

# Inspection Report

25 October 2021



## Lecale Lodge

Type of service: Nursing Home  
Address: 26 Strangford Road, Downpatrick, BT30 6SL  
Telephone number: 028 4461 6487

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Ann's Care Homes Limited</p> <p><b>Responsible Individual</b> Mrs Charmaine Hamilton</p>	<p><b>Registered Manager:</b> Mrs Rita Denvir</p> <p><b>Date registered:</b> 16 October 2021</p>
<p><b>Person in charge at the time of inspection:</b> Aine Devine - Deputy Manager</p>	<p><b>Number of registered places:</b> 41 A maximum of 39 patients in category NH-MP/MP(E) and a maximum number of 2 patients in Category NH-I</p>
<p><b>Categories of care:</b> Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. I – Old age not falling within any other category.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 35</p>
<p><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 41 patients. The home is divided in three units over two floors. The Quoile unit and the Slievepatrick Unit on the ground and the Nendrum Unit on the first floor. There is a Residential Care Home also on the first floor and the registered manager for this home manages both services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 25 October 2021, from 10.00 am to 7.00 pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients spoke positively about living in the home and said they were well looked after. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and interactions with staff.

It was evident that staff promoted the dignity and well-being of patients by providing care in a compassionate manner and treating patients in a polite manner and with respect.

Areas for Improvement were identified. Details can be found in the Quality Improvement Plan (QIP) attached.

RQIA were assured that the delivery of care and service provided in Lecale Lodge 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.

The findings of this report will provide the manager 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 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 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 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.

The findings of the inspection were discussed with Aine Devine, Deputy Manager, at the conclusion of the inspection.

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

Eight patients and three staff were spoken with and said that care in the home was very good. Patients commented that "(the staff) are good to me" and staff commented that "the manager is supportive and staff are a great bunch".

Ten patient questionnaires were received and confirmed that they were either satisfied or very satisfied that care was safe, effective, compassionate and well led.

There were no responses received from the on-line staff survey.

A record of compliments received about the home was kept and shared with the staff team.

## 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 17 March 2021		
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 16 (1) <b>Stated:</b> First time	The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care.  The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.	<b>Carried forward to the next inspection</b>
	<b>Action taken as confirmed during the 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>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of clinical/neurological observations records evidenced that such observations were not carried out regularly for all patients following a fall, therefore this area for improvement has not been met. <b>This area for improvement has been stated</b>	

	<b>for a second time.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b>  It was evident that there were sufficient numbers of hand sanitising points located throughout the home, however not all staff wore and disposed of PPE appropriately therefore this area for improvement has been partially met.  <b>This area for improvement has been stated for a second time.</b></p>	<b>Not met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 30 (1) (d) <b>Stated:</b> First time	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p><b>Action taken as confirmed during the inspection:</b>  Review of the record of incident and accidents identified that not all notifiable events had been reported to RQIA. This area for improvement has not been met.  <b>This area for improvement has been stated for a second time.</b></p>	<b>Not met</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 43 <b>Stated:</b> First time	<p>The registered person shall ensure that the internal environment is arranged so as to effectively meet the assessed needs of patients. This refers specifically to the identified area on the first floor.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff, actual hours worked and be signed by the registered manager or a designated representative.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that staff rotas had been signed by the manager however, the full name of staff was not on all rotas, the manager's hours and the person in charge was not identified. <b>This area for improvement has been stated for a second time.</b></p>	Partially met
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 4.9 <b>Stated:</b> First time</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	Met
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time</p>	<p>The registered person shall ensure care is delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of wound care plans identified that wound dressings were not recorded as completed in a timely manner. This area for improvement has not been met. <b>This area for improvement has been stated for a second time.</b></p>	Not met

## 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 confirmed they received an induction to ensure they were familiar with their roles and responsibilities.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was provided along with additional training in dignity and respect and working in a person centred way.

Staff said there was good team work, they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff commented that more staff were needed at times and the manager was recruiting staff at present. This was discussed with the deputy manager for her review.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not identify the person in charge when the manager was not on duty, the manager's hours and required the full names of staff to be added to all rotas. An area for improvement has been stated for a second time.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, to assist patients with meals and provide a range of activities. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Patients said that staff were available if they needed them, staff provided good care and they were confident in staffs ability to provide the care they needed. Patients raised no concerns about staffing levels.

Staff supervision and appraisal schedules were reviewed and it was not possible to tell what date this had been completed as there was no key code and no year on the documentation. An area for improvement was identified.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising patients' needs. Staff answered call bells and patients requests for assistance in a timely manner. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff took time to assist patients to explain their requests and spoke in a sensitive manner to maintain patients' dignity.

At times some patients may be required to use equipment that can be considered to be restrictive such as bed rails and alarm mats. Risk assessments and care plans were observed to be in place to manage this aspect of care appropriately.



Staff met at the beginning of each shift to discuss any changes in the needs of the patients. There were regular weekly meetings with the multidisciplinary team (MDT) to discuss any updates on patients' needs. Staff were knowledgeable of individual patients' 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.

Examination of records and discussion with deputy manager confirmed that the risk of falling and falls were generally well managed, however the appropriate crash mats were not in place in the event of a fall. This was discussed with the deputy manager for review and an area for improvement was identified.

The dining experience was an opportunity of patients to socialise. Music was playing and the environment was calm, relaxed and unhurried. Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The daily menu was displayed in a prominent position. It was observed that patients were enjoying their meal and their dining experience. Patients were provided with a range of support with meals; this included simple encouragement through to full assistance from staff. Observation found that residents were not provided with appropriate clothing protectors during the lunch time meal. An area for improvement was identified.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks offered by staff during the meal and condiments were provided.

Patients' needs were assessed at the time of their admission to the home. Patients care records were held confidentially. Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them. However, care records for one patient did not accurately reflect their moving and handling needs and the record of fluid intake for one patient had not been accurately updated. An area for improvement was identified.

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.

Patients said that the lunch was very good, modified diets were provided for their needs and they were well looked after.

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

Observation of the home's environment evidenced that generally the home was clean and tidy. For example; patients' bedrooms were personalised with items important to the patient. Halloween decorations made by patients were displayed around the home. Bedrooms and communal areas were comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Observation of a number of communal rooms and patients' bedrooms found that maintenance and repair was required to a number of areas. An area for improvement was identified.



Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff identified that deficits in infection prevention and control (IPC) measures and the use of PPE required addressing and robust monitoring. This area for improvement has been stated for improvement for a second time.

A sluice door was noted to be open allowing access to cleaning chemicals. This was brought to the attention of staff for immediate action and an area for improvement was identified.

Patients said staff kept their bedrooms clean and that staff were good to them. No concerns were raised by patients or staff about the cleanliness of the home.

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

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. Could have family in their room to visit and participate in the daily activities in the home.

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.

There was a range of activities provided for patients by staff including exercises, board games, bingo, nail care, movie nights and arts and crafts. Photographs of patients enjoying the activities provided were visible throughout the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

There has been a change in the management arrangements for the home since the last inspection. Ann's Care Homes Limited has become the new provider for the home and Mrs Rita Denvir had become the registered manager on 16 October 2021.

There was evidence that a robust system of auditing was not in place across various aspects of care in the home to monitor the quality of care and other services provided to patients. An area for improvement was identified.

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 regional 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 vulnerable adults.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address these.

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.

It was established that not all accidents, incidents and notifiable events in the home were reported to RQIA. This area for improvement was stated for a second time.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

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 however where action plans for improvement were put in place, these were not all followed up to ensure that the actions were correctly addressed. An area for improvement was identified.

## 6.0 Conclusion

Staff were available to assist patients with meals and provide a range of activities. Patients enjoyed the activities provided by staff and raised no concerns about the care in the home.

The home was generally clean and tidy however areas were identified for maintenance or repair and infection prevention and control practices required improvement.

Based on the inspection findings thirteen areas for improvement were identified. Eleven were in relation to safe and effective care and two were in relation to the service being well led – details can be found in the Quality Improvement Plan (QIP) in section 7.0.

## 7.0 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	6*	8*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Aine Devine, Deputy Manager, 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 13 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that nursing staff carry out clinical/neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Training and supervision has been undertaken with trained staff within the home with regards to procedures post fall. An internal falls TRaCA will be completed on each fall to ensure compliance and any issues addressed immediately.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection. A more robust system should be in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> An infection prevention and control audit is in place and areas completed monthly. An action plan is devised on the findings of the audit and cascaded to staff and revisited to ensure areas addressed and closed. This will be monitored during monitoring visits. Areas identified during the inspection have been addressed and will be monitored with weekly PPE observations.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 30 (1) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall give notice to RQIA without delay of the occurrence of any notifiable incident. All relevant notifications should be submitted retrospectively with all due haste.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> All incidents referred to during the inspection have now been appropriately reported retrospectively. Incidents will be monitored on a daily basis by the Home Manager and reviewed during monitoring visits for compliance.</p>
<p><b>Area for improvement 4</b></p>	<p>The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of</p>

<p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>admission to guide staff in the immediate delivery of care.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</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>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</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 all parts of the home to which patients have access to are free from hazards. This is in relation to access to cleaning chemicals.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The cleaning chemical was removed and stored correctly. All staff have been reminded of the need to secure chemicals and this will be monitored as part of the daily walk around by the Home Manager.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</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 actions required following the monthly monitoring visits are followed up in a timely manner.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> A process is in place for monitoring and ensuring compliance with monitoring visit actions.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the staffing rota identifies the name of the nurse in charge of the home in each shift. The rota should include the first name and surname of each member of staff, actual hours worked and be signed by the registered manager or a designated representative.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Staff rosters have been reviewed and full details entered. Rosters are signed off by the Home Manager. The nurse in charge process has been streamlined to ensure effective and accessible to all staff.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure care is delivered in keeping with the assessed needs of the patient. Wound assessment and evaluations should be in keeping with best practice guidance.</p> <p>Ref: 5.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Training, supervision and competencies have been undertaken with trained staff in relation to wound management in keeping with best practice guidelines. A wound TRaCA will be completed monthly to ensure compliance along side the monthly wound analysis audit.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 40</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 are supervised and their performance appraised to promote the delivery of quality care and services and the date this is completed is recorded.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Schedules are devised to ensure staff are supervised and appraised as per guidance. The dates of completion are recorded on the template.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 22.2</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 sufficient and appropriate equipment is in place to manage patients at risk of falling.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The area referred to has been discussed with the MDT and the use of the current equipment has been deemed appropriate with records of discussion retained.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.25</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 dignified clothing protectors are provided for patients who require this form of protection.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> New dignity aprons have been purchased for patients who are requiring this need of protection.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure care plans for moving and handling care needs and the record of fluid intake are accurately recorded and updated to reflect patients changing needs.</p> <p>Ref: 5.2.2</p>

<p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Discussion undertaken with staff around the full completion of documentation. This will be monitored as part of the care file auditing and daily walk around observations.</p>
<p><b>Area for improvement 7</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2021</p>	<p>The registered person shall ensure the premises are well maintained. This is in relation to the communal rooms and patients' bedrooms identified as requiring maintenance and repair.  Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> An environmental action plan is in place and all areas identified are being addressed.</p>
<p><b>Area for improvement 8</b>  <b>Ref:</b> Standard 34.3  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure systems are in place to monitor, audit and review the quality of nursing and other services provided within the home  Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Robust audit systems are in place and schedules are in place to ensure compliance. Audits will be shared with staff and action plans agreed and signed off when actions addressed. This will be monitored as part of the monthly monitoring visits.</p>

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



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