

Unannounced Care Inspection Report 11 May 2017



Limetree House

Type of service: Residential care home
Address: 133/133A Comber Road, Dundonald, BT16 2BJ
Tel no: 028 9048 9380
Inspector: Kylie Connor

1.0 Summary

An unannounced inspection of Limetree House took place on 11 May 2017 from 9.15 to 14.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One recommendation was made in regard to induction.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to care plans.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Deborah Moore, registered manager and Graham Moore, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 23 November 2016.

2.0 Service details

Registered organisation/registered person: Mrs Gertrude Nixon	Registered manager: Mrs Deborah Moore
Person in charge of the home at the time of inspection: Mrs Deborah Moore, registered manager	Date manager registered: 26 January 2015
Categories of care: RC - DE - Dementia	Number of registered places: 35

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous care inspection report and notifications of accidents and incidents.

During the inspection the inspector met with 10 residents, the registered manager, the deputy manager, two care staff, one ancillary staff and two resident's representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for two new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two staff recruitment files
- Three residents' care records

- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks).
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twelve questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 November 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 23 November 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20.(1) (a) Stated: First time To be completed by: 23 December 2016	<p>The registered provider shall ensure the staffing levels in home are reviewed to ensure that there is adequate supervision and support of residents at all times. This includes both day and night duty shifts.</p> <p>Action taken as confirmed during the inspection: Compliance was confirmed following review of the roster, discussion with the registered manager, staff and review of returned questionnaires.</p>	Met

<p>Requirement 2</p> <p>Ref: Regulation 19.(1) (a) Schedule 3 3 (k)</p> <p>Stated: First time</p> <p>To be completed by: 25 November 2016</p>	<p>The registered provider shall ensure that contemporaneous notes of all care and services provided to residents, including a record of their condition and any treatment or other intervention should be maintained in sufficient detail so as to recognise any changes in the resident's condition.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following review of three residents' care records.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 23 February 2017</p>	<p>The registered provider should ensure that the registered manager liaises with the local trust's infection prevention and control nurse to identify areas of best practice which could be implemented throughout the home.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and staff.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 23 December 2016</p>	<p>The registered provider should ensure the audit tool being used to monitor accidents and incidents is developed further to facilitate an analysis of trends and patterns to enable staff to minimise risks to residents and improve practice.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following a review of the audit tool.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 23 January 2017</p>	<p>The registered provider should ensure that staff attendance is recorded on the minutes of staff meeting minutes.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following review of the minutes of staff meetings.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 23 Stated: First time To be completed by: 23 January 2017	The registered provider should ensure staff complete training relating to falls prevention and management.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of staff training records which evidenced training was delivered on 28 February 2017.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. However, the induction for care staff was not in keeping with the Northern Ireland Social Care Council (NISCC) Induction Standards NI (2007); a recommendation was made.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager and review of two staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for

staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, pressure alarm mats, covert medication administration etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. The registered manager confirmed that behaviour management plans were devised by specialist behaviour management teams from the trust and were regularly updated and reviewed as necessary.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment, including walking aids supported the registered manager's assurances.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 8 December 2016 and all recommendations were noted to have been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

One staff and one resident spoken with during the inspection made the following comments:

- "Yes, there is always plenty of staff on and always at least one in both lounges."(Staff)
- "The staff are all very good, helpful. If you need anything, they are there."(Resident)

Twelve completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a representative was as follows:

- A good, safe, secure environment.

Areas for improvement

One area for improvement was identified during the inspection in relation to reviewing the content of induction in line with NISCC Induction Standards NI (2007).

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. One care record inspected demonstrated that where a resident had been diagnosed with diabetes, a separate care plan had not been developed for the management of diabetes; a second care record had insufficient detail regarding how staff should respond to behaviours which challenge; a recommendation was made.

Records were stored safely and securely in line with data protection.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff, for example described how residents are involved in assisting staff with activities around the home such as the tea trolley, folding napkins and staff spoke of facilitating residents, who from time to time do not wish to sleep in their bed.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in communication/customer care. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff, residents and a resident's representative spoken with during the inspection made the following comments:

- "It's alright. I've improved, the staff are very pleasant." (Resident)
- "They (staff handovers) are very good, you know everything that's going on." (Staff)
- "We have a brilliant team in here." (Staff)
- "Staff are very quick at contacting us about falls or general health." (Residents Representative)

Twelve completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

One area for improvement was identified in relation to care plans; specifically in regard to the development of a care plan for the management of diabetes and improvement of the detail to guide staff when responding to behaviours which challenge.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents and their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, residents' independence and dignity, and were able to demonstrate how residents' confidentiality was protected. Staff, for example were knowledgeable regarding the importance of working at residents' own pace.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, resident's representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents' meetings, annual reviews and monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan, where necessary, was developed and implemented to address any issues identified.

Discussion with staff, residents, and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents talked about enjoying time outside, singing and art activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, residents and resident's representatives spoken with during the inspection made the following comments:

- "I like to join in (the activities). I'm as comfortable as possible." (Resident)
- "I go out to my church. If I get an invitation, I don't turn it down. I make my bed and tidy my room." (Resident)
- "In the morning we read the newspapers (to residents). In the afternoon we have (for example) a quiz, armchair aerobics arts and crafts, seasonal activities. They love the sing-a-longs." (Staff)
- "It's nice in here. There are plenty of activities for them to do." (Staff)
- "This is the best (home) for care and for staff." (Residents Representative)

Twelve completed questionnaires were returned to RQIA from residents, staff and residents representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments from a resident and a resident's representative were as follows:

- A caring, compassionate facility. (Residents Representative)
- I can talk to staff about anything or if I have any worries. (Resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. The registered manager confirmed that she was completing the annual quality review report for 2016.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff for example, had recently completed training in Oral Hygiene.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager had recently completed a Masters Diploma in Dementia Studies; the deputy manager is completing Qualifications and Credit Framework (QCF) Level 5 in Adults Residential Management. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered providers respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “I’d be happy to talk to them (registered manager and deputy manager) about anything.”
- “They (the registered manager and the deputy manager) are brilliant.”

Twelve completed questionnaires were returned to RQIA from service users, staff and residents representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from a resident and a resident’s representative:

- Well staffed and led. (Residents Representative)
- The home is nice and bright. The food is good. (Resident)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deborah Moore, registered manager and Graham Moore, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered provider should review the content of induction in line with NISCC Induction Standards NI (2007).</p> <p>Response by registered provider detailing the actions taken: Will be completed by 1st July 2017</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2017</p>	<p>The registered provider should ensure that a care plan is developed for the management of diabetes and that a care plan for responding to behaviours which challenge direct and guide staff in their responses.</p> <p>Response by registered provider detailing the actions taken: Diabetic careplan now in place. Challenging behaviour careplan will be updated by 20th June 2017.</p>

Please ensure this document is completed in full and returned via web portal



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