

Unannounced Care Inspection Report 31 May 2016



Laganvale

Type of Service: Nursing Home

Address: General Nursing Unit, 37 Laganvale Mews, Moira, BT67 0RE

Tel No: 028 9261 9899

Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Laganvale took place on 31 May 2016 from 09.50 to 17.20.

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

Is care safe?

Safe systems were in place for recruitment and for monitoring the registration status of nursing and care staff. Accidents and incidents were appropriately managed and RQIA was suitably informed of notifications. One recommendation has been made in this domain in relation to the review of staffing levels in accordance with patient dependency levels.

Is care effective?

There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to other health professionals. Communications between health professionals were recorded within the patients' care records. Patients and staff demonstrated confidence and awareness in raising any potential concerns to the relevant people. Two recommendations have been made in this domain in relation to the home's engagement with relatives/representatives and the completion of continence assessments within the patients' care records.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients and their representatives were very praiseworthy of staff and a number of their comments are included in the report. The mealtime experience was observed to be well organised and pleasurable for the patients.

Is the service well led?

Audits reviewed, evidenced actions taken to address any shortfalls. This had been verified by the registered manager. Monthly monitoring visits included an overview of governance arrangements within the home and formulated an action plan to address any shortfalls identified. A procedure was in place to manage complaints. There was one recommendation made in the well led domain in relation to the management of urgent communications, safety alerts and notices. In total three recommendations have been made in the other three domains as detailed above.

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 DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Shily Paul, registered 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 type e.g. care inspection

The most recent inspection of the home was an announced estates inspection undertaken on 22 September 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Four Seasons Healthcare Dr Claire Royston	Registered manager: Shily Paul
Person in charge of the home at the time of inspection: Shily Paul	Date manager registered: 7 November 2007
Categories of care: NH-I, NH-PH	Number of registered places: 37

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with six patients individually and others in small groups, three care staff and two registered nursing staff.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents / accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- fire log book
- duty rota from 23 - 29 May 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 September 2015

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

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 August 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p>	<p>The registered manager must ensure the following issues are addressed:</p> <ul style="list-style-type: none"> review bedroom vanity units with mahogany veneer which are worn and visible areas of wood exposed are repaired/replaced review toilet seats, toileting equipment and shower equipment to ensure they meet infection prevention and control guidance <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of eight bedrooms evidenced that vanity units had been repaired/replaced as appropriate. During a review of the environment, toilet seats, toileting equipment and shower equipment were observed to meet infection prevention and control guidance.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.1</p> <p>Stated: Second time</p>	<p>The registered person must ensure patient assessments and care plans are further developed, fluid target calculations are recorded consistently in all records and robust systems are in place to record patient's bowel function referencing the Bristol stool guidance to evidence that this element of care is being properly monitored and validated by registered nurses.</p> <p>Action taken as confirmed during the inspection: A review of patient care records evidenced appropriate patients had fluid targets and fluid intake monitored. All patients now have an individual monthly bowel chart recorded reflective of the Bristol Stool Chart.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 19.4</p> <p>Stated: Second time</p>	<p>The registered person must ensure:</p> <ul style="list-style-type: none"> • registered nurses are trained in female/male catheterisation and stoma care • care staff are provided with training in regards to continence/incontinence management <p>Action taken as confirmed during the inspection: A review of training records and information sent to RQIA following the inspection confirmed that two staff had been trained on male/female catheterisation and 20 staff had attended continence training.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 36 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that a policy on communication is developed which includes reference to current best practice guidelines.</p> <p>A system to implement the policy should confirm that all relevant staff have read the document with evidence of staff signature and date.</p> <p>Action taken as confirmed during the inspection: Four Seasons Health Care (FSHC) have developed and implemented a 'Palliative Care Manual' which reflects current best practice on communication and is readily available to all staff.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 32</p> <p>Stated: First time</p>	<p>The registered person should ensure that a protocol for timely access to any specialist equipment or drugs is developed.</p> <p>A system to implement the protocol should confirm that all relevant staff have read the document with evidence of staff signature and date.</p> <p>Action taken as confirmed during the inspection: During a tour of the premises and discussion with staff confirmed that a protocol for timely access to any specialist equipment or drugs was available at the nurses' station.</p>	<p>Met</p>

<p>Recommendation 5</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Action taken as confirmed during the inspection: Evidence was provided from the registered manager of regular Infection Prevention and Control audits having been conducted. A review of the premises evidenced compliance had been achieved with best practice in infection prevention and control.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 6 Criteria (14)</p> <p>Stated: First time</p>	<p>The registered person should ensure that patients are presented in a manner which protects their dignity.</p> <p>Action taken as confirmed during the inspection: During the inspection we consulted with six patients and reviewed others in small groups. All patients reviewed presented in a manner which protected their dignity.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 13 - 29 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with three staff on the day of inspection raised a concern that staffing levels had recently been reduced due to a reduction in the number of patients residing in the home. The three staff consulted were of the opinion that even though the patient number had reduced, the dependency levels of the remaining patients had not significantly changed to justify a reduction in staffing levels. A recommendation was made for a review of staffing levels in line with current patient dependencies. Observation of the delivery of care, on the day of the inspection, evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The registered manager would review training records monthly and identified training needs would be communicated to staff through an online 'care blox' system. Once a staff member signed in online to commence duty, the care blox message would appear to remind the staff to complete the named training.

The registered manager would allow a two week period for the completion of the named training. If the training had not been completed within the two week period, a formal letter would be sent to staff to remind them that the training had not been completed. This would be followed up with a recorded formal meeting with the registered manager. Compliance with mandatory training from 2015 to 2016 was at 80 percent.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice. Additional training on peg feeding; sensory impairment; palliative care and incontinence training was evident within the training records. There was evidence available that supervision and appraisal had been conducted with staff. Within the past six months 25 out of 28 staff have had a supervision conducted and within the past year 27 out of 28 staff have had an appraisal conducted. A supervision/appraisal planner was available to review for the incoming year. All staff had a scheduled date/dates planned for their supervision meetings and appraisals.

Competency and capability assessments for the nurse in charge of the home in the absence of the manager had been completed appropriately and signed by the nurse completing the assessment and the person conducting the assessment. The assessments were reviewed and verified by the registered manager.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). NMC and NISCC checks were monitored monthly and the monthly checks were evidenced within a file.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Discussion with the registered manager confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 19 August 2016 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The rooms and communal areas reviewed were clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction.

All patients reviewed within their bedrooms had a nurse call provision to summon help or assistance if required. However, in two patients' rooms, the lead of the call button was not long enough to allow easy access for the patient to summon help while they were sitting on chairs away from their bed. This was discussed with the registered manager who gave assurances that they would review all patients access to the call bells when they were sitting out of bed and where required would provide longer call bell extensions to allow easy access to the nurse call provision.

An enclosed garden was at the back of the home providing a safe environment for patients and their representatives to enjoy. The garden was well maintained. Flowers and plants were well maintained in the ground and in mobile planters. A decorative wooden windmill was in the centre of the garden. Patients were observed to utilise this space well.

Areas for improvement

It is recommended that the registered manager reviews the staffing arrangements within the home to ensure the needs of the patients are met.

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, it was observed that continence assessments were not fully completed in all three patient care records reviewed. A recommendation was made.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Records are stored securely in lockable cabinets at the nursing stations.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals, for example General Practitioner's (GP), SALT, dietician and TVN. Care records reviewed adhered to recommendations prescribed by other healthcare professionals.

Discussion with the registered manager confirmed that all staff had the opportunity to attend a quarterly staff meeting. There was evidence of meeting conducted in January 2016 and a meeting had been scheduled for 15 June 2016. A file containing the minutes of previous meetings was maintained in the office. Minutes of meetings included detail of date; attendees/apologies; actions planned and decisions made. The registered manager confirmed that copies of the minutes were distributed to members of staff unable to attend the meetings.

The registered manager confirmed that relatives meetings had now stopped due to poor/no attendance. The last recorded relatives meeting was in 2013. The registered manager confirmed that they operate an open door policy to allow relatives and patients to converse with them at any time. A 'Quality of Life' (QOL) feedback system was available at the entrance to the home. The registered manager confirmed that the home aimed to achieve service feedback from three or four relatives per month via the QOL system. Further details of the QOL can be found in section 4.5. A recommendation was made for a system to be developed to undertake a more formal engagement with patients' relatives/representatives.

Patients' meetings were conducted on a six monthly basis and the minutes of these meetings were maintained within a file in the office. There was evidence of a meeting having been conducted on 29 January 2016. The registered manager also confirmed that they would undertake a daily, recorded walk around the home and would avail of the opportunity to engage with patients and relatives at this time.

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 their line manager and /or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients were confident in raising any concerns they may have with the staff and/or management.

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on the seasonal flu, communicating effectively, bereavement, Parkinson's disease, dementia care and infection prevention and control issues.

Areas for improvement

It is recommended that continence assessments are fully completed for all patients within the home.

It is recommended that a system is developed to achieve a more formal/structured approach to engagement with patients' relatives/representatives.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

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 as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Three of the questionnaires were returned to RQIA. The respondents indicated that the care in the home was of a high standard. On inspection two registered nurses and three carers were consulted to ascertain their views of life in Laganvale.

Some staff comments are as follows:

'It's good here.'

'I like it.'

'This is one of the better homes.'

'I really like it here.'

'We can be very pushed and run off our feet at times.'

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives, and staff on the running of the home. A 'Quality of Life' feedback system was available at the reception area in Laganvale. This is an iPad which allows patients, relatives/representatives, visiting professionals and/or staff to provide feedback on their experience of Laganvale. A portable iPad is also available to record feedback from patients unable to give feedback at reception. This feedback is ongoing and is shared with the regional manager. Anyone completing the feedback has the option to remain anonymous or leave their name. Management have the option to contact people who leave their contact details to gain further clarification on the feedback received. All feedback reports are acknowledged by the registered manager. Any actions taken as a result of the feedback is submitted to Four Seasons Health Care head office. Views and comments recorded were subsequently analysed and an action plan was developed and shared with staff, patients and representatives through staff and relative meetings. Any urgent feedback would be communicated with staff through the 'care blox' system.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. Consultation with six patients individually, and with others in smaller groups, confirmed that living in Laganvale was safe, effective, compassionate and well led. Nine patient questionnaires were left in the home for completion. One patient questionnaire was returned within the timeframe.

Some patient comments are as follows:

'The staff are very good.'

'I find it fine here.'

'It's very very good here.'

'They are all very good here.'

No patient representatives were available for consultation on the day of inspection. Seven relative questionnaires were left in the home for completion. No relative questionnaires were returned to RQIA.

The patients' mealtime experience was reviewed during the inspection in the nursing unit. The mealtime was well supervised. Food was served from a bain-marie when patients were ready to eat or be assisted with their meals. Staff wore the appropriate aprons when serving or assisting with meals and patients, who required, wore dignified clothing protectors. There was a selection of condiments on the tables and a range of drinks were offered to the patients. The food appeared nutritious and appetising. A notice to the entrance of the dining area relating to 'Protected Mealtimes' was on display discouraging other healthcare professionals interrupting the mealtime and encouraging family members to be involved with the mealtime experience. The mealtime experience was observed to be well organised and a pleasurable experience for patients.

Areas for improvement

No areas for improvement were identified during the inspection under the compassionate domain.

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

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. The complaints procedure was displayed in the main foyer at the entrance to the home and included within the patients' 'Welcome Pack'.

Policies and procedures were maintained electronically. Staff had 24 hour access to online facilities within the home. A file containing policies, which had been printed, was also located at the nursing station.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

'To all the staff who looked after my wee mum so well. You did sterling service right to the very end.'

'Thank you so much for being beautiful people. I will never forget what a fantastic job of caring for mum you did.'

'Thank you for all the support and care you gave my dear mother in the past year.'

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, monthly audits were completed in accordance with best practice guidance in relation to wound analysis, care records, infection prevention and control, falls, medicines management, complaints, restraint, bed rails, hand hygiene, personal protective equipment, hoists/slings, health and safety and incidents/accidents.

Online 'TRaCA' audits are conducted on housekeeping, daily/weekly medications management, health and safety, resident care, weight loss and the homes governance arrangements. All TRaCA audits demand an 'actions taken' section to be completed for every audit even if the audit had achieved 100 percent compliance. The action taken could be confirmation that the information was shared with staff. All actions taken are documented online by the registered manager. The system would notify the registered manager of any audit that had not been actioned.

An infection prevention and control audit was reviewed on inspection. An action plan was developed to address shortfalls identified within the audit. The action plan was given to the appropriate person linked to the action with a timescale for completion. Evidence of a review of the outcome of the action was also included within the audit. Completion of audits would be checked during the providers' monthly monitoring visit to the home. Audit results would be discussed at staff meetings. More urgent findings would be communicated through the care box system.

Safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that all relevant staff had read the communication or had been notified about it. The registered manager confirmed that the communications would be maintained within a file at the nurses' station and it would be the expectation that these communications would be conveyed during the staff handovers. A recommendation has been made that a safe system and procedure is developed to ensure the appropriate management of safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives.

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

Areas for improvement

It is recommended that the system to manage safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Shily Paul, registered 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 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 Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to nursing.team@rqia.org.uk by the inspector.

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

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 41

Stated: First time

To be Completed by:
30 June 2016

The registered person should review staffing levels to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.

Ref: Section 4.3

Response by registered person detailing the actions taken:
The staffing levels have been reviewed using a Dependency Assessment tool. The current staffing level met the needs of the residents at present, this will be reviewed monthly or as needed.

Recommendation 2

Ref: Standard 4

Stated: First time

To be completed by:
14 July 2016

The registered person should ensure that continence assessments are completed on admission and reviewed as required.

Ref: Section 4.4

Response by registered person detailing the actions taken:
The Continence assessment tool is in place and this has been discussed with all staff regarding the completion of the assessment on admission and reviewed monthly or as needed.

This will be monitored by the Home Manager and Deputy managers through regular audits

Recommendation 3

Ref: Standard 7

Stated: First time

To be completed by:
31 July 2016

The registered person should provide a system of a more formal/structured approach to engagement with patients' relatives/representatives.

Ref: Section 4.4

Response by registered provider detailing the actions taken:
An in house bulletin is being developed to communicate the Quality of Life feed back from relatives and residents and other audits undertaken in the home.

This is currently being devised by Home Manager in partnership with Activity organiser.

<p>Recommendation 4</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 14 July 2016</p>	<p>The registered person should ensure a system is in place to manage safety alerts and notifications.</p> <p>Ref: Section 4.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All relevant safety alerts are now placed in the staff room, and staff will be informed when a new alert is received, using the message system on care blox and in the hand over report.</p> <p>Staff are advised to read and sign the forms.</p>



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