

# Inspection Report

13 September 2023



## Movilla House

Type of service: Nursing

Address: 51 Movilla Road, Newtownards, BT23 8RG

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Movilla House Ltd	<b>Registered Manager:</b> Mrs Michaela Campbell
<b>Responsible Individual:</b> Mr Derek Alfred Bell	<b>Date registered:</b> 13 April 2023
<b>Person in charge at the time of inspection:</b> Mrs Michaela Campbell	<b>Number of registered places:</b> 50
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 50 patients. Patients bedrooms and lounges are situated over two floors and there is a large dining room on the ground floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 September 2023 from 9.30 am to 5.50 pm. The inspection was carried out by care inspectors.

Following the last care inspection, on 31 January 2023, RQIA received concerns from staff, via the staff survey, regarding staffing arrangements in the home. These concerns were brought to the attention of the home's management team and RQIA were satisfied with the actions taken by the management team to address the concerns.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to be attentive to the needs of the patients and to treat them with respect and consideration.

Areas for improvement identified at the last medicines management inspection, on 6 April 2023, were not reviewed as part of this inspection. Areas requiring improvement identified are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in Movilla House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

#### 4.0 What people told us about the service

Patients spoke in positive terms about their experiences of life in the home. The majority of patients were satisfied with staffing levels, although, two patients said there was an occasional wait for assistance. Patients said they felt well looked after and that the staff were helpful and friendly. Patients who were less well able to express their views and opinions were seen to look content and settled. Comments made by patients included that “it’s a jolly place, no issues, the staff are helpful and friendly”, “they are really good, I like it here”, “there can be a wait for staff to come” and “the staff are really helpful, they always ask if I need anything else”.

Relatives consulted with said that they were satisfied with the care provided and found communication to be good and staff to be helpful.

The majority of staff said that they were satisfied with staffing levels but one staff member said that staffing levels were “not good” and another said levels were “up and down”. Comments made by staff included that we are all “one big team”, “we are keen to ensure high standards are maintained” and “everybody works well together”.

Not all staff felt that the management team were approachable and said that, as a result, they did not feel well supported. However, other staff found the management team to be very approachable and said that they felt well supported. Staff opinions regarding morale ranged from “not good” to “really good” although it was positive to note that all the staff consulted with said they enjoyed their job. One staff member said that the home was “a brilliant place to work” and another said that “I love my job”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Comments made by patients, staff and relatives were brought to the attention of the management team for information and appropriate action.

Following the inspection RQIA received one completed questionnaire from a patient who indicated that they were very satisfied with all aspects of care; they commented that “I am very happy as everyone is loving and kind”.

We received two responses from relatives. One relative indicated that they were not satisfied with the care but did not provide any additional information. The other relative indicated that they were satisfied with the care.

We received five responses to the staff survey. All five respondents commented positively about the care provided in the home; three respondents raised issues which were brought directly to the attention of the home’s management team. See section 5.2.6 for more information.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 April 2023		
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 20 (3)  <b>Stated:</b> First time	The registered persons shall ensure that any nurse taking charge of the home in the absence of the Manager has completed a Nurse in Charge competency and capability assessment	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Relevant assessments had been completed with all nurses who take charge in the home.  This area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that safe systems are in place for the management of medication changes.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time	The registered persons shall ensure that communal bathrooms are maintained clutter free and clinical waste bags are managed in accordance with regional IPC guidance.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Communal bathrooms were cluttered. No issues with clinical waste management were observed.  There was evidence that this area for improvement was partially met and it has been stated for the second time.	

<b>Area for Improvement 2</b> <b>Ref:</b> Standard 29 <b>Stated:</b> First time	The registered person shall ensure that personal medication records are accurate, up to date, and cancelled and archived in a timely manner.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	The registered person shall ensure that care plans for the management of diabetes contain sufficient detail to direct the required care.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall implement a robust audit tool which covers all aspects of medicines management	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

Staff compliance with several areas of mandatory training was not satisfactory. An area for improvement was identified.

There was evidence that staff appraisals and supervisions were completed. However, there was no up to date schedule in place to record completed and/or due dates of supervisions. This was brought to the attention of the manager for information and appropriate action.

There was a system in place to monitor that staff were appropriately registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

There was a system in place to ensure that registered nurses, who take charge in the home in the absence of the manager, had completed relevant competency and capability assessments.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was observed that correction fluid had been used on the duty rotas reviewed where alterations were made. However, the original entry must remain visible and the alteration should be signed and dated. An area for improvement was identified.

It was noted that there were sufficient numbers of staff on duty to respond to the needs of the patients in a timely way. Staff were seen to be responsive to requests for assistance and to treat patients with compassion, respect and kindness.

Staff said they felt teamwork was good and that concerns were listened to.

The majority of patients were very satisfied that there were sufficient numbers of staff on duty to assist them with their needs; two patients said there was an occasional wait for assistance.

### **5.2.2 Care Delivery and Record Keeping**

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. It was noted that the level of detail included in the handover sheets varied between the two floors; this was brought to the attention of the manager for information in order that the handover sheet could be further developed to ensure the level of detail included was consistent. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. There was evidence of consultation with patients and their relatives, if this was appropriate, in planning care. Patients' care records were held confidentially.

It was observed that staff respected patients' privacy and dignity; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients in a discrete and polite manner.

Patients who are less able to mobilise require special attention to their skin care. However, care records lacked detail regarding the type and setting of the mattress in use and there were gaps in repositioning records. An area for improvement was identified.

Care plans for wound care lacked sufficient detail and there were gaps in wound care evaluations. An area for improvement was identified.

It was established that systems were in place to manage and monitor restrictive practices in use for patients, for example, bedrails and alarm mats.

Where a patient was at risk of falling measures to reduce this risk were in place. Relevant risk assessments and care plans had been developed. Appropriate action was taken in the event of a fall.



Review of care records evidenced that identified records had not recently been reviewed to ensure that they continued to meet the needs of the patients. The manager was aware of this issue and had brought it to the attention of the registered nurses for action.

It was noted that the care plan for behaviours that challenge for an identified patient required further development and detail. This was brought to the attention of the manager for information and appropriate action.

Informative daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients were comfortably seated in their preferred location for the meal and an up to date menu was on display. There was a lovely, sociable atmosphere in the dining room and staff were seen to engage in a very positive way with the patients.

The serving of lunch was seen to be very well organised. The food looked and smelled appetising and there was a good choice available. Staff demonstrated their knowledge of patients likes, dislikes and preferred portion sizes. Patients were offered a variety of drinks with their meal.

It was positive to note that trays taken to patients in their rooms were attractively set; meals served on trays were covered to keep them warm and all the patients were provided with their own individual condiments.

Staff were seen to assist patients with the level of support they required throughout the meal time; this ranged from simple encouragement through to full assistance.

Patients said they very much enjoyed the food in the home and were happy with the choices available. Comments included that “the food is great”, “I clear the plate”, “the food is just lovely” and “the chefs will make you anything”.

Records were kept of what patients had to eat and drink daily. Staff told us how they were made aware of patients’ nutritional needs to ensure they were provided with the right consistency of diet.

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was observed to be clean, tidy, warm and fresh smelling. However, carpets throughout the home were seen to show signs of wear and tear. This was discussed with the manager who confirmed that quotes for replacement flooring had been approved and they were waiting on a date for the work to commence. Following the inspection, it was confirmed with RQIA that the new flooring had been installed.

Patients’ bedrooms were attractively personalised with items that were important to them, such as, family photos, ornaments, pictures and flowers.



The main communal areas were comfortable, tidy and welcoming spaces for patients. Fire exits and corridors were observed to be clear of clutter and obstruction.

Communal bathrooms were found to be cluttered with equipment which would need to be moved to ensure patients and staff had easy access to the toilets, sinks and baths/showers. It was positive to note that clinical waste was being managed appropriately. This area for improvement was partially met and has been stated for the second time.

It was observed that two tubs of prescribed thickening agents were not stored securely. An area for improvement was identified.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Patients said that they were satisfied that the home was kept clean and tidy.

#### **5.2.4 Quality of Life for Patients**

The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Discussion with patients confirmed that they were able to choose how they spent their day. Staff were seen to offer patients choices throughout the day regarding, for example, when to get up out of bed, what they would like to eat and drink and whereabouts they preferred to spend their time.

Patients were provided with their own individual copy of the monthly activity schedule. Activities planned for the month of September 2023 included floor games, karaoke, baking, crafts, painting, quizzes and 'sit to be fit'. Singers were regularly booked to come in to entertain the patients. Hairdressing was available in the home every Wednesday.

Patients' spiritual needs were catered for with opportunities for hymn singing and church services in the home.

Regular patient meetings were held to provide an opportunity for them to comment on aspects of the running of the home, such as, personal care, meals and activities. Records of these meetings were maintained.

Patients said that they were confident that any concerns they might have would be listened to and sorted out.

Patients spoke in positive terms about their experience of life in the home and their relationships with staff. Comments included that "you get well looked after in here", "the girls are good fun", "I would like to thank the staff for what they have done for me" and "they are all wonderful, they pay us attention and are there for us".

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Michaela Campbell been the Registered Manager in this home since 13 April 2023.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. Care record audits were not being completed on a regular basis. This was discussed with the manager and progress in this area will be reviewed at the next care inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

A review of the records of accidents and incidents which had occurred in the home found that while these were managed correctly a small number had not been reported appropriately to RQIA. An area for improvement was identified.

There was a system in place to manage complaints. The manager told us that the outcome of complaints was shared with the staff team as an opportunity to for them to learn and improve.

Staff were aware of who the person in charge of the home was and how to raise any concerns or worries about patients, care practices or the environment. The management team said that they operate an open door policy for staff and actively encourage them to bring any issues or concerns they might have to their attention as soon as possible. A suggestion/comments box had been implemented, for any staff who were not confident making a direct approach, although no suggestions/comments had been received via this. A record of staff meetings was maintained.

Staff were encouraged to adhere to the home's workplace policies and procedures in order to help promote a positive and consistent work place culture.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

### 5.2.6 Staff Survey Feedback

As previously mentioned a small number of staff raised issues via the staff survey following the inspection. These issues were in relation to communication and support provided in the home. Despite systems having been put in place by the home's management team to assist and improve communication and reporting within the home and to ensure that staff have a full understanding of their own roles and responsibilities the issues raised indicated that further development was required in this area. An area for improvement was identified.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	9*

\* The total number of areas for improvement includes one that has been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Michaela Campbell, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (6 April 2023)	<p>The registered person shall ensure that safe systems are in place for the management of medication changes.</p> <p>Ref: 5.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20(1)(c)(i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that staff are supported to undertake mandatory training and that satisfactory levels of compliance with mandatory training are maintained going forward.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Training session held on 12/09/23 with Evolve external trainer, Movilla's HR and Home Manager. On track for E-learning completion by 31st October. HR monthly training tracker implemented to alert teams when training is due. Non-compliant individuals will be addressed.</p>

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that accidents and incidents are appropriately reported to RQIA.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> <b>Sisters and nursing team members reminded of the criteria and procedure for reporting incidents to RQIA. Guidelines distributed and confirmation received these have been read and understood. Sisters and nurses meetings held, opportunity given for questions to be asked.</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (6 April 2023)	The registered person shall ensure that personal medication records are accurate, up to date, and cancelled and archived in a timely manner.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (6 April 2023)	The registered person shall ensure that care plans for the management of diabetes contain sufficient detail to direct the required care.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (6 April 2023)	The registered person shall implement a robust audit tool which covers all aspects of medicines management.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered persons shall ensure that communal bathrooms are maintained clutter free and clinical waste bags are managed in accordance with regional IPC guidance.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Partially met since last inspection. Daily bathroom audit implemented following last inspection. Signage introduced stipulating permitted equipment. Audit check frequency increased from daily to twice daily (day and night shift), monitored to ensure unnecessary equipment removal becomes custom and habit.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that staff manage records in line with good practice guidance; this includes where an alteration is necessary.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Immediately electronically communicated to all staff. Improvement made with immediate effect. Hard copy rota changes updated by crossing out and initialling. Computerised version also updated and printed. Old copy filed. Highlighted on the rota that Tippex must not be used.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care records relating to the prevention of pressure damage and repositioning are reflective of pressure relieving equipment in use and that an up to date record of repositioning is maintained.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> <b>Immediately electronically communicated to nursing and HCA teams. Further addressed at team meetings. Daily Mattress Audit in place already. Nursing Team reminded audit must be updated in a timely manner. Reiterated residents' care plans and audits must be updated immediately with changes to mattress type/pressure.</b></p> <p><b>Reiterated to nursing team to personalise each resident's care plan with repositioning frequency and changes must be communicated to the HCA team verbally and on the handover sheet.</b> <b>HCA and nursing teams reminded to record on Touch Care when residents are repositioned.</b></p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care records relating to wound care are detailed and reflective of the recommended type and frequency of dressing that an up to date record of wound care is maintained.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Immediately electronically communicated to review residents' wound charts and ensure wound assessments are current. Ensure care plans are up to date with current dressing choice and frequency of dressing.</p> <p>Diary entry made to ensure frequency of redressing communicated and wound evaluation form completed after each dressing change. Complete care plan evaluation and discontinue chart when healed. Wound audit frequency increased to monthly.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that thickening agents are safely and securely stored.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All teams reminded of the importance of appropriate /secure storage of thickening agents. Initially communicated electronically and then the rationale discussed at all team meetings. Shared responsibility and where to store the thickening agents explained.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 35.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that systems in place to promote clarity regarding staff understanding of their roles and responsibilities, reporting issues/concerns, communication and adherence to policies and procedures are robust and incorporated into practice.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> Importance of effective communication discussed at all team meetings. Teams reminded of the systems already in place to facilitate this such as post box available for anonymous comments. Opportunity at all meetings for any questions or concerns to be raised. Appraisal and Clinical Supervision planner/tracker implemented. Reminder given at all meetings of everyone's duties and responsibilities.</p>

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



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