

Unannounced Care Inspection Report

23 August 2017



Cullion House

Type of Service: Nursing Home (NH)
Address: 20 Wheatfield Gardens, Belfast, BT14 7HU
Tel No: 028 9039 1555
Inspector: Dermot Walsh

www.rgia.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 22 persons.

3.0 Service details

Organisation/Registered Provider: Donnelly Care Group Responsible Individual: Mr Cathal Donnelly	Registered Manager: Mrs Dora Syatwinda
Person in charge at the time of inspection: Mrs Dora Syatwinda	Date manager registered: 27 July 2017
Categories of care: Nursing Home (NH) LD – Learning disability. LD(E) – Learning disability – over 65 years. Associated physical disablement	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 23 August 2017 from 09.40 to 17.00 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 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.

The inspection also reviewed progress following the registration of a new responsible individual on 21 June 2017 and the registration of a new manager on 27 July 2017. Consultation with staff and patients evidenced that the impact of the new management arrangements had been positive.

Evidence of good practice was found in relation to staffing arrangements; recruitment; training and development; risk assessment; communication and the culture and ethos of the home in respect of privacy and dignity.

Areas requiring improvement were identified on record keeping; auditing and safe and healthy working practices.

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.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Cathal Donnelly, Responsible Individual, and Dora Syatwinda, Registered 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 2 March 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 2 March 2017. 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
- the registration status of the home
- 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 care inspection
- the previous care inspection report

During the inspection the inspector met with nine patients and six staff. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 7 August 2017
- agency staff file
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- competency and capability assessments for nurse in charge
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- minutes of staff meetings
- a selection of policies
- statement of purpose
- a selection of governance audits
- records pertaining to safeguarding
- patient register
- staff register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager and responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 March 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 2 March 2017

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 13 (7) Stated: First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Infection prevention and control issues identified on the previous inspection had been managed appropriately.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: First time	The registered person should ensure that accidents and incidents reported in the home are reviewed monthly to identify any potential patterns or trends.	Met
	Action taken as confirmed during the inspection: A review of auditing records evidenced that accidents and incidents had been reviewed monthly.	
Area for improvement 2 Ref: Standard 46 Stated: First time	The registered person should ensure that a more robust system is put in place to ensure compliance with best practice in infection prevention and control within the home.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that compliance with best practice in infection prevention and control had been achieved. The registered manager confirmed that this had been achieved from monthly auditing and daily walk arounds the home.	

Area for improvement 3 Ref: Standard 44 Stated: First time	<p>The registered person should ensure that the damage to the premises identified on inspection is repaired/replaced as appropriate.</p> <p>Action taken as confirmed during the inspection: Damage identified on the previous inspection of the premises had been repaired / replaced as appropriate.</p>	Met
Area for improvement 4 Ref: Standard 4 Criteria (9) Stated: First time	<p>The registered person should ensure that patients are repositioned as directed within their individualised care plans and were repositioning did not occur/was not possible; the reason for this is recorded.</p> <p>Action taken as confirmed during the inspection: Records of repositioning had been maintained appropriately.</p>	
Area for improvement 5 Ref: Standard 12 Stated: First time	<p>The registered person should ensure that the patients' mealtime experience is reviewed to ensure that it is in accordance with DHSSPS Care Standards for Nursing Homes 2015 and best practice guidance.</p> <p>The following areas should be reviewed:</p> <ul style="list-style-type: none"> • transfer of food from kitchen to dining room • storage of food in dining room prior to serving • availability of condiments • management of fluids during mealtimes <p>Action taken as confirmed during the inspection: A review of the mealtime experience evidenced that this area for improvement has now been met.</p>	Met

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 registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for week commencing 7 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures.

Discussion with staff and the registered manager confirmed that where agency nursing and care staff were employed, the same staff were employed to ensure consistency of care. The registered manager confirmed that they maintained an agency staff file to keep a record of agency staff who had worked in the home. The registered manager also confirmed that agency staff were inducted in the home prior to commencing their first shift and that the agency requested an appraisal of their staff who are block booked to work in the home.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Discussion with staff confirmed that they were encouraged by the home's management to suggest additional training which would enable them to meet the assessed needs of patients. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with staff and a review of records evidenced that supervisions and appraisals had been conducted appropriately and a system was in place to ensure completion. Competency and capability assessments for the nurse in charge of the home in the absence of the registered manager had also been completed appropriately. The nurse in charge had been identified on the duty rota.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A review of safeguarding records evidenced that these had been maintained appropriately. A safeguarding champion had been identified.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. However, a review of accident records evidenced that an unwitnessed fall had occurred where the patient could have potentially sustained a head injury. A full set of neurological observations was not taken at the time of the accident and/or monitored appropriately. This was discussed with the registered manager and identified as an area for improvement.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Compliance with infection prevention and control had been achieved. There was evidence of improvement works which were in progress and others completed.

During the review of the environment, a door leading to an area where potential harm could come to patients was observed to be unlocked when unattended. This was discussed with the registered manager and identified and an area for improvement.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment, training and development and risk assessment.

Areas for improvement

The following areas were identified for improvement under regulation regarding management of falls and safe and healthy working practice in relation to access to areas where potential harm could occur.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. However, the review of one recently admitted patient evidenced that the care planning process had not been completed in a timely manner. This was discussed with the registered manager and identified as an area for improvement.

A second patient's care records did not reflect that the care delivered to the patient was in accordance with the care recommended by another healthcare professional. This was discussed with the registered manager and identified as an area for improvement.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Supplementary care charts such as personal care and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. However, a review of repositioning records confirmed that repositioning had occurred but evidence of skin checks had not been recorded on the records reviewed. One patient's bowel management records did not evidence any bowel movement over a 14 day period. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that they received appropriate information at the handover to meet the needs of patients.

Discussion with the registered manager and a review of minutes of staff meetings confirmed that since the last inspection there had been regular staff meetings for registered nurses and care assistants. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

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 their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement under regulation in relation to care planning and evidencing adherence to the recommendations of other health professionals.

An area for improvement under the care standards was identified in relation to the recording of supplementary care.

	Regulations	Standards
Total number of areas for improvement	2	1

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.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with nine patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

An activities coordinator was employed in the home and planned activities were displayed on a noticeboard. A record of each patient's involvement in activities was maintained. Patients and staff spoke positively about a Daniel O'Donnell concert which they had recently attended and were looking forward to a planned weekend break away. A dedicated arts and crafts person provided arts and crafts four days per week in the day care building. Discussion with staff confirmed that reflexology was also provided in the day care facility.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12.30 hours. Patients were seated around tables which had been appropriately laid for the meal. A menu was displayed on the wall of the dining room. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors were required. A range of drinks were offered to the patients. Each patient had an individual place mat which contained all relevant information in relation to their dietary requirements. Patients appeared to enjoy the mealtime experience.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Six staff members were consulted to determine their views on the quality of care within Cullion House. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Eight of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"It's very enjoyable and relaxed here."

"I'm part of the furniture. I love it here."

"I'm very happy here."

"I love this home."

"It's great here."

"Excellent management. Very helpful. Very efficient. Couldn't ask for better."

"If management are not in they are easily contacted by telephone."

Nine patients were consulted during the inspection. Eight patient questionnaires were left in the home for completion. Two of the patient questionnaires were returned. Both respondents indicated that they were 'very satisfied' with the care provided to them.

Some patient comments were as follows:

"It's nice here."

"I like it."

No patient representatives were available for consultation during the inspection. Ten relative questionnaires were left in the home for completion. Four of the relative questionnaires were returned within the timeframe for inclusion in the report. All respondents indicated that they were satisfied or very satisfied with the service provision.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were 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 during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 responsible individual of The Donnelly Group Ltd. registered with RQIA on 26 June 2017. The registered manager registered with RQIA on 27 July 2017. Staff consulted confirmed that the impact of new management had been positive. Staff were observed wearing new uniforms and were aware of planned improvements in regard to the physical environment both inside and outside the home. The central heating system had been updated in the home and communal shower rooms had been refurbished. Staff were aware that the homes policies and procedures were under review.

The responsible individual confirmed that since the Donnelly Care Group came into effect, all current staff at the time had received an employee handbook containing pertinent information regarding their employment and policies and procedures deemed important by the homes management. The responsible individual also confirmed that all of the home's policies were in the process of being updated and will be made available to staff following management review. In the interim, the current policies which were in place will remain relevant.

Staff spoke of a new 'employee of the month' initiative developed by the home's management. Staff stated that they would receive a certificate and award if identified as the employee of the month. Staff commented that this initiative was good as it 'recognised staff for the work that they do,' and staff further commented that this, 'increased staff commitment to their roles'.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. Staff were able to identify the nurse in charge of the home as indicated on the duty rota.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care. An updated Statement of Purpose and a Patient's Guide was available for review.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

Discussion with the registered manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; mattresses; hand hygiene and infection prevention and control. The infection prevention and control audits were reviewed. The audits had been conducted monthly. However, an action plan had not been developed and reviewed to address shortfalls identified within the audits. This was discussed with the registered manager and identified as an area for improvement.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered 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.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Areas of good practice

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

Areas for improvement

An area for improvement under the care standards was identified in relation to auditing arrangements.

	Regulations	Standards
Total number of areas for improvement	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 Cathal Donnelly, Responsible Individual, and Dora Syatwinda, Registered 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time To be completed by: 31 August 2017	The registered person shall ensure good practice guidance is adhered to with regard to post falls management. Ref: Section 6.4
	Response by registered person detailing the actions taken: All staff nurses have been reminded of the NICE guidelines and follow up actions in relation to the monitoring of residents post fall especially in unwitnessed falls. These are to be treated as if they were a potential head injury and cns observations carried out accordingly.
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use. Ref: Section 6.4
	Response by registered person detailing the actions taken: All doors leading to rooms with the potential to contain hazards are checked on regular intervals throughout the day to ensure they are locked and especially after any maintenance works.
Area for improvement 3 Ref: Regulation 16 Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that patients' care plans are developed in a timely manner from admission in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and professional guidance. Ref: Section 6.5
	Response by registered person detailing the actions taken: All staff nurses and Nurse Manager have been reminded of their responsibilities in completing care plans for residents admitted to the home in a timely manner and in accordance with the Nursing Homes Regulations Northern Ireland (2005) and professional guidance.

<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that recommendations from other health professionals are documented; adhered to and care provided evidenced within the patients' care records.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: The Home Manager and Staff Nurses have been reminded of the importance in ensuring that recommendations from other healthcare professionals are documented, adhered to and the care provided can be evidenced by looking at the residents care plan.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4 Criteria (9)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that supplementary care records in respect of bowel management and evidencing skin checks on repositioning are completed accurately and in a timely manner.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All grades of staff including Nurse Manager, Staff Nurses, and all Care Assistants have been advised of this and reminded that care records are completed accurately and in a timely manner in respect of bowel management and evidencing skin checks on repositioning of residents. The paperwork / documentation used has been reviewed and updated to reflect area for improvement.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that action plans are developed to address shortfalls identified during auditing and that the action plans are reviewed to ensure that the actions have been completed.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: Auditing tools used in the home have been reviewed and have a section to be completed after each audit to note any shortfalls identified. There is also a further section for recording the actions taken to address any shortfalls noted to ensure the actions have been completed.</p>

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



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