

# Inspection Report

20 May 2021



## Movilla House

Type of service: Nursing  
Address: 51 Movilla Road, Newtownards, BT23 8RG  
Telephone number: 028 9181 9399

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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>Responsible Individual:</b> Mr Derek Alfred Bell	<b>Registered Manager:</b> Mr Graeme Jellie – not registered
<b>Person in charge at the time of inspection:</b> Mr Graeme Jellie	<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> 41
<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 persons. The home is divided into two units with one on the ground floor and one on the first floor.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2021, from 9.30am to 6.30pm and was conducted by a care inspector.

This inspection was conducted to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients spoke positively about the home. Patients who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients, staff and relatives are included in the main body of this report.

RQIA was assured that the delivery of care and service provided in Movilla House was safe, effective and compassionate and that the service was well led. Areas for improvement were identified in relation to minimising potential hazards, infection prevention and control, updating care records, and access to staff recruitment records. A further area for improvement was

identified in relation to the provision of training for the manager and clarity around the registered responsible persons.

Good practice was observed with the delivery of compassionate care and the use of individualised meal tray mats for those on modified diets.

The inspection findings were discussed with an RQIA senior inspector and it was agreed that a meeting with the registered persons would be held. This meeting was conducted on 1 June 2021. At this meeting the registered persons provided assurances in relation to the identified areas for improvement, and clarified the senior management structure for the home. RQIA were assured with the registered persons' response.

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

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### **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 inspection report, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives or visitors and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

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

Nine patients, four staff and one relative were consulted during the inspection. Patients spoke positively about the care that they received and about how staff interacted with them. Patients said that they were happy with the environment of the home and the food provided, and talked about how they liked to spend their day. Staff spoke with confidence about their roles within the team and said that they felt supported with the training and resources they needed to provide safe and effective care. Staff said that they enjoyed working in Movilla House. One completed

relative questionnaire was received and the respondent indicated that they were very satisfied that the care was safe, effective and compassionate, and that the service was managed well. A telephone conversation with the questionnaire respondent took place following the inspection and this relative said that they were very happy with the home and could raise any concerns they may have with staff.

## 5.0 The inspection

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

The last inspection to Movilla House was undertaken on 26 August 2020 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. Systems were in place to ensure staff were recruited correctly to protect patients as far as possible. Pre-employment checks such as; employment history, Access NI, references, and where applicable, professional registrations were completed. However, these records were not accessible on the day of inspection but were submitted to RQIA on 24 May 2021. An area for improvement was identified.

Where necessary, new care staff were supported to apply for registration with the Northern Ireland Care Council (NISCC). Review of governance records provided assurance that all other staff were registered with either NISCC or the Nursing and Midwifery Council (NMC) and that these registrations were effectively monitored by the manager.

Staff were provided with a comprehensive induction to prepare them for working with patients. One staff member who had completed an induction along with a preceptorship programme told us that the programme was invaluable to their development as a newly qualified nurse and that the home supported them to complete the programme at their own pace and considered the impact of the pandemic.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of mandatory topics, with a mix of eLearning, teleconference sessions and face to face practical sessions being provided.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager's hours were clearly recorded on the duty rotas as well as the name of the person in charge at each shift in the absence of the manager.

Staff said there was good team work and that they felt well supported in their role, they were satisfied with the staffing levels and the level of communication between staff and management. Staff confirmed that regular staff meetings took place and that they felt listened to. Staff spoke with pride about working in Movilla House and recognised the importance of the patients' experience and how this was the patients' home.

Patients acknowledged that staff were sometimes busy but confirmed that they were looked after well. Patients said that staff attended to them when they needed something and that they would have no issue raising any concerns that they may have to staff. Patients described staff as “friendly”, “great”, “fantastic” and “excellent”, with one patient saying that the service was “better than a hotel”.

A relative told us that staff were helpful and the questionnaire respondent said that they were very satisfied that the care was compassionate.

Assurances were provided that staffing arrangements in the home were safe.

### **5.2.2 How does this service ensure patients feel safe from harm and are safe in the home?**

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 in the process of undertaking the safeguarding champion training to take this role on. In the meantime a senior nursing sister in the home was the identified champion.

There were policies and procedures in place to be followed in the event of any allegation of harm towards a patient and staff were provided with safeguarding training to a level relevant to their roles. Staff were knowledgeable about reporting concerns about patients’ safety and/or poor practice and said that they felt confident in raising concerns if needed.

Arrangements relating to the use of restrictive practices, such as bedrails or alarm mats, were reviewed. In general it was noted that the relevant risk assessments were in place however, specific arrangements for one patient were not correctly recorded to evidence that the correct procedures and discussions had been completed. Verbal assurances were provided by a registered nurse about the process followed. An area for improvement was identified.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. Patients and relatives spoken with said that they knew how to report any concerns they may have and said they were confident that the manager would address matters.

Staff were observed to be prompt in recognising patients’ needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs. Staff were observed to obtain consent before approaching a patient to undertake a task and to give clear verbal instructions about what they were going to do or what was going to happen.

A review of the safeguarding processes and discussions with staff demonstrated that safeguarding systems were robust and helped to keep patients safe.

### **5.2.3 Is the home’s environment well managed to ensure patients are comfortable and safe?**

Examination of the home’s environment included reviewing a sample of bedrooms, storage spaces, laundry and communal areas such as lounges and bathrooms.

The home was warm, clean, well decorated and free from malodour. Communal spaces were bright, fresh and welcoming.

Fire safety measures were in place such as corridors, stairwells and fire exits being free from clutter or obstruction.

In some patient areas it was noted that there was access to materials, and fixtures / equipment which could pose potential risks to patients; namely two sluice / cleaning rooms containing chemicals hazardous to health were unlocked, and the main electrical cupboard was unlocked. This was highlighted to staff who acted immediately to make these areas safe. An area for improvement was identified.

Patients' bedrooms were clean, fresh smelling, well –lit, and personalised with items important to the patient. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Patients were complimentary in relation to the home's environment and said they were happy with the standard of cleanliness. Some patients were keen to show how their bedrooms were personalised to them by showing or talking about family photograph albums, book collections, and exercise or hobby equipment.

The home's environment was maintained to a good standard. The layout and provision of furnishings were arranged to meet patients' needs, and there was a homely atmosphere.

#### **5.2.4 How does this service manage the risk of infection?**

Signage was on display at the entrance of the home to reflect the current guidance on COVID-19. All visitors had their temperature checked and a health declaration completed on arrival. Details of all visitors to the home were maintained for track and trace purposes. There were facilities to carry out hand hygiene and put on the recommended Personal Protective Equipment (PPE) before proceeding further into the home.

Visiting and care partner arrangements were in place and in keeping with the regional guidance. Care partner arrangements were communicated to all patients' next of kin and a number of people had taken on this role. Risk assessments and agreements were in place for each care partner. Training in the correct use of PPE had been provided by the home and all visitors and care partners were required to adhere to the home's Infection Prevention and Control (IPC) policy. Staff were seen to politely direct and/or assist visitors to follow all IPC measures.

The home was fully participating in the regional programme for planned and regular testing for COVID-19, with all patients being tested every four weeks and staff and care partners tested weekly.

The cleanliness of the home was maintained to a high standard and staff recognised the importance of maintaining this. Domestic staff confirmed that in addition to their regular cleaning schedules, all frequently touched points such as handles, light switches and cords, and handrails were cleaned more frequently.

Staff said that everyone was aware of their roles and responsibilities in relation to infection control and that they had adequate PPE and cleaning supplies. Domestic staff told us that they would not hesitate in requesting materials or equipment to help keep the home cleaned to a high standard and said that the provider was very responsive to their needs and requests. Staff were seen to practice hand hygiene and use PPE appropriately.

Some IPC environmental and practice issues were noted; namely, inappropriate storage in communal bathrooms, incontinence products being stored outside of their original packaging, clean and used linen being held in close proximity to each other, and on several occasions staff were seen to carry soiled linen to the laundry bags and then to collect clean linen without a change of PPE. Some equipment including commodes and a shower chair could not be effectively cleaned due to general wear and tear. An area for improvement was identified.

Patients said that they were happy with the standard of cleanliness and told us that they could see staff cleaning “all areas” daily. Staff, patients and relatives said that they were satisfied in relation to the management of the COVID-19 restrictions, and staff said that they felt safe coming into work.

There were effective arrangements in place in relation to the management of COVID-19. Patients, staff and relatives were happy with the standard of cleanliness in the home.

### **5.2.5 What arrangements are in place to ensure patients receive the right care at the right time? This includes how staff communicate patients’ care needs, ensure patients’ rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the patients and prioritised any special arrangements for that day, such as, facilitating visits from health professionals. In addition, patient care records were available to inform nursing and care staff of patients’ needs. Staff were knowledgeable of individual patients’ needs, their daily routine wishes and preferences.

It was observed that staff respected patients’ privacy by their actions such as knocking on doors before entering, discussing patients’ care in a confidential manner, and by offering personal care to patients discreetly. This was good practice.

Patients who required assistance with mobilising were attended to by staff and the delivery of care was documented accordingly. Patients who required assistance with their mobility or who had wounds had their care clearly recorded in their care records. There was evidence that nursing staff had consulted with the Tissue Viability Specialist Nurse (TVN) and were following any recommendations the TVN had made.

Staff assisted patients to transfer from wheelchair to lounge chair correctly using equipment such as hoists and to talk to the patients throughout the procedure, giving clear instructions and providing reassurance. This is good practice.

Where a patient was at risk of falling, measures to reduce this risk were put in place, for example call bells were accessible, aids such as bedrails or walking frames were used, and staff conducted regular checks on patients throughout the day and night.

Records confirmed that in the event of a patient falling, a post falls pathway was followed, and all relevant parties such as next of kin, Trust key worker and where required RQIA were informed. It was evident that following a patient falling, staff took appropriate action, for example neurological observations were monitored in the case of actual or suspected head injury, and medical assistance or advice was sought if required.

There was evidence of appropriate onward referral as a result of the post falls review. For example, patients were referred to the Trust's Specialist Falls Service, their GP, Occupational Therapy (OT), or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The lunch time meal was observed. Staff were seen to offer choice to patients from where they wished to have their meals, to what they wished to eat and drink. The atmosphere was social, relaxed and unhurried. Patients were enjoying their meals and the food looked and smelled appetising. Dining room tables were attractively set prior to patients arriving and trays were set up for those patients who chose to eat in their rooms or a communal lounge. The place mats used to those patients on modified diets were personalised with each patient's food and fluid consistency needs. This was identified as good practice.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure modified food and fluids were served correctly.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. There was evidence of appropriate onward referral to Speech and Language Therapy (SALT) or dietetics.

Patients described the food as "excellent", "lovely and tasty", and "the very best".

There were effective arrangements in place to manage the needs of those patients identified as being at risk of pressure ulceration or falling, and the nutritional needs of patients were being met. Staff responded to patients needs in a timely and professional manner.

#### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of patients?**

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. Patients care records were held confidentially.

The majority of patient records were held on an electronic system, and during several discussions with nursing staff and the manager, it was agreed that this electronic system was not being used to its full capacity. There were functions available that could improve access to information for nursing staff or to allow for better managerial oversight. It was positive to note that the manager was arranging staff training specific to this system.

Expected assessments such as Malnutrition Universal Screening Tool (MUST), oral needs, choking assessments, falls risks, pain assessment and skin integrity risks, were in place and the identified needs were addressed in the patients' care plans. All assessments were reviewed monthly or more often if required, and care plans should be updated to reflect any identified changes in needs. There were some inconsistencies in relation to this and an area for improvement was identified.



In keeping with their capacity to do so, patients were involved in planning their own care and the details of care plans were shared with patients' relatives, if appropriate and the patients' Trust key worker.

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.

Care records were reflective of the changing needs of patients.

### **5.2.7 How does the service support patients to have meaning and purpose to their day?**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Some patients told us about different hobbies or how they liked to spend their time, and patients were observed to move unrestricted around communal areas. Patients were seen to choose what programmes to have on the TV or what kind of music to play in communal areas.

Staff recognised the importance of helping patients maintain relationships outside of the home and to have good communication with family and friends, especially whilst visiting was restricted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients told us that they had enough to keep occupied during the day or that they had the choice not to participate in organised activities. Patients also said, and it was observed, that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives said that they were made to feel welcome in the home and that staff were helpful.

There were systems in place to support patients to have meaning and purpose to their day.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

The management arrangements in the home had changed since the last inspection, with the new manager taking up post on 25 November 2021. Staff were aware of the in-house management arrangements and spoke positively about the leadership of the manager.

It was also positive to note that despite the outbreak of COVID-19 that the staffing arrangements in the home remained stable and there was an ethos of good teamwork and communication.

However, it was unclear what training or clinical and managerial supervision support was in place for the manager, and clarity was needed in relation to who was conducting the role of responsible person on behalf of the provider. An area for improvement was identified. This was

discussed in detail at the meeting held on 1 June 2021 where the responsible individual acknowledged that as part of future planning another company director had been acting in the capacity of responsible individual. Assurances were provided that these arrangements would be formalised with RQIA in due course.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity for the team to learn and improve.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of compliments received to the home was maintained and included many thank you cards from relatives, including one which said, "...grateful for all the care and comforted in the knowledge that (relative) was well looked after in their final weeks...(relative) was able to see them..."

Staff commented positively about the manager and talked about how they felt supported and that the manager was very approachable and available for guidance. Staff said that they felt listened to and that there was good communication between them and the manager.

Confirmation of regular visits by a representative of the responsible individual was provided in the form of a monthly report on the quality of services and care provided by the home. Any concerns or actions were noted within the report. These reports were available on request to patients, relatives, the commissioning Trust and RQIA.

There were systems in place to monitor all aspects of the running of the home. The manager was able to demonstrate good oversight of the home and staff spoke positively about leadership within the home. Patients, staff and relatives said that they were very satisfied that the service was well led.

## 6.0 Conclusion

As a result of this inspection six areas for improvement were identified in respect of maintaining staff recruitment records, potential hazards, IPC, care plans, restrictive practice documentation for one identified patient, support systems for the manager and clarification around the registered responsible person.

A meeting was held with the registered persons and one director on 1 June 2021 to discuss the inspection findings in detail: and assurances were provided in relation to the responsible person and future arrangements.

Patients looked well cared for in that they were well dressed and looked relaxed in their surroundings. Patients who required assistance with mobility or repositioning looked comfortable. Patients told us that they were happy with the care and service provided. Staff demonstrated a good understanding of their roles and responsibilities and said that they felt

supported to conduct their jobs in a safe and effective manner. Relatives spoke positively about the home and expressed no concerns.

Based on the inspection findings, discussions held and the subsequent meeting, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team. Compliance with the areas for improvement identified will further enhance the quality of care and services provided.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Graeme Jellie, Manager, Derek Bell, Responsible Individual, and Helen McClay, Director, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2)</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 the required records about people employed in the home are maintained and available for inspection.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The Home Manager has always had oversight of HR records. Filed HR records have been made easily accessible to the Home Manager in addition to the HR Manager.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (2)</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 access to sluice rooms containing cleaning or other chemicals and the electrical cupboard is restricted to staff only to ensure patients are protected from potential hazards to their safety.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Sluice rooms are fitted with key pad locks, staff have been reminded to ensure the doors are kept closed tight with the keypad lock engaged. The importance of doing this has been reinforced i.e. so harmful substances are not accessible. Staff have been prompted to complete online COSHH training. Random inspections by the Home Manager and sister team are carried out throughout the day to ensure the sluice door locks are engaged.</p> <p>The electrical cupboard is kept locked. At the time maintenance work was being carried out, maintenance personnel have been advised to lock the cupboard even when unattended briefly.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect and going forward</p>	<p>The registered person shall ensure that suitable arrangements are in place to reduce the risk of the spread of infection. This was relating to environmental issues, staff handling of used linen and the storage of incontinence products.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Laundry handling has been reviewed and training updates given to staff regarding Infection Prevention and Control including cross infection. New 'used' laundry skips ordered, 'used' linen kept totally separate from clean linen, which is stored on a specific clean linen trolley. Daily spot checks ensure the skips are outside each room during personal care and no one travels</p>

	the corridor with dirty linen. The storage of incontinence products has been addresses and communicated to staff.
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 10 (1) (2) (3) <b>Stated:</b> First time <b>To be completed by:</b> 20 August 2021 and ongoing	<p>The registered provider shall ensure that there is a clear plan to support the manager in relation to training specific to the role and ongoing clinical and managerial supervision. And that the registration for responsible person is reflective of actual day to day arrangements.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b>  A clear and robust support plan exists to formally support the Home Manager (currently awaiting RQIA registration, application submitted March 2021). Any beneficial training required will be provided when training services resume.</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> 20 June 2021	<p>The registered person shall ensure that care plans accurately reflect changes in the assessed needs of patients.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>  Care plans all now amended to reflect the correct information from the findings on the day. 'Patient A' has pressure care plan, updated Braden and MUST. 'Patient B' mattress is at correct setting. 'Patient C' care plan updated to include MUST, HC mat and care plan linked in showing not restrictive practice but a safety enhancement regarding day to day activities.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time <b>To be completed by:</b> 20 June 2021	<p>The registered person shall ensure that rationale for restrictive practices for the identified patient is clearly documented in a care plan: and that there is evidence of best interest discussions and regular review.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Patient's buzzer alarm mat now incorporated in care plan detailing it is used to enhance the patient's freedom around the home and to assist nursing staff in monitoring the patient when the patient is on the move.</p>

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