

Unannounced Care Inspection Report 10 May 2017



Mount Lens

Type of Service: Nursing Home
Address: 166 Kings Road, Belfast, BT5 7EL
Tel no: 02890485483
Inspector: Karen Scarlett

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mount Lens took place on 10 May 2017 from 09.30 to 16.40 hours.

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?

A review of the duty rota, discussion with the registered manager and observation confirmed that the planned staffing levels were adhered to, were reflective of the dependencies of patients and that the needs of patients were being met. A number of staff reported feeling under pressure and would have liked more time to spend with patients. New staff nurses had been recruited and less agency staff were being used. Systems were in place to ensure that risks such as, infection control and fire were managed appropriately. The home was clean, warm and comfortable. No areas for improvement were identified.

Is care effective?

Risk assessments were completed and regularly reviewed and were used to inform the care planning process. Deficits were identified in relation to care plans not always reflecting the needs of patients and the completion of bed rails consent forms and two recommendations were made. A notable improvement was evidenced in relation to the completion of supplementary charts such as, food, fluids, bowel and repositioning charts. A recommendation in relation to the use of evidence based terms for pressure ulcer grading has been stated for a second time.

Is care compassionate?

Observations evidenced that staff were caring and compassionate and responded to patients in a timely manner. The lunch time service was observed and though this was a largely positive experience, two recommendations have been made in order to drive improvement. Feedback from staff, patients and relatives was mainly positive in discussion and in the returned questionnaires and their comments are included in the main body of the report. One relative did express their concern around the management of complaints and there were comments regarding staffing levels. These concerns were discussed with the registered manager following the inspection.

Is the service well led?

There was a clear management structure and staff knew their role and function in the home. There were systems in place to manage complaints and incidents, and audits were carried out on a regular basis in order to drive improvements. No areas for improvement were identified in this domain.

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	5*

*The recommendations above include one which has been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joly Shibu, 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 care inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 11 October 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. 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 Mrs Maureen Royston	Registered manager: Mrs Joly Shibu
Person in charge of the home at the time of inspection: Mrs Joly Shibu	Date manager registered: 29 June 2016
Categories of care: NH-DE, NH-I Category NH-I for 4 identified persons only with no further admissions to take place in this category.	Number of registered places: 31

3.0 Methods/processes

Prior to inspection we analysed the following records:

- 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 returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with the majority of patients in groups, two care staff, two registered nursing staff and one resident's visitors/representative.

Questionnaires were left for the registered manager to distribute to staff not on duty (10), patients (8) and their representatives (10). A poster was also displayed at the front entrance inviting service users to speak to the inspector.

The following information was examined during the inspection:

- three patient care records and a selection of supplementary charts
- staff training records
- staff duty rota from 1 to 14 May 2017
- records relating to NMC and NISCC checks for staff
- accidents and incidents from February 2017 to the day of inspection
- complaints records
- monthly quality monitoring reports
- minutes of staff meetings
- minutes of relatives meetings
- one recent recruitment file
- a selection of monthly audits.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 October 2016

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

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

4.2 Review of requirements and recommendations from the last care inspection dated 11 October 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 41, criteria 1 and 2 Stated: First time	The registered provider should review staffing in the home to ensure that the assessed needs of patients are met.	Met
	Action taken as confirmed during the inspection: It was evident that staff were very busy attending to the needs of patients. Patients were all well presented, call bells were answered promptly and timely assistance was available. The registered manager was able to evidence regular review of the dependency levels of patients and the home was staffed accordingly. For further discussion on staffing please refer to Section 4.3. This recommendation has been met.	
Recommendation 2 Ref: Standard 46 Stated: First time	The registered provider should ensure that at all times staff use personal protective equipment appropriately to minimise the risks of infection.	Met
	Action taken as confirmed during the inspection: Staff were observed to be using personal protective equipment appropriately. This recommendation has been met.	
Recommendation 3 Ref: Standard 44 Stated: First time	The registered provider should ensure that the environment is further developed to meet the needs of the patients in relation to dementia care.	Met
	Action taken as confirmed during the inspection: There was evidence that some progress had been made toward developing the environment. Doors were colour coded to differentiate between bedrooms and bathrooms, for example, and clear signage was evident. Some new wall art had been purchased for the home and photographs of recent activities were on display near the communal areas. Patients' rooms were personalised. The registered manager indicated that work on this was ongoing with input from Four Season's dementia specialists. This recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered provider should ensure that patients' skin is checked at least twice daily and comments regarding skin condition are made using grading terms reflected in best practice guidelines.</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>From a review of the positional charts it was clear that staff were evidencing that skin checks were done. However, staff were indicating this check with a tick, the meaning of which could be ambiguous, rather than using the recognised grading terms. This recommendation has been partially met and has been stated for a second time.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 4, criterion 9</p> <p>Stated: First time</p>	<p>The registered provider should ensure that bowel charts are kept accurately.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of three patients' bowel charts evidenced that these had been well recorded and referenced the Bristol Stool Chart. This recommendation has been met.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered provider should ensure that all entries in care records are dated, timed and signed in accordance with best practice guidelines.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>From the records reviewed care records were completed in accordance with best practice. This recommendation has been 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. There was evidence that the dependencies of patients were kept under regular review and staff allocated appropriately. It was noted that one patient currently had extra support arrangements in place with the support of the local Trust.

A review of the staffing rota from 1 to 14 May 2017 evidenced that the planned staffing levels were adhered to. Staff consulted confirmed that staffing levels met the assessed needs of the patients but that they felt under pressure in delivering the care and would have appreciated more time to spend with the patients. One member of staff stated that they did not have a break until late in the afternoon and this was raised with the registered manager who agreed to address this with staff. One relative also commented that the lounge was not supervised closely enough. However, regular supervision was evident in the lounge during the inspection.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. The registered manager confirmed that two registered nurses had recently started and they had reduced their agency use which staff confirmed was a positive development.

Staff recruitment information was available for inspection and records were 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 and records were maintained.

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.

Review of the training matrix/schedule for 2017 indicated that training was planned to ensure that mandatory training requirements were met. Current compliance with training was at 92% and there was evidence that the registered manager had identified staff that still had to attend. 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. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. A programme was currently ongoing in relation to the 'dementia experience' which was an experiential learning course to enable staff to experience what it was like for patients with dementia. They were encouraged to reflect on their experiences and had evidently received benefits from taking part. A registered nurse also commented that she had been able to avail of PEG training and was being supported by management to develop her skills in this regard.

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).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified for the Four Seasons Organisation.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

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.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Damage was noted to one door on the first floor. This had already been identified by the manager and repairs were to be carried out and perspex covers had been ordered to protect the door. The furniture in the home was largely in good condition but one identified chair was noted to be torn and the manager agreed to address this promptly. A mattress was noted to be stored in one bathroom but upon enquiry this was awaiting removal by the maintenance personnel later in the day.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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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.

There was evidence that care records were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Care plans were reviewed on a monthly basis by the registered nurses. On review, two of the three patients care plans did not accurately reflect the assessed needs of patients. One patient was noted to be nursed in bed and staff confirmed that they were awaiting a seating assessment. The patient's care plan did not reflect their current needs. Although it was established that an appropriate referral had been made to the Occupational Therapist, this was only recorded in the daily diary and not in the patient's care record. In another record the care plan in relation to the management of the patient's swallow was not reflective of their current needs. A recommendation has been made in this regard.

Supplementary care charts including positioning, food and fluids, bowel charts, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. A recommendation made previously in relation to bowel charts had been met and progress was noted in relation to the positioning charts and the recording of skin checks. There was evidence that skin was consistently checked and patients were repositioned in accordance with their care plans. Staff were noted to be ticking skin checks but the meaning of this could be ambiguous. This was discussed with the registered manager and the evidence based grading terms should be used instead. A recommendation in this regard was stated for a second time.

Consent/discussion forms were completed by staff to evidence decision making around the use of bed rails. However, where signatures were present the option to use or not use bed rails had not been completed. A recommendation has been made that this decision is clearly documented.

Review of three patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN for example. Discussion with staff and a review of care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment were clearly and effectively communicated to staff and reflected in the patient's record.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained.

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.

Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held and minutes were available.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/ management. However, one relative consulted had complained but did not always feel confident that they were given full information. Their concerns were shared with the registered manager who gave assurances that all complaints are taken seriously and action taken to address these. A review of the complaints records did evidence that their complaint and those of others had been recorded and responded too.

Areas for improvement

Care plans should be kept under review to ensure that they are reflective of the current, assessed needs of the patients.

The decision regarding whether or not to use bed rails should be clearly documented in the patients' care records.

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 addressed patients in a kind, patient manner and there was evidence that they knew their patients well and good relationships were very evident.

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.

The majority of patients could not verbalise their feelings in respect of their care but were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. One patient was concerned that their breakfast was a bit late and upon asking staff a satisfactory explanation was given. The patient was of the opinion that staff were good and worked very hard but that there were not enough of them.

The lunch time meal service was observed on the first floor. Patients were transferred to the dining room or served in their rooms or lounge as was their preference. Tables were set attractively and a choice of drinks was available. All staff were there to assist with the meals and the service was overseen by the registered nurse. Patients were observed to be enjoying their meals and staff were offering encouragement and choice. It was noted that the picture menu on display was not reflective of that day's meal choice. A recommendation has been made.

A trolley was brought to the dining room by a member of catering staff well in advance of the hot meal service and it was noted that a tub of ice-cream was on the trolley. The ice-cream was not appropriately stored in the interim and was melting. The registered manager was alerted and this was replaced in the freezer until it was ready to be served. Hot meal choices were served from a hot trolley but once served food trays being taken to patients' rooms were leaving the dining room uncovered which could have resulted in the meal being served cold. A recommendation has been made that food is served at the appropriate and optimal temperature.

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. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

As stated previously one relative was not fully confident that concerns would be addressed fully by the registered manager and staff; and reported feeling like they had to oversee care to ensure that things were done to the standard they would expect. The relative also raised concerns about staffing particularly in relation to one patient who required intensive support. On discussion with the registered manager it was ascertained that this support had been provided and arrangements were being kept under close review.

Questionnaires were distributed to patients, patient's representatives and staff. Four patients and seven patients' representatives returned questionnaires and were either very satisfied or satisfied with the care provided. One relative and one patient commented that they could do with more staff at times. Six staff returned questionnaires and the majority were either very satisfied or satisfied within the four domains. One respondent was unsatisfied and was of the opinion that communication between the manager and staff could be improved and another respondent felt that they were rushed and would like to spend 'quality time' with patients.

These concerns were shared with the manager following the inspection for her attention and action as required.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas for improvement

The pictorial menu board should be reflective of the food choices for that day.

Measures should be taken to ensure that food is served at its optimal temperature.

Number of requirements	0	Number of recommendations	2
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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 and were able to identify the person in charge of the home.

Discussion with staff, patients and their representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

The registration certificate and certificate of public liability insurance were current and displayed. Discussion with the registered manager and observation evidenced that the home was operating within its registered categories of care.

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis.

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. One patient's representatives felt that they were able to raise concerns but were not always confident that staff/management would manage any concern raised by them appropriately. A review of the records found that the complaints had been recorded and responded to. The manager assured RQIA that they strove to maintain positive relationships with patients and their relatives.

A review of notifications of incidents to RQIA during the previous inspection year/or 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, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that Regulation 29 monthly, quality monitoring visits were completed in accordance with the regulations and care standards. An action plan was generated to address any areas for improvement and there was evidence that actions were signed off once they were addressed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff did report feeling very under pressure and one staff member complained about having to wait for their break and the manager agreed to address this with staff.

Areas for improvement

No areas for improvement were identified during the inspection.

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 Joly Shibu, 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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/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 to 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</p> <p>Stated: Second time</p> <p>To be completed by: 10 June 2017</p>	<p>The registered provider should ensure that patients' skin is checked at least twice daily and comments regarding skin condition are made using grading terms reflected in best practice guidelines.</p> <p>Ref: Section 4.2</p>
	<p>Response by registered provider detailing the actions taken: Patients skin checks are completed a minimum of twice daily and comments regarding the skin condition are made in line with the best practice guidelines. Compliance will be monitored through the audit process and any issues identified will be addressed with staff.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: DD Month Year</p>	<p>The registered provider should ensure that care plans are kept under review to ensure that they are reflective of the current, assessed needs of the patients.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: Care plans are reviewed on a monthly basis and more often if required to reflect the current and assessed needs of the residents. This will be monitored through the auditing process and any actions required shared with Registered Nurses and a time frame given to action non compliance.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2017</p>	<p>The registered provider should that the decision as to whether or not to use bed rails is clearly documented in the patients' care records.</p> <p>Ref: Section 4.4</p>
	<p>Response by registered provider detailing the actions taken: The FSHC Bedrail Risk Balance tool is completed for all residents and if this indicates bed rails are required then consent will be obtained and the bedrail risk assessment completed and a care plan put in place.</p>
<p>Recommendation 4</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2017</p>	<p>The registered provider should ensure that the pictorial menu board is reflective of the food choices for that day in order to enable patients to make decisions.</p> <p>Ref: Section 4.5</p>
	<p>Response by registered provider detailing the actions taken: The menu boards are updated with the food choices on a daily basis.</p>
<p>Recommendation 5</p> <p>Ref: Standard 12</p>	<p>The registered provider should take measures to ensure that food is served at it optimal temperature.</p> <p>Ref: Section 4.5</p>

<p>Stated: First time</p> <p>To be completed by: Immediately from date of inspection</p>	<p>Response by registered provider detailing the actions taken: All meals are served at optimal temperature and those residents who prefer to eat in their room will have meals served whilst serving and cold puddings, ice creams and frozen items are only dispatched from the kitchen when it is ready to be served.</p>
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The Regulation and
Quality Improvement
Authority

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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

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