

# Unannounced Follow-up Care Inspection Report 30 October 2019



## Moneymore

**Type of Service: Nursing Home (NH)**  
**Address: Cookstown Road, Moneymore, Magherafelt  
BT45 7QF**  
**Tel no: 028 8674 8118**  
**Inspector: Jane Laird**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

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

**1.0 What we look for**



**2.0 Profile of service**

This is a registered nursing home which provides care for up to 41 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Patricia Graham – acting manager
<b>Person in charge at the time of inspection:</b> Patricia Graham	<b>Number of registered places:</b> 41
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 32

### 4.0 Inspection summary

An unannounced inspection took place on 30 October 2019 from 11.20 to 18.30.

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

We were welcomed into the home by Patricia Graham the acting manager who was providing support to the recently appointed manager Shauna Rooney who was completing her induction and was available throughout the inspection. Verbal feedback of the inspection findings were given to both Ms Graham and Ms Rooney at the conclusion of the inspection.

During this inspection we identified evidence of good practice in relation to care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives, taking account of the views of patients and governance arrangements.

There were no new areas for improvement identified during this inspection. An area for improvement that was identified at the previous care inspection in relation to record keeping specific to supplementary recording charts has not been fully met and has been stated for a second time. Areas for improvement were identified at the previous finance inspection in relation to ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly and ensuring that there is evidence that any changes to patients' agreements have been shared and agreed with the patient or their representative. These areas for improvement have not been met and have been stated for a second time.

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	*2

\*The total number of areas for improvement includes one regulation and two standards which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Patricia Graham, acting manager and Shauna Rooney, recently appointed manager (on induction), 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

The most recent inspection of the home was an unannounced care inspection undertaken on 9 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 April 2019.

#### 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 and finance inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous record of care and finance inspection

The following records were examined during the inspection:

- duty rota for all staff from 21 October 2019 to 3 November 2019
- four patient care records
- a sample of care charts including food and fluid intake and repositioning charts
- two staff recruitment and induction files
- complaints
- a sample of governance audits/records
- a sample of monthly monitoring reports for August 2019 and September 2019
- RQIA registration certificate
- a sample of patients' individual written agreements

- a sample of treatment records for services facilitated within the home for which there is an additional charge to patients
- a sample of records of patients' personal property

Areas for improvement identified at the last care and finance inspections were reviewed and assessment of compliance recorded as either 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 9 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed two staff recruitment files which evidenced that they were recruited in accordance with best practice and legislation.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.  Specific reference to recording charts and daily records: <ul style="list-style-type: none"> <li>• Action taken should be documented within daily records when set fluid targets have not been maintained</li> <li>• Where a patient has been repositioned the frequency should reflect the current care</li> </ul>	<b>Partially met</b>

	<p>plan and state the intervention on each repositioning.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector reviewed a sample of records which evidenced that action taken was not consistently documented within daily records when set fluid targets had not been maintained and on review of repositioning records the frequency of repositioning was not consistent with the care plan on all occasions. This is discussed further in 6.2.3.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (b) and (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated.</p> <p>This is in relation to the unsupervised use of lighters within the patient smoking room.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that lighters were secure during the inspection.</p>	<b>Met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format and a record kept of all activities that take place, with the names of the person leading them and the patients who participate. Arrangements for the provision of activities should be in place in the absence of the patient activity leader.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that this area for improvement has been met and is discussed further in 6.2.1.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the level, nature and type of any restraint is proportionate to the risk it is attempting to address.</p>	<b>Met</b>



	<p>This is with specific reference to the keypad on the main exit door of the home.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that a code for the keypad on the main exit door of the home was displayed beside the keypad.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that patients have control over who accesses their room and when this happens. Arrangements must be in place to ensure that patient's privacy is upheld.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that arrangements were in place to ensure that patient's privacy is upheld.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust wound care audits are maintained to quality assure the standard of care in the home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that wound care audits were robust to quality assure the standard of care in the home.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 16 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the complaints procedure includes detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the complaints procedure includes detail of all communications with the complainant; the results of any investigations; the actions taken; whether or not the complainant was satisfied with the outcome and how this level of satisfaction was determined.</p>	

<b>Areas for improvement from the last Finance inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (10)  <b>Stated:</b> First time  <b>To be completed by:</b> 09 November 2018	The registered person shall ensure that a record is maintained of the furniture and personal possessions which each brings bring into their room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> On review of a sample of patient care records it was evident that a list of personal possessions and furniture had been on recorded on admission and kept within the patients care records.	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time  <b>To be completed by:</b> 29 September 2018	The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed a sample of records and confirmed that the person providing the service and the patient or a member of staff of the home signed the treatment record to verify the treatment provided and the associated cost to each patient.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 09 November 2018	The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	<b>Not met</b>



	<p><b>Action taken as confirmed during the inspection:</b> On review of a number of patient care records it was evident that the record of inventory on admission had not been reconciled since admission.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 09 November 2018</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b> On review of a sample of patient agreements it was evident that any increases in charges payable had not been signed by the patient and/or their representative and the reason as to why this had not been signed was not documented.</p>	

## 6.2 Inspection findings

### 6.2.1 Patient Health and Welfare

On arrival to the home at 11.20 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. Staff interactions with patients were observed to be compassionate, caring and timely and patients were afforded choice, privacy, dignity and respect.

The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. This was particularly evident for those patients who were unable to participate in group activities/communal events where staff facilitated the patient's favourite music or television programme.

Discussion with patients and staff and review of the activity programme displayed in the main corridor evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. A record was kept of all activities that had taken place, with the names of the person leading them and the patients who participated. On the day of the inspection the activity coordinator was very enthusiastic in her role and patients appeared to enjoy the interaction between the staff and each other. A Halloween party with live music was being provided by a local musician in the afternoon where patients enjoyed a sing along with friends and family present. The manager discussed the homes plans for replacing all patients'

record of activity preferences with a specific booklet dedicated to person centred activities to include photographs with the patients' life history in consultation with the patient and/or their representative where necessary. This was commended by the inspector.

Patients' bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display within the dining areas and offered a choice of two main meals. The dining rooms were well presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals and patients appeared to enjoy the mealtime experience.

A range of drinks were offered to patients at various intervals throughout the inspection and staff were knowledgeable regarding how to modify fluids and how to care for patients during the administration of fluids.

We observed unsupervised access to food thickening agents within one of the lounges and denture cleaning tablets within an identified patient's bedroom. This was discussed with the manager to review potential risks to patients. The manager stated that due to the category of care the risk to patients were low, however, agreed to review the current storage arrangements to ensure patients safety. Following the inspection the manager provided assurances that all relevant persons were informed regarding the importance of securing such items where deemed necessary and further agreed to monitor this as part of the daily walk around.

Consultation with nine patients individually, and with others in small groups, confirmed that living in Moneymore was a positive experience.

#### **Patient comments:**

- "Well looked after"
- "Kitchen and nursing staff are great, we would be lost without them"
- "The staff are brilliant"
- "Staff are very good."
- "Well looked after"
- "Couldn't be better"
- "Staff are looking after me terribly well"

#### **Representatives' comments:**

- "The care is compassionate and well led."
- "Staff are very good."
- "The activities are well organised"
- "Generally a good home"
- "Staff are very friendly"
- "Patients are well looked after"

There were no areas for improvement identified during the inspection in this domain.

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

### 6.2.2 Staffing provision

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 21 October 2019 and 28 October 2019 were reviewed and evidenced that the planned staffing levels were adhered to on most occasions.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Comments included:

- “Really love my job”
- “Feel very supported”
- “No concerns.”
- “Really enjoy my work”
- “I love it here.”
- “Good induction.”

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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Moneymore.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

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

### 6.2.3 Management of patient care records

A system was in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals and care plans identified as no longer relevant had been archived appropriately to avoid confusion.

Supplementary care charts in relation to fluid intake were reviewed which evidenced that directions within patient care plans regarding recommended fluid consistency had been consistently transferred across to all relevant documentation. However, on review of one

patient's nutritional care plan a daily set fluid target had been recommended but there was no record of any monitoring charts or documentation within the patient's daily progress notes. On review of repositioning charts for three patients who were assessed as being at risk of skin break down due to reduced mobility and incontinence it was positive to note that the recommended frequency of repositioning was recorded to direct the staff which was consistent with the care plans for each patient, however, on review of the charts there were several gaps evident in the frequency of repositioning exceeding the recommended frequency. We discussed this with the manager who acknowledged that there were shortfalls in the supplementary recording charts and agreed to carry out daily monitoring checks on all fluid and repositioning charts until satisfied that this is embedded into practice and to discuss the importance of accurate recording with all relevant staff. This was an area for improvement that had been identified at the previous inspection and has been stated for a second time.

### Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

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

### 6.2.4 General environment

As discussed in 6.2.1 a review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction and the home was found to be warm and comfortable throughout. There were a number of areas throughout the home where walls and over bed tables were worn or damaged. We observed that the underneath of identified patient equipment had not been effectively cleaned following use and dust was evident to a number of high surfaces. On review of the monthly audits carried out by the management team it was evident that they were identifying deficits within the environment and had initiated suitable action plans, however, the manager recognised the need for a more robust oversight of the housekeeping to ensure good standards are maintained and discussed their recent recruitment of domestic staff to ensure that enhanced cleaning can be maintained. Further assurances were provided following the inspection that the identified areas had been cleaned and that a request for redecorating of walls and replacement of identified furniture had been initiated. The manager also assured the inspector that they would continue to monitor the environment for any infection prevention and control (IPC) deficits during daily walk arounds.

There were no areas for improvement identified during the inspection in this domain.

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

### 6.2.5 Management and governance arrangements

Since the last inspection there has been a change in management with Patricia Graham as the interim acting manager. During the inspection Shauna Rooney was being inducted as the new manager for the home and was due to take up this role from the 31 October 2019.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis and copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised.

### 6.2.6 Finance

A review of a sample of patients' records was taken to validate compliance with the areas for improvement identified from the last finance inspection, these included copies of patients' written agreements, records of patients' personal property and records of payments to the hairdresser and podiatrist.

A review of three patients' files evidenced that copies of signed written agreements were retained within all three files. However, the annual updates for two of the patients had not been signed to reflect the increase in charges payable. This was identified as an area for improvement at the previous finance inspection and has been stated for a second time.

Hairdressing and chiropody treatments were being facilitated within the home and a sample of these treatment records were reviewed. The treatment records evidenced that these were consistently signed by the person providing the treatment and by a representative of the home to evidence that the person had received the treatment. This was an area for improvement identified at the previous finance inspection which has been suitably addressed.

The inspector reviewed a sample of patients' property records maintained. The records for four patients evidenced that a record of personal property was held on their files. However, it was noted that these records had not been reconciled on a quarterly basis by a member of staff and countersigned by a senior member of staff as per standard 14.26 of the Care Standards for Nursing homes, 2015. This was identified as an area for improvement at the previous finance inspection and has been stated for a second time.

### Areas for improvement

There were no new areas for improvement identified during the inspection in this domain.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia Graham, acting manager and Shauna Rooney, recently appointed manager (on induction), 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 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 DHSSPS 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 13 (1) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> With Immediate effect	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts and daily records:</p> <ul style="list-style-type: none"> <li>• Action taken should be documented within daily records when set fluid targets have not been maintained</li> <li>• Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning</li> </ul> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Supervisions have been completed with all staff regarding documentation and concise recording. Repositioning charts have been reviewed regarding the frequency of repositioning tailored to individual residents and cross referenced to individual care plans. Nursing notes are checked as part of daily walkabout to ensure compliance with recording of fluid intake and action to be taken when set targets have not been reached.</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>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2019	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            A residents Inventory of property form has been implemented in addition to initial inventory list in admission booklet to ensure all residents belongings are checked at least quarterly this will then be countersigned by a senior member of staff.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 2.8  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2019	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.1</p>

	<p><b>Response by registered person detailing the actions taken:</b> Updated residents terms and conditions have now been received. Going forward any changes to the individual agreement will be in writing by the resident or representative. Should the resident or representative is unable or chooses not to sign the revised agreement this will be recorded and retained on file.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal*



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