the rota was not clearly or accurately recorded in keeping with the care standards. For example, the hours worked by staff and staff designations/roles were not clearly recorded.

Discussion with staff confirmed that they were unsure of each other's role in relation to the administration and ordering of medication and the person in charge in the absence of the manager specific to professional registration and responsibilities under the delegation framework. Staff who had worked in the home for multiple years told us they liked working in the home and were well informed regarding management changes but again for some staff they expressed lack of clarity around roles and responsibilities. Comments from staff included:

- "Very happy here."
- "Great team work."
- "Need more clarity regarding medication administration."
- "Not sure whether we should be following the hospital model or the nursing home model."
- "This place has great potential."
- "Change in management but everyone works well together."
- "Need more trained (registered nurses) staff."

Discussion with staff established that senior care assistants were administering medications on occasions and completing drug orders despite the home having registered nurses on duty. Nursing staff said that they were concerned regarding this in relation to their professional registration and their responsibilities under the delegation framework. This was discussed with management and at the meeting with the Trust on 18 August 2020.

We also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

As discussed in section 6.2.2 above, the staff training matrix did not include the names of all staff working in the home therefore we were unable to establish compliance levels for mandatory training.

There was no evidence that fire safety training had been undertaken as part of new staff's induction to the home and the majority of staff had not received an update to their fire training in the last 6 months.

Review of records evidenced that not all care staff working in the home were registered with the Northern Ireland Social Care Council (NISCC) nor was there evidence to confirm that a

system was in place to check and monitor the registration status of nursing staff, working in the home, with the Nursing and Midwifery Council for the United Kingdom (NMC).

There was no recorded evidence to confirm that new staff had received an induction or orientation to the home; nor had any person given the role of the person in charge of the home in the absence of the manager been deemed competent and capable to do so. Also the names of staff who had not yet commenced working in the home were included on the staff duty rota which created difficulty in determining who had worked each shift.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on 21 August 2020.

#### **6.2.4 The home's environment**

We identified a number of avoidable and therefore potential risks to residents within the environment. For example, residents could have entered the treatment room as the door was observed to be unlocked on two occasions during the inspection. Within the treatment room, keys had been left in the locks of cupboard doors. The lid of the medication disposal bin and sharp boxes were open and two carrier bags of medication were left on a trolley. These serious concerns were brought to the attention of the manager for immediate action.

We also observed keys left unattended at the nurses' station and again brought this to the attention of a member of staff who removed the keys and placed them in a key cabinet within the main corridor. However, this key cabinet was also unlocked and contained keys for service areas within the home including a master key for residents' bedrooms.

We observed damage to a number of bedframes, chest of drawers and vanity units as mentioned in section 6.2.2 and staining to the ceiling within an identified resident's bedroom and a corridor.

We also identified boxes and armchairs for removal stored in the corner of a lounge where patients were seated, creating a potential fire hazard and a wooden panel on the wall of an identified lounge which was being used as a multidisciplinary team (MDT) meeting room, which had not been assessed for fire safety.

Discussion with the manager regarding the changes made to various rooms within the home revealed that the fire panel had not been updated to reflect any of these changes to rooms. It was also very concerning that the home's fire risk assessment had not been updated to reflect the temporary change to the home's categories of care in April 2020 or the permanent changes made to rooms within the home as discussed. The manager was asked to provide immediate assurances regarding the fire safety of the home and written confirmation of the action taken was received on 12 August 2020. Further written confirmation was received on 14 August 2020 that the Trust's fire officer had visited the home to complete a fire risk assessment.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on 21 August 2020.

#### **6.2.5 Care delivery and Care Records**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents spoken with indicated that they were well looked after by the staff in Rectory Field. A number of residents expressed their desire to return home but acknowledged that they were waiting on relevant equipment and/or a home care package. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat. Comments from residents included:

- “Well cared for here.”
- “I am doing well.”
- “Staff are very kind.”
- “Food is good and they cater for everyone.”
- “Want to go home.”

We also sought resident and relatives’ opinion on staffing via questionnaires. There were no responses received.

Whilst the majority of residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner we observed that one resident’s personal hygiene needs had not been met. Discussions confirmed this resident had specific needs but these had not been included in the resident’s care plan. Staff agreed to address this.

Review of three residents’ care records evidenced a number of deficits which had the potential to compromise the delivery of safe and effective care. For example:

- risk assessments, specific to falls, had not been updated following admission to the home
- a care plan for one resident regarding pain management did not include the location of pain and/or reason for pain
- care plans regarding personal hygiene did not include the level of assistance required
- care plans were not person centred nor reflective of the person’s care needs
- resident’s with specialised medical conditions did not have a care plan to direct the specialised care required
- care plans to manage modified diets, weight loss and wound care did not reflect the recommendations made by the healthcare professionals such as the dietician, speech and language therapist (SALT) or tissue viability nurse(TVN)

We evidenced that residents’ care records were not maintained securely and confidentially and there was no system in place to regularly review the standard of record keeping or the content of residents’ care records.

Specific examples were discussed in detail with manager who acknowledged the shortfalls in the documentation and following the inspection the manager agreed to complete an audit on all care records to ensure that care plans and risk assessments are reflective of the residents’ current needs and individual preferences.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on 21 August 2020.

## **Areas for improvement**

Two new areas for improvement were made in relation to the monthly quality monitoring visit reports and notification of incidents and accidents to RQIA.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

### 6.3 Conclusion

Based on the inspection findings and following a meeting in RQIA on 18 August 2020, six failure to comply notices under Regulation 3, Regulation 13 (1), Regulation 13 (4), Regulation 13 (7), Regulation 20 (1) (a) (b) (c) (i) (ii) (iii) (iv) (3) and Regulation 27 (4) (a) (e) (f) were issued, with the date of compliance to be achieved by 21 September 2020.

A Notice of proposal to impose conditions on the registration of the home and notices under Regulation 14 (2) (a) (c) and Regulation 30 were not issued due to the assurances provided by the Trust.

The responsible individual, provided written confirmation on the 19 August 2020 that the home have reverted to the substantive registration of residential care as per the Statement of Purpose and that there would be no new admissions to Rectory Field other than those who meet the Statement of Purpose and the criteria for residential care.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciaran Meenan, Manager and Denise Foster, acting Head of Care and Accommodation, Primary Care and Older People's Services, WHSCT, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 residential 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

### 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 Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure as far as reasonably practicable that all parts of the residential care home to which residents have access are free from hazards to their safety and unnecessary risks to the health, welfare or safety of residents are identified and so far as possible eliminated.  This is in relation to the chemicals stored in the unlocked stores and laundry.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b> All store rooms are locked at all times. Staff are aware of the importance of keeping the doors locked to protect the residents from risks to their health and safety.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that the monthly quality monitoring visit report is robust, that it provides sufficient information on the conduct of the home and that it includes an action plan with timescales to address any deficits identified.  Ref: 6.2.1
	<b>Response by registered person detailing the actions taken:</b> Quality monitoring visit completed monthly as per regulation 29 which includes an action plan with timescales.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.  Ref: 6.2.1
	<b>Response by registered person detailing the actions taken:</b> The registered person will ensure a regular audit of incidents and accidents takes place and RQIA notifications are sent when required.

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement</b> <b>1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure the building is kept decorated to a standard acceptable for the residents. This is in relation to the window blinds in residents bedrooms.  Ref: 6.1
	<b>Response by registered person detailing the actions taken:</b> All identified window blinds have been removed. Replacement blinds on order and to be fitted. Building and environmental audits continue and any required work is requested for action.

*\*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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care