



Unannounced Care Inspection Report 23 January 2020



Spa Nursing Home

Type of Service: Nursing Home
Address: 77-79 Grove Road, Ballynahinch, BT24 8PW
Tel no: 028 9756 2579
Inspector: Dermot Walsh

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 36 patients.

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual: Christopher Arnold | Registered Manager and date registered: Jocelyn Leyson-Bagood 12 August 2009 |
| Person in charge at the time of inspection: Joycelyn Leyson-Bagood | Number of registered places: 36 There shall be a maximum of 1 named resident receiving residential care in category RC-I. |
| Categories of care: 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. | Number of patients accommodated in the nursing home on the day of this inspection: 22 |

4.0 Inspection summary

An unannounced inspection took place on 23 January 2020 from 09.30 to 18.05 hours.

This inspection was undertaken by a care inspector.

The term 'patient' is used to describe those living in Spa Nursing Home which provides both nursing and residential care.

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.

Evidence of good practice was found during the inspection in relation to staffing arrangements, staff recruitment, adult safeguarding, nutrition management, communication between patients, staff and other key stakeholders, provision of activities, management of complaints and incidents and with quality improvement. Further good practice was identified in relation to valuing patients and their relatives and maintaining good working relationships.

Areas requiring improvement were identified in relation to environmental issues, monitoring of a patient following a fall, fire drill participation, the duty rota and with wound care.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | *5 |

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Jocelyn Leyson-Bagood, Registered Manager and Linda Graham, Regional Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 25 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including care and estates issues, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 20 and 27 January 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- a sample of daily patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of reports of visits by the registered provider/monthly monitoring reports from January 2019
- RQIA registration certificate

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

| Areas for improvement from the last care inspection | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 Stated: Second time | <p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> | Met |

| | | |
|--|--|---------------------------------|
| | <p>This relates specifically to the identified sluices within the home.</p> <p>Action taken as confirmed during the inspection: A review of the environment evidenced refurbishment works completed in the home including the identified sluices. However, new areas for refurbishment were identified during this inspection and a new area for improvement has been made.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Action taken as confirmed during the inspection: The identified areas had been managed appropriately and staff were observed complying to safe infection prevention and control practices. New areas which were not in compliance with best practice on infection prevention and control were identified and a new area for improvement was made.</p> | Met |
| <p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that that the registered manager works sufficient hours in a management capacity as agreed with RQIA until such times as RQIA are satisfied that the governance systems within the home are sufficiently and consistently robust.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and a review of the duty rota for weeks commencing 20 and 27 January 2020 evidenced that this area for improvement has now been met.</p> | Met |
| Action required to ensure compliance with The Care Standards for Nursing Homes (2015) | | Validation of compliance |
| <p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that supplementary care records are fully completed.</p> <p>Action taken as confirmed during the inspection: A review of two patients' supplementary care records evidenced that this area for improvement has now been met.</p> | Met |

| | | |
|---|--|------------|
| Area for improvement 2 Ref: Standard 11 Stated: First time | <p>The registered person shall ensure that there is a programme of activities and events for patients throughout the week which are person centred and reflect patients' individually assessed social and emotional needs. The nature and duration of activities provided must be appropriately recorded and traceable to individual patients.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager, patients and the activities person and a review of activity records evidenced that this area for improvement has now been met.</p> | Met |
| Area for improvement 3 Ref: Standard 39 Stated: First time | <p>The registered person shall ensure that a robust system is implemented and maintained which ensures that the mandatory training needs of all peripatetic staff who are employed within the home are effectively monitored by the registered manager in a timely manner.</p> <p>Action taken as confirmed during the inspection: A training matrix had been developed to evidence completed training during 2019. However, the matrix had not been updated sufficiently to evidence training attended or still required.</p> <p>This area for improvement has not been met and has been stated for a second time.</p> | |

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time. A review of the duty rota for week commencing 20 January 2020 confirmed that the planned staffing level and skill mix was adhered too. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff. The duty rota did not consistently identify staff by their first name and surname in entirety. This was discussed with the manager and identified as an area for improvement. Patients' needs and requests for assistance were observed to have been met in

a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff consulted confirmed that they were satisfied the staffing arrangements in the home were suitable to meet patients' needs.

A review of a recently employed staff member's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted.

Checks were evidenced to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were registered on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the provision of training in the home. Compliance with training was monitored monthly on a training matrix. A Spa Group training planner had been utilised to identify training opportunities during 2020. However, records reviewed did not demonstrate that there was sufficient oversight to ensure all staff in the home had participated in a fire drill. This was discussed with the manager and identified as an area for improvement.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. The manager confirmed that there were no recent or ongoing concerns relating to the home. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. The manager confirmed that all staff had completed deprivation of liberty training.

Falls risk assessments and care plans had been developed and updated regularly or following a fall. Accident reports had been completed following any accident and these records evidenced that the appropriate persons had been notified of the fall. Although, a review of accident records did not demonstrate that neurological observations had been monitored for 24 hours following an unwitnessed fall where there was a potential for a head injury. This was discussed with the manager and identified as an area for improvement.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits, stairwells and corridors were observed to be clear of any clutter or obstruction. Bedrooms and communal rooms were maintained clean and tidy. There were no malodours detected in the home. However, compliance with best practice on infection prevention and control had not been well maintained in identified areas around the home. This was discussed with the manager and identified as an area for improvement.

During the review of the environment, access to the loft was observed accessible to patients. As access to this area was also identified at the previous care inspection, this was discussed with the manager and identified as an area for improvement.

Additional required environmental improvements were also discussed with the manager and regional manager. These areas included carpeted areas, storage arrangements and environmental repairs. An area for improvement was made and a refurbishment plan was requested to be submitted along with the returned quality improvement plan to include timescales for planned improvement works.

Completed environmental improvements were identified during the inspection. The walls in the dining room were in the process of being wallpapered. New flooring was evident in both patients' lounge areas, the dining room and a communal corridor. Both lounge areas had been repainted.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to environmental issues, monitoring of a patient following a fall, fire drill participation and with the duty rota.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 4 |

6.4 Is care effective?

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

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided them with all necessary information to provide care to patients.

Each staff member was aware of their roles and responsibilities within the team. Staff spoke positively in relation to the teamwork in the home. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Patients and representatives spoken with also expressed their confidence in raising concerns with the home's staff and/or management.

Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was utilised to determine the risk of weight loss or weight gain. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients commented positively on the food provision in the home.

We reviewed the lunchtime meal experience. Lunch commenced at 12.30 hours. Patients dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Food was served from a heated trolley when patients were ready to eat their meals or be assisted with their meals. Tables in the dining room were led appropriately for the meal. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Patients were offered a choice of meal and alternatives were made available should patients not prefer either choice. Staff were knowledgeable in relation to patients' dietary requirements. Patients wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with patients when assisting with meals and patients were assisted in an unhurried manner. The mealtime was well supervised in both the lounge and dining areas.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed on a monthly basis. We reviewed one patient's wound care records. An initial wound assessment had been completed and wound observation charts had been recorded at the time of wound dressing. However, wound dimensions had not been included in the observation records for seven weeks. One wound care plan had been developed to manage three separately affected areas. This was discussed with the manager and identified as an area for improvement.

When a restrictive practice, such as the use of bedrails had been implemented, there was evidence within the patient's care records of an initial assessment completed to ensure safe use. This assessment informed the patient's care plan. The continued use of restraint was monitored at the evaluation of the patients' care plans.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to nutrition management and with communication between patients, staff and other key stakeholders.

Areas for improvement

An area for improvement was identified in relation to wound care management.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 0 |

6.5 Is care compassionate?

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

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Many patients had their own furniture in their rooms. Patients chose where to sit during the day; in their bedroom, the dining room or one of the lounges. Staff knocked on patients' doors before entering and personal care was delivered behind closed doors. Although, three communal rooms where personal care would be delivered were observed with no locking mechanisms on the doors. This was discussed with the manager and identified as an area for improvement to ensure privacy and dignity. Staff interactions with patients were observed to be both caring and timely.

A programme of activities was displayed at the front foyer of the home. In addition there were monthly pet therapy visits and visits from local school children. Records of activity involvement were maintained for each patient in the home. A monthly Spa Nursing Home's newsletter was published and copies made available for patients and their relatives. A breakfast club had been formed where patients would sit together and engage in stimulating discussion. A men's club had also been formed where topics of discussion would include areas such as farming. Weekly musical entertainment had been planned and the managers discussed a new project which was in planning stages involving healthy food and engagement from the local community.

Cards and letters of compliment and thanks were maintained in the home. Some of the comments recorded included:

- “A very big thank you to all of you who were so kind to ... during his stay at Spa. It has always been such a pleasant place to visit and we will both miss you.”
- “... we are writing this to thank you and each and every one of the staff for the care, dignity, respect and dedication you showed our mother ... during her time with you.”
- “Thank you for all the care and consideration you gave our dad.”

Consultation with eight patients individually, and with others in smaller groups, confirmed that living in Spa Nursing Home was a positive experience. Patient questionnaires were left for completion. Three were returned. All three respondents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led.

Patients consulted during the inspection commented:

- “I am very satisfied with the care here. Food is good.”
- “Everyone fits in well together here.”
- “I am very happy here.”
- “This is a very good home. Staff are super.”
- “We are made very comfortable here. It is a very clean home.”

Two patients’ visitors were consulted during the inspection. Patient representatives’ questionnaires were left for completion. Two were returned. Patient representative comments included:

- “The care here is fantastic. I am very happy with ... being here.”
- “The staff are very gracious.”

Five questionnaires were returned which did not indicate if they were from patients or patient representatives. All respondents indicated that they were either satisfied or very satisfied that the home was providing safe, effective and compassionate care and that the home was well led.

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from five staff consulted during the inspection included:

- “I love what I do.”
- “The work can be very hard but I enjoy working here.”
- “It is good.”
- “It’s ok here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of activities and valuing patients and their representatives.

Areas for improvement

No new areas for improvement were identified during the inspection in the compassionate domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

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

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed.

A system was in place to record any complaints received including details of any investigation and all actions taken in response to the complaint. Patients consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound care, complaints, restrictive practices and infection prevention and control. Auditing records evidenced the actions taken in response to any shortfalls that were identified.

Monthly monitoring visits to the home were conducted. Reports from the visit were available for review by patients and their visitors, staff, trust staff and other healthcare professionals. Quality improvement action plans were included within the monthly reports.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in the well led domain.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jocelyn Leyson-Bagood, Registered Manager and Linda Graham, Regional Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

| Quality Improvement Plan | |
|--|---|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 23 March 2020 | The registered person shall ensure that the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. A more robust system to ensure compliance with best practices on infection prevention and control must be developed. Ref: 6.3 |
| | Response by registered person detailing the actions taken: The Registered Manager has addressed with staff the importance of high and low dusting in order to minimise the risk and spread of infection. The Registered Manager has implemented daily checks on all areas within the home during her walkaround. The Registered Manager is completing infection control audits and all staff will receive infection control training. |
| Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: 23 June 2020 | The registered person shall ensure that the identified environmental areas are managed appropriately. A refurbishment action plan with timescales for improvement should be submitted to RQIA along with the completed QIP. Ref: 6.3 |
| | Response by registered person detailing the actions taken: Environmental areas that have been identified are under review. A refurbishment plan with timescales has been devised and has been submitted to RQIA. |
| Area for improvement 3 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: With immediate effect | The registered person shall ensure that neurological observations are recorded and monitored, in accordance with best practice guidance, when a patient sustains a head injury or the potential for a head injury as a result of a fall. Ref: 6.3 |
| | Response by registered person detailing the actions taken: The Registered Manager has addressed with all nursing staff during supervision the post falls protocol which includes recording of neurological observations for 24 hours following all unwitnessed falls or any resident who sustains a head injury. |

| | |
|---|---|
| <p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2020</p> | <p>The registered person shall ensure that wound care is managed and recorded in accordance with best practice guidance such as National Institute of Health and Care Excellence guidance.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager has addressed with staff recording of separate assessments for each wound that a resident has and this includes photographs and measurements being recorded in keeping with best practice guidance.</p> |
| <p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 39</p> <p>Stated: Second time</p> <p>To be completed by: 23 February 2020</p> | <p>The registered person shall ensure that a robust system is implemented and maintained which ensures that the mandatory training needs of all peripatetic staff who are employed within the home are effectively monitored by the registered manager in a timely manner.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The peripatetic staff training is managed by the Regional Support Administrator. The training planner for peripatetic staff has been reviewed and gaps that were identified have been addressed with staff concerned and training records have been updated. The training planner for peripatetic staff can be accessed by the Registered Manager through our internal I.T Systems.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 7 February 2020</p> | <p>The registered person shall ensure that the duty rota includes the first name and surname of each staff member working in the home.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has updated the duty rota to include first and surnames of all staff members working in the home,</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 48 Criteria (8)</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2020</p> | <p>The registered person shall ensure that every staff member has participated in a fire drill annually.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The Registered Manager has recorded on a matrix all staff's fire drills and any deficits noted are being addressed with staff concerned in order to ensure 100% compliance.</p> |

| | |
|--|--|
| Area for improvement 4 Ref: Standard Stated: First time To be completed by: 25 January 2020 | The registered person shall ensure that access to the loft area is not accessible to patients to ensure patient safety. Ref: 6.3 Response by registered person detailing the actions taken: The Registered Manager has addressed this area with the maintenance team and extra locks have been fitted to the loft areas to ensure they are not accessible to residents.. |
| Area for improvement 5 Ref: Standard 6 Stated: First time To be completed by: 23 February 2020 | The registered person shall ensure that locking mechanisms are applied to the identified communal doors to promote privacy and patient dignity. Ref: 6.5 Response by registered person detailing the actions taken: The Registered Manager has addressed this through the estates team and locks have been fitted to bathroom and toilet areas in order to promote privacy and dignity.. |

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care