

# Inspection Report

04 August 2022



## Ballyclare Nursing Home

Type of service: Nursing Home  
Address: 107a Doagh Road, Ballyclare, BT39 9ES  
Telephone number: 028 9334 0310

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Mrs Janet Montgomery	<b>Registered Manager:</b> Mrs Sharon Bell – Acting Manger
<b>Person in charge at the time of inspection:</b> Mrs Sharon Bell	<b>Number of registered places:</b> 34
<b>Categories of care:</b> Nursing Home (NH) I – old age not falling within any other category	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered nursing home which provides nursing care for up to 34 patients. The home is divided over two floors. Patient bedrooms are located over the two floors. Patients have access to communal lounges and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 4 August 2022 from 09.30am to 6.30pm by a care inspector.

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

Ten new areas requiring improvement were identified as outlined in the Quality Improvement Plan. An area for improvement in relation to the monitoring of staff professional registrations has been stated for the third time.

Patients told us that they were well looked after. Patients who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients, staff and relatives are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

At the end of the inspection Sharon Bell, Manager and Noby Joseph ,Deputy Manager, were provided with details of the of the findings.

### 4.0 What people told us about the service

Patients expressed no concerns about the care they received and confirmed that all of the staff were 'good'. Patients also told us that the food was good. One patient told us, "I am getting on ok, foods better. The staff are brilliant and there's enough staff; if I ring my bell they come and help me".

Staff spoken with raised concerns that they were short staffed at times and that staff morale was low. All comments from staff were passed to the manager for their information and action as required. Staffing is further discussed in section 5.2.1.

Three questionnaire responses were received and two raised concerns in regard to a lack of communication from the management of the home; another indicated dissatisfaction with the services provided in the home. All comments from the questionnaires received were passed to the manager to action as necessary.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 14 June 2022		
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 (5)(d) <b>Stated:</b> Second time	The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is discussed further in section 5.2.1.  This area for improvement has not been fully met and has now been stated for the third time.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 12 (1)(a) <b>Stated:</b> First time	The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient. <ul style="list-style-type: none"> <li>• All wounds should have detailed individual care plan</li> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul>	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was partially met and is discussed further in section 5.2.2.  This area for improvement has not been fully met and has now been stated for the second time.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 32 (h)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the use of the identified bathroom and if necessary submit a variation to registration to RQIA.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance; and does not evidence the use of correction fluid.</p> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement has not been met and this will be discussed further in section 5.2.1.</p> <p>This area for improvement has not been met and has now been stated for the second time.</p>	<p><b>Not Met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The responsible person shall ensure communal bathrooms are not used to store patient equipment.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> First time</p>	<p>The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is stated for a second time.</p>	<b>Not met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Such governance audits shall be completed in accordance with legislative requirements, minimum standards and best practice.</p> <p>This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Wound care audits</li> <li>• PPE compliance audits</li> <li>• Hand hygiene audits.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and has been subsumed into an area for improvement under regulation. This is discussed further in section 5.2.5.</p>	<b>Not met</b>

### 5.2.1 Staffing Arrangements

Recruitment procedures were reviewed within one recently recruited staff member's file. Not all pre-employment checks were evidenced within the file. This was discussed with the manager and an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. This included patient moving and handling training. Observation of staff use of manual handling equipment during a transfer of a patient on the day of inspection was discussed with the manager and an area for improvement was identified.

Staff said there was good teamwork in the home, although, all staff consulted raised concerns in regards to the planned staffing levels not being met at times. A review of the duty rota confirmed this. This was discussed with the manager who addressed any upcoming shortfalls for the week of the inspection. The manager also agreed to submit a notification to RQIA under Regulation 30 when the planned staffing levels were not met.

The nurse in charge in the absence of the manager is required to have undergone a competency and capability assessment for this role to ensure that they had the necessary knowledge and understanding prior to taking charge. Review of these competency and capability assessments evidenced that they were not up to date. An area for improvement previously made in this regard was stated for a second time.

Review of records highlighted that there was a lack of robust governance arrangements for the monitoring of the professional registration of staff. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC), but the checking of care staff registrations with the Northern Ireland Social Care Council (NISCC) did not identify that all staff were registered with NISCC. An area for improvement in this regard has been stated for a third time. Assurances were received from the home after the inspection confirming that all care staff were appropriately registered with NISCC.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. Staff were knowledgeable of patients' needs, their daily routine, likes and dislikes.

Staff were seen to provide a prompt response to patients' needs and demonstrated an awareness of individual patient preferences. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patient's care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients who were less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. Care plans were in place to direct the care, however, gaps in the recording of the repositioning records was observed and these records were not time specific. This was discussed with the manager and an area for improvement was identified.

Examination of accident records with regards to the management of three falls evidenced that within two of the records, neurological observations had not been consistently recorded. This was discussed with the manager and an area for improvement was identified. A review of wound care records evidenced that a patient who had two separate wounds had the treatment plan for both recorded on the same care plan. An area for improvement was partially met and stated for a second time. It was positive to note that there were no other wounds in the home.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. The lunchtime dining experience was seen to be a pleasant opportunity for patients to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure patients were comfortably seated and enjoyed their meal. There was evidence that patients' needs in relation to nutrition and the dining experience were being met. For example, staff recognised that patients may need a range of support with meals and were seen to helpfully encourage and assist patients as required.

There was a choice of meals offered, the food was attractively presented and smelled appetising. There was a variety of drinks available. Patients told us they enjoyed the food provided in the home.

Patients who chose to have their lunch in their bedroom or lounge areas had trays delivered and the food was covered on transport. The menu was clearly displayed and reflected the food served.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the speech and language therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weights were checked at least monthly to monitor for weight loss or gain. Within one patient's records, it was not clear what action was taken when weight loss had been identified. This was discussed with the manager who told us she would address this. Records were kept of what patients had to eat and drink daily where appropriate, however, some charts lacked detail of the meal taken. An area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient such as family photos and sentimental items from home.

Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

Some equipment in the home such as manual handling equipment and wheelchairs were not effectively cleaned. This was discussed with the manager and an area for improvement was identified.



The cleaning store was observed to be accessible and a sluice was also observed unlocked and cleaning chemicals were accessible to patients within each area. This was discussed with the manager and an area for improvement was identified.

A tin of thickening agent was also accessible in an unlocked drawer of the unit in the dining room. This was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Visiting arrangements were in place in line with Department of Health and IPC guidance.

It was observed that some staff were not either wearing their face masks appropriately or attending to hand hygiene appropriately. An area for improvement identified at the previous inspection was stated for a second time.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients who were able and staff confirmed that they were able to choose how they spent their day. Patients could remain in their bedroom or go to the communal lounges when they wished.

Patients were observed listening to music, chatting with staff and watching TV. There was also a religious service held in the afternoon.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

RQIA were advised prior to the inspection that there was no manager at present in the home and the manager from the sister home on the same site was taking on the acting manager role for this service. RQIA were concerned with this arrangement and requested to be kept updated with the progress of the recruitment for a new manager. These updates have been provided.

There was evidence of inconsistent auditing across various aspects of care and services provided by the home such as PPE and Hand Hygiene audits. However, since the last inspection a number of new audit tools had been introduced. There was no clear system as to the frequency of when these audits were to be done and some had only been completed once. There was also no weight loss audit in place to ensure the manager's oversight and the accident incident audit did not clearly identify if any trends or patterns had been identified. This was discussed with the manager and an area for improvement stated at the last inspection was subsumed into a new area for improvement under regulation.

A review of the accidents incidents also evidenced two falls that had not been notified to RQIA. This was discussed with the manager and an area for improvement was identified.

Messages of thanks including any thank you cards and emails received were kept and shared with staff.

There were systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the safeguarding policy.

The home was visited each month by a representative of the responsible individual to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	8*	7*

\* The total number of areas for improvement includes one under regulation that has been stated for a third time and one that has been stated for a second time. One area for improvement under the standards that has been stated for a second time. One area for improvement under the standards that has been subsumed to an area for improvement under regulation. There is one which carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sharon Bell, Acting Manager and Noby Jacob, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<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 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection	<p>The registered person shall ensure that a robust system of audit which includes all aspects of medicines management is implemented to ensure safe systems are in place.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (5) (d)  <b>Stated:</b> Third time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure a robust system is in place to regularly monitor staff registration with their appropriate regulatory body.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Deputy manager is checking and recording the validity of the nurses employed via the NMC and this is being recorded and is up to date.            All care staff validity was checked following the inspection and all staff were up to date. Monthly checks of the validity of the care staff is being carried out by the Interim manager Mrs Bell and records being held in Ballyclare.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 21 (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure care documentation for the management of wounds accurately reflect the assessed needs of the patient.</p> <ul style="list-style-type: none"> <li>• All wounds should have detailed individual care plan</li> <li>• The frequency of dressing change should clearly reflect the assessed need of the wound</li> <li>• Any change in the wound should be accurately documented and appropriate care documentation updated to reflect the change.</li> </ul> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Staff nurses have been instructed to ensure that all wounds have been detailed in the care plan and to ensure that when recording dressing change on epicare the evaluation is completed with details showing the progression or deterioration of the wound and any subsequent intervention from other members of the multidisciplinary team</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure evidence of all pre-employment checks is retained in the home and available for inspection.</p> <p>Ref:5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Criteria drawn up for the deputy manager to follow while waiting on the new manager commencing their post.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that neurological observations are consistently recorded in line with best practice guidance in the event of an actual / suspected head injury.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been taken over the procedure to be followed and reminded of the best practice to be adhered to regarding actual/suspected head injury as can happen through an unwitnessed fall. Further follow up through monthly audits and findings needing addressed shared with the staff and memo.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14(2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.</p> <p>Ref:5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Locks applied to storage area with cleaning materials and house keeping staff have been reminded about keeping the chemicals locke away also reminde that they should not leave chemicals easily accesible on cleaning trolleys.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2022</p>	<p>The registered person shall ensure that a robust system is implemented and maintained to promote and assure the quality of nursing and other services in the home.</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> System has been put in place for required audits to be carried out on a monthly basis and held on file, as discussed at the inspection this had not been as frequent due to circumstances.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30.</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Trained staff have been reminded that they must complete all relevant documentation as per Reg 30. Further follow ups through audits and finding which are shared with staff and signed as read, meetings and memos.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 41.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 October 2022</p>	<p>The registered person shall ensure registered nurses competency and capability assessments are up to date and regularly reviewed.</p> <p>Ref: 5.1 and 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Competency and capability assessments completed and are up to date for this year.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 46.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible person shall ensure that staff use PPE appropriately at all times in order to assure compliance with best practice guidelines in infection prevention and control measures.</p> <p>Ref: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> All staff reminded of the correct use of PPE following best practice guidelines in infection prevention and control. Further follow up through training meetings and memos.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2022</p>	<p>The registered person shall ensure staff training in manual handling is updated and this training is embedded into practice.</p> <p>Ref 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Manual handling updates are ongoing by the manual handling trainer in the home.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2022</p>	<p>The registered person shall ensure that repositioning records are time specific and patients are repositioned as per their care plan.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> New records in place and staff reminded of the requirement that these are legal records and need to be fully completed.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2022</p>	<p>The registered person shall ensure that the records are maintained of the exact nature of each meal consumed by patients to evidence that a varied diet is provided and that patients are availing of choice.</p> <p>Ref:5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Fluid balance charts are in place for those residents that require them and staff have been reminded that these must be completed accurately and in a timely fashion to show what the resident has had at mealtimes and in between.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 October 2022</p>	<p>The registered person shall ensure a robust system is in place for the effective cleaning of equipment. This is stated in reference to, but not limited to, manual handling equipment and wheelchairs.</p> <p>Ref:5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> New documentation provided fo record keeping being embeded into practice.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure food thickening agents are stored safely and securely at all times.</p> <p>Ref:5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff spoken to regarding safe storage and memo to all staff.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

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