



# Unannounced Care Inspection Report 11 & 12 June 2018



## Lansdowne

Type of Service: Nursing Home (NH)

Address: 41-43 Somerton Road, Belfast, BT15 3LG

Tel No: 028 9037 0911

Inspector: Kieran McCormick

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

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 86 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Healthcare <b>Responsible Individual(s):</b> Dr Maureen Claire Royston	<b>Registered Manager:</b> See Below
<b>Person in charge at the time of inspection:</b> Telma Pinto – Acting manager	<b>Date manager registered:</b> Awaiting commencement of new manager
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of registered places:</b> 86 A maximum of 17 patients in category NH-DE to be accommodated in the Dementia Unit.

### 4.0 Inspection summary

An unannounced inspection took place on the 11 June 2018 from 09.40 to 16.55 hours and 12 June 2018 from 10.00 to 13.00 hours.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to monitoring the professional registration of staff, communication with the multiprofessional team, arrangements for the provision of activities, care records, staff training and development, induction, adult safeguarding and record keeping. There was also evidence of good practice identified in relation to the management of complaints and accidents/incidents.

Areas requiring improvement were identified and include the communal use of clothing, action planning post auditing, displaying of the meal time menu and record keeping in relation to wound management.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*3

\*The total number of areas for improvement include two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Telma Pinto, acting manager, Janice Brown, regional manager, Gary Cousins, resident experience care specialist nurse and Una Brady, supporting 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 30 May 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

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

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

During the inspection we met with seven patients, 15 staff and one patients' visitors/representatives. The visitor commented that there were no set visiting times and visitors were always made to feel welcome to the home. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A lay assessor was present during the inspection and their comments are included within this report.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 28 May to 10 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- adult safeguarding records
- two staff recruitment and induction files
- three patient care records
- three patient supplementary care records
- a selection of governance audits
- sample of training records
- complaints record
- compliments received
- RQIA registration certificate
- certificate of employers liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 30 May 2018**

The most recent inspection of the home was an unannounced medicines management inspection.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 9 & 10 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time	The registered person shall ensure that doors leading to rooms which pose a hazard to patients must remain locked at all times when not in official use and that COSHH regulations are adhered too at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector did not observe any areas left unlocked where there would be an identified COSHH risk.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) (a) (b)  <b>Stated:</b> First time	The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> In the case of one patient care file reviewed, a change in the prescribed regime did not result in the previous regime being discontinued and therefore leaving a potential for confusion.  <b>This area for improvement has not been met and will be stated for a second time.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time	The registered person shall ensure that at all times RQIA are notified in a timely manner of notifiable events which have occurred in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> Second time	The registered person should review the provision of activities in the dementia unit to ensure meaningful activities are offered to patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the Patient Activity Leader staff member and a review of records evidenced that a structured programme of activities was in place. A review of photographs and discussion with other staff members provided assurances that meaningful activities were provided.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41 Criteria (9)  <b>Stated:</b> First time	The registered person shall ensure that roles within the home are clearly defined and that staff have an understanding of each other's role within the team.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Staff who met with the inspector clearly understood the roles and responsibilities of each staff member in the home.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	The registered person shall ensure that the nurse call systems in communal areas are accessible to all patients. Specific attention should be paid to the areas identified during the inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Patients in communal areas were observed to have a nurse call within reach, staff were also observed to be available in communal sitting areas throughout the inspection.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 45  <b>Stated:</b> First time	The registered person shall ensure that equipment used within the home is used safely and in accordance with the manufacturer's guidelines. This is in reference to the correct pressure settings on patient's air mattresses.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of a sample of patients' pressure relieving mattresses demonstrated that these were in use in accordance with individual need.	

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that professional recommendations made by other healthcare professionals are documented correctly and adhered too or the reason why this has not occurred recorded within the care records.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Care files reviewed demonstrated clearly the input of other members of the multiprofessional team and that there was adherence to any recommendations made.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that action plans are developed to address shortfalls identified within auditing records and that these action plans are reviewed to ensure completion.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Whilst a clear auditing schedule and plan was in place for the home, a sample of completed audits did not have an action plan consistently completed to address areas of concerns identified.</p>		
<p><b>This area for improvement has not been met and will be stated for a second time.</b></p>		

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home. Evidence reviewed on the day of inspection confirmed that these levels were subject to regular review to ensure that the assessed needs of patients were met. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Staff rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.



Discussion with the manager, staff and review of governance records evidenced that there were systems in place to monitor staff performance and to ensure that staff received support and guidance. Staff were coached and mentored through a process of both supervision and appraisal.

Discussion with the manager indicated that training was planned to ensure that mandatory training requirements were met. Staff spoken with 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. Staff who met with the inspector were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Discussion with the manager and review of records confirmed that on at least a monthly basis, accidents and incidents occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits.

Discussion with the manager evidenced that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice.

Review of notification records evidenced that notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005. A discussion regarding notifiable events was had with the manager emphasising the importance of ensuring that only those events notifiable were reported as per the guidance issued by RQIA.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. One lounge area was noted to have no curtains fitted, this was discussed with the manager who agreed to address the issue. Patients' bedrooms were personalised with photographs, pictures and personal items. Fire exits and corridors were observed to be clear of clutter and obstruction.

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

Review of two staff recruitment files evidenced that these had been maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the completion of pre-employment checks, staff induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.5 Is care effective?

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

Review of three patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records evidenced that registered nurses assessed, planned and evaluated care in accordance with NMC guidelines.

A review of a sample of supplementary care charts, such as food/fluid intake records, evidenced that these had been maintained in accordance with best practice guidance, care standards and legislative requirements.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dietitians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician. A review of one wound care record evidenced that the updated advice provided by the TVN had been added to the existing care plan however the previous advice provided had not been discontinued, this risked confusing the reader. An area for improvement under the regulations was made during the previous care inspection with regard to wound care; this is now stated for a second time.

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

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

## Areas of good practice

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

## Areas for improvement

The following area for improvement was identified in relation to the management of wound care records.

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

### 6.6 Is care compassionate?

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

At the commencement of the inspection we were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. The inspector noted that confidential patient information was accessible in each patient bedroom for persons walking past to read. This was discussed with management of the home who took immediate action and addressed the matter prior to the completion of the inspection.

All, but one patient, who spoke with the inspector, were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. The concerns identified by one patient were explored by the inspector, discussed with the management of the home and reassurances were provided to the patient. Management of the home agreed to also follow up on matters discussed post inspection. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Observations in the linen store evidenced that 'net pants' were being laundered and used communally in the home. An area for improvement under the standards, was made.

In addition to speaking with patients, their relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete; none were returned within the timescale. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

Consultation with seven patients individually, and with others in smaller groups, confirmed that they were happy and content living in Lansdowne Care Home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The inspector observed a number of activities being provided on the day of inspection and noted the improvements made and further improvements planned for the further development of this service. A visitor who met with us suggested that they would like to see greater encouragement of patients to participate in activities.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments. Staff demonstrated their knowledge of patients’ likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The inspector noted that the daily menu was not displayed in an appropriate format in all dining rooms. An area for improvement under the standards, was made.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example appropriate signage, photographs, the provision of clocks and prompts for the date.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, availability of patient activities and staff knowledge of patients’ wishes, preferences and assessed needs.

**Areas for improvement**

The following areas were identified for improvement in relation to the displaying of the meal time menu and the communal use of net pants.

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

**6.7 Is the service well led?**

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered. The manager was knowledgeable in regards to the registered categories of care for the home. A valid certificate of employer’s liability insurance was also displayed.

Since the last inspection there has been a change in management arrangements. RQIA have been informed that a new permanent manager has recently been appointed following interview and will commence post after a period of notice from their existing post and pending the satisfactory completion of pre-employment checks.

Staff were able to identify the person in charge of the home in the absence of the registered manager/manager. The inspector reviewed the arrangements for the nurse in charge of the home in the absence of the manager; records reviewed provided assurances that a nurse in charge competency and capability assessment for those registered nurses had been completed.

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

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, falls, infection prevent and control (IPC) practices, use of restraint and wound care. However, a review of audits evidenced that in the case of IPC audits an action plan had not been devised to address areas of concern that had been identified, a previous area for improvement made under the standards has therefore not been met and will be stated for a second time.

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

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

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Telma Pinto, acting manager, Janice Brown, regional manager, Gary Cousins, resident experience care specialist nurse and Una Brady, supporting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p><b>Ref: Section 6.5</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> A review of documentation for those residents with wounds has now been completed to ensure care plans include details of type of dressings being used and dressing frequency as recommended by the Tissue Viability Nurse. The type of mattress in use and the setting required is also recorded. Resident at Risk - Tissue Viability Audit is now in use which ensures a more robust audit is completed for residents with tissue viability conditions. Supervision sessions are being completed with all trained staff with regards to wound management and recording of same.</p>

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that action plans are developed to address shortfalls identified within auditing records and that these action plans are reviewed to ensure completion.</p> <p><b>Ref: Section 6.7</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> Action plans are now being developed for any areas identified after completion of audits. Action plans are updated after identified areas have been addressed by the responsible person involved.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that net pants are provided for each patient's individual use and not used communally.</p> <p><b>Ref: Section 6.6</b></p>
	<p><b>Response by registered person detailing the actions taken:</b> A review has been carried out and all net pants are now individually named. Individual mesh laundry bags have been provided for each resident for their own net pants to be placed in before sending to the laundry, this will ensure individual use of net pants is maintained.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 July 2018</p>	<p>The registered person shall ensure that the daily menu is displayed in an appropriate format in each dining room in the home.</p> <p><b>Ref: Section 6.6</b></p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>An updated menu is now available which will be displayed in each dining room. Our Dementia Unit will continue to utilise pictorial menus while the daily menu in other units will be displayed in written form. Daily Menu Choice Form will still be used to record each residents meal choice. Supervision sessions are being carried out with all staff regarding the importance of displaying the appropriate menu for residents and relatives to view.</p>

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





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