



# Unannounced Care Inspection Report 24 March 2021



## Brooklands Healthcare Magherafelt

Type of Service: Nursing Home  
Address: Nursing Unit, 66 Hospital Road, Magherafelt  
BT45 5EG  
Tel No: 028 7963 4490  
Inspector: Michael Lavelle

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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 nursing home registered to provide nursing care for up to 47 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Brooklands Healthcare LTD  <b>Responsible Individual(s):</b> Therese Elizabeth Conway	<b>Registered Manager and date registered:</b> Deirdre Mary Monaghan  30 September 2014
<b>Person in charge at the time of inspection:</b> Deirdre Mary Monaghan – Registered Manager	<b>Number of registered places:</b> 47
<b>Categories of care:</b> Nursing Home (NH)  I – Old age not falling within any other category. PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 35

### 4.0 Inspection summary

An unannounced inspection took place on 24 March 2021 from 09.45 hours to 18.00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and environment
- leadership and governance.

Patients said they were happy living in the home. Examples of comments provided are included in the main body of the 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
<b>Total number of areas for improvement</b>	*3	5

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Deirdre Mary Monaghan, Registered Manager, and Therese Conway, Responsible Individual, 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.

## 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
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with 12 patients and seven staff. A poster was displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned within the timeframe for inclusion in the report.

The following records were examined during the inspection:

- staff duty rota for the week commencing 19 March 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- care records for four patients
- accident and incident reports
- record of compliments
- records of audit
- a selection of monthly monitoring reports
- visiting policy.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 24 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 39 <b>Stated:</b> First time <b>To be completed by</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that mandatory training requirements are met.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that some mandatory training had been delivered although compliance was not achieved. Discussion with the manager and review of monthly monitoring reports evidenced this had been highlighted on the action plan.	
	<b>Action taken as confirmed during the inspection:</b> <b>This area for improvement has been partially met and has been stated for a second time.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 47 <b>Stated:</b> First time <b>To be completed by</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that the home is maintained in a safe manner.	<b>Met</b>
	This relates specifically to the review of the use of extension leads within the home. <b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced this area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall that the premises are safe, well maintained and remain suitable for their stated purpose.</p> <p>This relates specifically to the following matters:</p> <ul style="list-style-type: none"> <li>• The repair of identified areas throughout the home</li> <li>• The removal of items stored in the conservatory area</li> <li>• The review of the need for the use of radiator covers in patients bedrooms</li> </ul>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced this area for improvement has been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that there is a managed environment that minimises the risk of infection for staff, residents and visitors.</p> <p>This relates specifically to ensuring that all pull cords are covered in a wipeable material.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> Review of the pull cords evidenced this area for improvement has been met.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 37</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that clear, documented systems are in place for the management of records in accordance with legislative requirements and best practice guidance.</p> <p>This relates specifically to the storage of archived care records.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b> Review of archived records confirmed these were managed and stored in keeping with best practice guidance. This area for improvement has been met.</p>		

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patients' needs. A review of the staffing rotas for the week of the inspection confirmed that the planned staffing levels were provided. We were satisfied that on occasions where staff reported sick at short notice there were systems in place to ensure reasonable actions were taken to replace the staff.

Patients spoken with expressed no concerns regarding staffing levels in the home.

We spoke with seven members of staff who displayed commitment and empathy towards the patients; most staff had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the COVID 19 pandemic on staff, patients and relatives. We received a range of positive and negative comments from staff in relation to team working and communication between staff and management. These comments were shared with the responsible individual for action as required.

### 6.2.2 Care delivery

We walked around the home mid-morning. The atmosphere in the home was relaxed. Patients were either being cared for in their individual bedrooms or in the lounge areas. Patients were supported by staff to adhere to social distancing where possible. Patients appeared warm and comfortable. They were nicely dressed with good attention to detail with their personal care needs evident. We saw one patient who required assistance with personal care. This was discussed with staff who attended to the patients' needs in a timely manner.

We saw that one patient in an identified lounge had not been transferred from their wheelchair to an armchair for at least 30 minutes. We discussed this with staff who assisted the patient immediately. We observed the transfer of the patient from their wheelchair to the armchair. Review of the patient's care records confirmed this was not done in keeping with their assessed needs. This was discussed with the nurse in charge of the unit and the manager; an area for improvement was made.

Patients told us:

"Sometimes when I press the buzzer it would take them (the staff) long enough to come".

"The staff and food are very good. The staff come quick enough when I press the buzzer. Sometimes you have to wait but I know they are busy. I am happy here".

"So far so good. I like the food".

"I am happy enough but I would like to go home".

"The care is good but I would like to be in my own home. I am well enough looked after."

"Happy enough here".

"I am doing alright. I couldn't say a bad word about it here. I am happy and comfortable. The girls work very hard".

"It's a nice place here. They look after us well enough. Everything is perfect".

Following discussions with patients, some of the issues raised were escalated by RQIA to the Northern Health and Social Care Trust (NHSCT) and details were shared with the responsible individual. Following discussion with the NHSCT we were assured that appropriate actions would be taken.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff that were not visiting during the inspection; none were received within the timeframe for inclusion in this report.

Deficits were identified in relation to patients having effective access to the nurse call system within the home. The nurse call buttons were seen to be out of reach for at least four patients. This was discussed with the manager and an area for improvement was made.

We observed that some patients were on bed rest and were unable use the nurse call system due to their cognitive impairment. This was discussed with the manager who agreed to audit to the use of the nurse call system to ensure those patients who cannot use the system are appropriately supervised. The appropriate care plans should be put in place. This will be reviewed at a future care inspection.

We reviewed activities delivered in the home. The activity board displayed in the home evidenced a selection of activities were planned for and delivered; these included television, music and arts and crafts. Discussion with the activity co-ordinator confirmed no one was allocated to deliver activities in their absence or on the days they were not on duty. Review of records confirmed activities were delivered to some patients more frequently than others. In addition, contemporaneous records were not consistently kept of all activities that were delivered. Activity and meaningful engagement was not consistently care planned for or included in patient's daily progress notes. Staff should ensure that patients are aware when activities are being delivered and contribute to the development of the activity planner; this should be reviewed on a bi-annual basis. This was identified as an area for improvement.

We discussed the visiting arrangements in place during the current pandemic. The home had designated a lounge area and a visiting 'pod' had been put in place to facilitate safe visiting where social distancing could be maintained. Visitors had their temperatures taken on arrival at the home and were required to make a declaration regarding their health and that they were Covid-19 'symptom free'. There was ample PPE and hand sanitiser available for visitors. Management advised that in addition to the visiting pod, care partners had been identified for many patients and their relatives. Review of the visiting policy evidenced it had been updated in keeping with the most up to date guidance on visiting and care partners from the Department of Health.

The dining experience was a well organised and an unhurried experience for patients. Patients enjoyed their meal either in the dining room or their bedroom in keeping with their choice. The food looked and smelled appetizing. Patients had a choice of two meals and both these options were available for those who required a modified diet. The food looked fresh, healthy and nutritious and appropriate portions were served. A choice of drinks was offered. Patients told us they enjoyed their meal and the food served in the home.

Food and fluid thickening agent was used to modify patients' meals and drinks as required. We saw that it was unsupervised on two occasions and accessible to patients. We discussed this with the manager who agreed to review the management of thickening agent.



The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards:

“Just a wee note to say thanks so much for facilitating the zoom call with... I really appreciate all your help”.

“Thank you for all the excellent care you gave...during the past year. We always knew...was in the safest and most caring hands”.

### **6.2.3 Care records**

We reviewed four patients' care records. A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments, care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), tissue viability nurse (TVN), podiatrists and dieticians also completed assessments as required. There was evidence within the records that recommendations made by other healthcare professionals were adhered to. Some of the records reviewed contained repetitive nursing entries with some evaluations not reflecting the patient outcomes. This was discussed with the manager who agreed to meet with registered nursing staff and focus on the qualitative element of the care records audit. An area for improvement was made.

Review of one patient's care records evidenced care plans had not been developed in a timely manner, to guide the staff in the delivery of daily care needs. Records of assessment of patient needs and associated risk assessments had been completed; however care plans had not been completed within five days of admission to the home to guide staff on a daily basis. An area for improvement was made.

Most patients' care records reviewed evidenced that care plans were person centred and were reviewed regularly. We saw a small number of records which did not accurately reflect the assessed needs of the patients and some risk assessments and care plans which had not been updated for two months. This was discussed with the manager for action as required.

Review of supplementary care charts such as repositioning records, personal care records and food/fluid intake records evidenced these were well documented.

We reviewed the management of patients who had falls. Review of one unwitnessed fall record evidenced that the appropriate actions were taken following the fall; in keeping with best practice guidance. Review of daily progress notes confirmed that registered nursing staff consistently completed and commented on the clinical and neurological observations taken after a fall.

We reviewed one patient's needs in relation to wound care. Wound care documentation was generally well completed with wound assessments completed after the wounds were redressed in keeping with the instructions given by the TVN. We asked the manager to ensure nursing staff complete a comprehensive wound care evaluation. This will be reviewed at a future care inspection.

Review of care plans did not provide assurances that patient care plans were developed in consultation with the patient or patient's representative. The manager agreed to meet with registered nursing staff to address this and include this in the care record audit.

#### **6.2.4 Infection prevention and control (IPC) measures and environment**

On arrival to the home we were met by a member of staff who recorded our temperature. We observed that hand sanitiser and personal protective equipment (PPE) were available at the entrance to the home. Signage had been placed at the entrance which provided advice and information about Covid-19.

There was an adequate supply of PPE and hand sanitiser; no issues were raised by staff regarding the supply and availability of these items. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing PPE.

Observation of staff practice throughout the day identified inconsistencies in staff knowledge regarding the correct use of PPE and when they should take the opportunity for hand hygiene. While most staff wore their face masks correctly, we saw some staff applying and removing PPE incorrectly. An area for improvement was made.

Audits, including hand hygiene and use of PPE, were completed regularly and evidenced good compliance with best practice; however this was not evidenced during the inspection. The deficits in the audit process were identified and discussed with the manager. 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 rooms and storage areas. The home was found to be clean, warm and tidy and any equipment in use was clean and well maintained. Fire exits and corridors were observed to be clear of clutter and obstruction.

#### **6.2.5 Leadership and governance**

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by the nursing sister. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately.

Review of records confirmed systems were in place to monitor staff registrations with their relevant professional bodies.

Discussion with staff and the manager confirmed that systems were in place for staff training. We discussed the low uptake of mandatory training with the manager, particularly IPC and moving and handling; both of which were identified as areas for improvement. The manager must ensure that mandatory training for all staff has been completed in a timely manner to achieve 100 percent compliance. This was identified as an area for improvement during the care inspection on 24 February 2020; this is stated for a second time.

We reviewed records which confirmed that there was a system of audits which covered areas such as falls, wounds, IPC, hand hygiene, care records and accidents and incidents. These audits were designed to ensure that the manager had full oversight of all necessary areas. Given the deficits identified during the inspection, we discussed ways the manager could

enhance the current governance systems particularly with regards to the care records, hand hygiene and PPE use. An area for improvement relating to the IPC audit process was made in 6.2.4.

We examined the reports of the visits made on behalf of the responsible individual from December 2020 and February 2021. All operational areas and management of the home were covered. Where any issues were identified, an action plan was developed which included timescales and the person responsible for completing the action. We saw that a monthly monitoring report was not completed for January 2021; this was due to an outbreak of infectious disease in the home. We discussed this with the responsible individual and suggested this could be done remotely should this happen in the future.

### Areas of good practice

There were positive interactions between staff and patients throughout the inspection and patients looked content and well cared for.

### Areas for improvement

Seven areas for improvement were identified. These related to safe moving and handling, infection prevention and control, activity provision, patient access to the nurse call system, evaluation of care, planning of care and governance oversight of IPC audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	5

## 6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were friendly and empathetic when responding to patients' individual needs. The home was tidy and fresh smelling throughout. Management were available throughout the inspection and enjoyed the support of staff.

Comments from staff in relation to team working and communication between staff and management were shared with the responsible individual for action as required. Issues that were raised by a number of patients were escalated by RQIA to the NHCST and the responsible individual for follow up as required. We were assured that appropriate actions were taken following discussions post inspection.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Mary Monaghan, registered manager, and Therese Conway, responsible individual, 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>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 39</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b> Additional training sessions have been completed by the Training lead since the inspection to ensure compliance. A monthly audit for Mandatory training is completed by the Home Manager and action is then taken to address any deficits.</p>
<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 20 (1) (a)</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 safe moving and handling training is embedded into practice.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All new staff complete online moving and handling training before commencement of employment. Staff also complete a face to face moving and handling practical training session and must successfully complete a moving and handling competency.</p> <p>This training is updated annually for all staff. Residents have moving and handling assessments in place. Guidance regarding the outcome of moving and handling assessment of each residents is updated on the handover sheet for all care staff.</p> <p>Staff are monitored to ensure appropriate moving and handling procedures are adhered to for each individual resident. Action is taken if staff do not follow correct moving and handling procedures.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the deficits highlighted in 6.2.4.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff complete Infection Prevention Control E learning training and are assessed to be competent in hand washing, “Five moments” and donning and doffing of PPE. This competency is currently being completed again with all staff as an annual update. Hand hygiene audits are completed throughout the month in the Home to ensure staff adhere to IPC procedures.</p>
<p><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></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 43</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 that all patients have effective access to the nurse call system or nurse supervision as required.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff monitor resident’s regularly to ensure resident have access to the nurse call system, all checks are documented on the updated resident’s hourly safety check form.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11</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 the programme of activities is developed with the patients and reviewed at least twice yearly to ensure it meets patients changing needs.</p> <p>Arrangements for the provision of activities should be in place in the absence of the activity co-ordinator. A contemporaneous record of activities delivered must be retained. Activities must be integral part of the care process and care planned for with daily progress notes reflecting activity provision.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The programme of activities is revised at least twice yearly between the Home manager and the activity Therapist, following consultation with the residents within the Home. We have successfully recruited a second activities therapist to support and enhance the residents wellbeing within the home.</p>

<p><b>Area for improvement 3</b></p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure monthly care plan review and daily evaluation records are meaningful and patient centred.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A Group Supervision in Care planning has been scheduled by the Regional manager and Training Lead with all nurses. Daily evaluation records are monitored to ensure that they are meaningful and person centred by completion of audits each month with action taken to address any deficits.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission.</p> <p>The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff complete initial plan of care following information gathered from pre admission assessment in conjunction with the resident, their relative and care manager within the initial 24hr period from admission. The risk assessments and associated care plans are fully completed by day 5. The home manager will have oversight by ensuring an Individual Care file audit is completed by day 5.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure a more robust system is in place to ensure compliance with best practice on infection prevention and control.</p> <p>Ref: 6.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff complete Infection Prevention Control E learning training and are assessed to be competent in hand washing, "Five moments" and donning and doffing of PPE. This competency is currently being completed again with all staff as an annual update. Hand hygiene audits are completed throughout the month in the Home to ensure staff adhere to IPC procedures.</p>

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



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