



# Unannounced Care Inspection Report 19 July 2018



## Victoria

**Type of Service: Nursing Home (NH)**  
**Address: 22-24 Windsor Park, Belfast, BT9 6FR**  
**Tel No: 028 90 668437**  
**Inspector: Lyn Buckley**

[www.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 33 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Dr Robert Francis Alastair Lynas Mrs Helen Lynas	<b>Registered Manager:</b> Ms Helen Frances Chambers
<b>Person in charge at the time of inspection:</b> Registered nurse A Filippaki from 07:15 to 08:00 hours. Deputy manager T Zuma from 08:00 to 13:30 hours.	<b>Date manager registered:</b> 20 November 2008
<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 registered places:</b> 33 which includes one named resident receiving residential care.

### 4.0 Inspection summary

An unannounced inspection took place on 19 July 2018 from 07:15 to 13:30 hours.

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.

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

Evidence of good practice was found in relation to staffing recruitment and arrangements, the staffs' knowledge of patients' assessed needs, preferences and wishes, communication between patients, staff and other key stakeholders; management of complaints and incidents, quality improvement and maintaining good working relationships. Nursing staff were also commended regarding mental health care planning.

Areas requiring improvement were identified in relation to patient equipment, fire safety, storage of medicines, record keeping regarding falls and infection prevention and control practices; and governance processes.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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
<b>Total number of areas for improvement</b>	3	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms T Zuma, deputy 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 18 January 2018

The most recent inspection of the home was an announced premises inspection undertaken on 18 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous premises inspection
- the previous premises inspection report
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with nine patients, 12 staff and one patient's relative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster, for display in the staff room, invited staff to give feedback to RQIA on-line. The inspector also provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to enable patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision, if they so wished.

A poster informing visitors to the home that an inspection was being conducted was displayed in the foyer of the home beside the visitors 'sign in' book.

The following records were examined during the inspection:

- duty rota for all staff from 9 to 22 July 2018
- 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 from 1 April 2018
- one staff recruitment and induction file
- six patient care records which included food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 from 1 January 2018.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. The registered person was asked, as part of this inspection, to complete a self assessment questionnaire in relation to the management of the premises. Any issues arising will be addressed by the estates inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 23 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 47 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that all chemicals are clearly labelled and appropriately stored at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observations evidenced that this area for improvement had been met.	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure that handling slings are appropriately stored and that there are lids on bins in the bathroom areas.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observations evidenced that this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2017</p>	<p>The registered person shall ensure that regular audits are conducted and that where an action plan is generated that they are reviewed to ensure the corrective action has been taken.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of governance records confirmed that, as stated, this area for improvement had been met.</p>	<b>Met</b>

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 9 to 22 July 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. We also sought staff opinion on staffing via the online survey. There were no responses received before this report was issued.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Victoria. We also sought the opinion of patients on staffing via questionnaires. There were none returned within the timescale specified.

One relative spoke in very positive terms regarding the staff, staffing and the care their loved one received. We also sought relatives' opinion on staffing via questionnaires. There were none returned within the timescale specified.

As stated previously, observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

Review of one staff recruitment file evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records and discussion with the deputy manager also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff confirmed that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records 2018. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Review of patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records from 1 April 2018 in comparison with the notifications submitted, by the registered manager, to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Discussion with the deputy manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

From a review of records, observation of practices and discussion with the nurse in charge night duty and the deputy manager and staff there was evidence of proactive management of falls. However, review of care plans and risk assessment relating to the management of falls evidenced that these records were not consistently reviewed after a fall had occurred. Details of the findings were provided to the deputy manager during feedback. An area for improvement was made.

We observed one patient to have a bed mattress on the floor adjacent to their bed. Discussion with staff and review of the patient's care records confirmed that the patient required a 'fall out' or 'crash mat' beside their bed to prevent injury when a fall occurred. The deputy manager agreed that the bed mattress was not suitable. An area for improvement was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients and one relative spoken with were complimentary in respect of the home's environment.

A number of fire exit routes including the external fire escape stairs were observed to be obstructed by various items of equipment such as an arm chair and mop buckets. The fire door in the dining room was also obstructed by a vacuum cleaner and the catering staff were observed to remove a container obstructing the main kitchen door during the serving of breakfast. A room on the top floor which appeared to be a sluice was packed with combustible items for activities and the maintenance person confirmed our observation that there was no fire detector in that room. An area for improvement was made and the aligned estates inspector for the home was informed. Before the conclusion of the inspection it was evidenced that the fire exit routes and the dining room door were free from obstruction. During a telephone call with the registered manager on 25 July 2018, it was confirmed that the sluice on the top floor had also been cleared of all combustible materials.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control measures were generally adhered to. There was evidence of proactive management of infections and a record of antibiotic prescribing patterns was maintained.

However, we observed that a domestic trolley and black bags containing clothing were stored in the top floor bathroom. In addition we observed that medicine cups were left to dry on the windowsill of the dining room. The issue regarding the domestic trolley in the bathroom had also been identified by the person undertaking the monthly quality monitoring visit as recorded within their report for May 2018. An area for improvement in relation to infection prevention and control practices was made.

In addition we observed that the two medicine trolleys, stored in the dining room, were not secured to a wall when not in use. An area for improvement was made and the aligned pharmacist inspector for the home was informed.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing levels and skill mix, staff recruitment, training, and knowledge. Also the staffs' knowledge of patients' assessed needs, preferences and wishes.

### Areas for improvement

The following areas were identified for improvement in relation to patient equipment, fire safety, storage of medicines, record keeping regarding falls and infection prevention and control practices.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	2

#### 6.5 Is care effective?

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

Review of six patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient.



We reviewed the management of nutrition, patients’ weight and the management of infections, bedrails, falls and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Nursing staff were commended for the inclusion of mental health considerations within care planning for physical concerns and any changes affecting mental health were kept under review.

Care records were reviewed at least on a monthly basis. As previously discussed we made an area for improvement regarding the review of care records following a fall; refer to section 6.4. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist SALT and dieticians. Supplementary care charts such as food and fluid intake or repositioning records evidenced that contemporaneous records were maintained. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician.

Discussion with staff and observation of the morning handover evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. The night shift handover provided information regarding each patient’s condition and any changes noted. Staff also asked and answered clarification questions regarding care.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

Patients and the relative spoken with expressed their confidence in raising concerns with the home’s staff/management. Patients and the relative were aware of who their nurse was and knew the registered manager.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, communication between patients, staff and other key stakeholders. Nursing staff were commended regarding mental health care planning.

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 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.**

We arrived in the home at 07:15 hours and were greeted by night staff who were helpful and attentive. Three patients were up at this time and all three confirmed that this was their usual routine and that night staff had provided them with assistance to get up and a cup of tea or coffee. Breakfast was served in the dining room from 08:00 hours and patients were observed to enjoy a breakfast consisting of a choice of cereals, porridge, toast and/or a cooked breakfast. Patients unable to attend the dining room had their breakfast served by staff in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients stated that they enjoyed their breakfast and the meals provided throughout the day.

Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

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

"Thank you sincerely for all the care you gave...during her time in Victoria. Very much appreciated."

"To all the wonderful people who cared for my father... thank you, merci, gracias, grazie, efkhansto, danke."

"In the course of 2 years family and friends visited everyday...during these visits we witnessed at close quarter the dedicated care, respect, tenderness and love shown to... by all the wonderful nursing and care staff at the home."

There were systems in place to obtain the views of patients and their representatives on the running of the home.

Consultation with nine patients individually, and with others in smaller groups, confirmed that living in Victoria was a positive experience. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Ten patient questionnaires were provided; none were returned within the timescale.

We spoke with one relative who was very complimentary regarding the staff and the care their loved on received. Ten relative questionnaires were provided; none were returned within the timescale.

We spoke with 12 staff all spoken with commented positively regarding the home, the care they provided and the support given to them to fulfil their role. Staff stated they had an effective team and that they knew their patients well. Staff were invited by means of a poster to complete an on line survey, we had no responses within the timescale specified.

Any comments from returned questionnaires/online responses received after the return date/ issuing of this report will be shared with the registered 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 culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 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. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager’s hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients, and the relative visiting evidenced that the registered manager’s working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The equality data collected was managed in line with best practice.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the deputy manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices and a 'Home Manager's Audit' which audited approximately 18 areas of practice and service provision within the nursing home.

In addition robust measures were also in place to provide the registered manager and deputy manager with an overview of the management of infections, wounds and falls occurring in the home. However, as identified by the person undertaking the monthly quality monitoring visit, the registered manager needed to ensure they clearly recorded any deficits identified through the audit process and the action taken by them to address them. An area for improvement was made.

Discussion with the deputy manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. It was good to note that areas for improvement identified had also been raised as actions in the reports reviewed.

Discussion with the deputy 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### **Areas of good practice**

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

### **Areas for improvement**

One area was identified for improvement in relation to governance processes.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms T Zuma, deputy 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (1) (a) (b) and (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that bed mattresses are not used in place of fallout/crash mats in the management of falls from bed.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> crash mats purchased and now in place where appropriate.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that fire safety measures and fire safety practices are adhered to by staff. For example, fire exits and fire doors must not be obstructed or blocked and staff must not store combustible material inappropriately.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> this was actioned immediately following inspection. Store was cleared and appropriate storage is now in us. Fire exits checked throughout the day to ensure all exits are clear.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 13 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that medicine trolleys, not secured in a locked treatment room, are secured to a wall when not in use.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b>
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time  <b>To be completed by:</b> 17 August 2018	The registered person shall ensure that risk assessments and care plans are reviewed following a fall and that a post falls analysis is undertaken in accordance with Standard 22  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> all relevant fall risk assessments have been reviewed and updated where necessary.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure, in accordance with regional infection prevention and control guidelines that trolleys are not stored in bathrooms where there is a toilet and that medicine cups are not left to dry on the top of a radiator.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 August 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> this practice ceased immediately and checked daily to ensure compliance is maintained.</p> <p>The registered person shall ensure that any deficits identified through governance audit processes are addressed.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Any deficits are now not only dealt with immediately but are also dated and documented and closed.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

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](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care