

Inspection Report

5 July 2022



Whiteabbey

Type of service: Nursing Home (NH)
Address: 104-106 Doagh Road, Newtownabbey, BT37 9QP
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual: Mrs Natasha Southall	Registered Manager: Mrs Eleanor Dodson Date registered: Not registered
Person in charge at the time of inspection: Arni Operario - Registered Nurse	Number of registered places: 59
Categories of care: 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.	Number of patients accommodated in the nursing home on the day of this inspection: 44
Brief description of the accommodation/how the service operates: This is a registered Nursing Home which provides nursing care for up to 59 patients. The home is divided into two units, one on the ground floor and one on the first floor. Patient bedrooms are located over the two floors.	

2.0 Inspection summary

An unannounced inspection took place on 5 July 2022, from 9.00 am to 6.00 pm, 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.

The home was warm, clean and comfortable. Patients were well presented in their appearance and appeared happy and settled in the home. Comments from patients were positive in regards to their interactions with staff and with the food provision in the home. Those patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Thirteen new areas for improvement were identified and are detailed throughout the report and in section 6.0 of this report.

RQIA was assured that the delivery of care and service provided in Whiteabbey Nursing Home was safe, effective and compassionate.

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 or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards 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.

The findings of the inspection were discussed with Judy Derby, Regional Support Manager at the conclusion of the inspection.

4.0 What people told us about the service

Three relatives, 12 patients, 11 staff, and one visiting healthcare professional. Patients spoken with on an individual basis told us that they felt safe, were happy with their care and with the services provided to them in Whiteabbey. Patients described the staff as "lovely", "very good" and "excellent". Staff told us that they enjoyed working in the home and described good teamwork amongst their colleagues. Seven questionnaires were returned, five from patients; four of the questionnaires indicated a satisfied or very satisfied response to all aspects of care delivery in the home.

Two questionnaires also indicated a satisfied or very satisfied response to all aspects of care delivery in the home but it was unclear if these responses were from patients or relatives.

One relative also completed a questionnaire and no issues were raised regarding the care or services provided by the home. One patient commented on a questionnaire; "The care is excellent, first class, the staff members are excellent, I don't know if they could do any better!"

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 care inspection on 20 May 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1) Stated: Second time	The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.	Not met
	Action taken as confirmed during the inspection: Repositioning records reviewed did not evidence that patients were repositioned as prescribed in their care plan. This is further discussed in section 5.2.2. This area for improvement has not been met and is stated for a third time.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following:</p> <ul style="list-style-type: none"> • Mouth care as prescribed in the patients plan of care • Care of the enteral feeding tube as prescribed in the patients plan of care • Monitoring of the patients bowel pattern. <p>Action taken as confirmed during the inspection:</p> <p>Records examined confirmed the patient’s bowel pattern and enteral feeding tube care was consistently done. However, there was no evidence to confirm mouth care was carried out daily although the patient’s mouth was observed clean and moist.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning charts. <p>Action taken as confirmed during the inspection:</p> <p>Deficits were identified regarding the accurate completion of repositioning booklets. Booklets were observed incomplete and / or did not reflect the patients’ prescribed mattress or setting.</p> <p>This area for improvement has not been met and is stated for a third time.</p>	<p>Not met</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to help protect patients. Two recruitment files were examined the records did not contain staff induction documentation, this was discussed with Regional Support Manager and induction records were to be sent via email for review. Email confirmation was received 26 July 2022 to advise RQIA that the induction records could not be sourced; an area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. However; review of the training statistics did not provide assurance that the Manager had oversight of staff compliance and timely completion of the required training. An area for improvement was identified.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were monitored by the Manager.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted.

Any nurse in charge of the home during the Manager's absence should undergo a competency and capability assessment for this role; this helps to ensure that they have the necessary knowledge and understanding prior to taking charge of the home. Review of these competency and capability assessments evidenced that they were not up to date. An area for improvement was identified.

Staff confirmed that the teamwork in the home was good. During the inspection the team were observed to work well and communicate well with one another. Staff confirmed that when they are short staffed, they all pull together for the benefit of the patients.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them. It was observed that staff responded to requests for assistance in a timely manner. Patients who could not verbalise their feelings appeared to be settled and content in their environment.

A visiting professional said the staff members are very helpful and communication with the home is very good.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy; they knocked on doors before entering bedrooms and bathrooms and offered personal care to patients discreetly.

The staff members were seen to speak to patients in a caring and professional manner; they offered patients choice and options throughout the day regarding, for example, where they wanted to spend their time or what they would like to do.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one identified patient's care records evidenced that their care plans and risk assessments had not been developed in a timely manner. An area for improvement was identified.

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 patients' care needs and what or who was important to them. Informative and meaningful 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 also recorded.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. Repositioning booklets were also observed incomplete or to have the wrong information in regards to patient details and type and setting of mattress in use on the patient's bed. The two areas for improvement in regard to patient repositioning and record keeping have not been met and will be stated for a third time.

Examination of care documentation for patients who had experienced a fall evidenced that care plans and risk assessments were appropriately reviewed and updated after a fall. However, when patients were commenced on neurological observations for unwitnessed falls; it was observed that the neurological observations were not completed for the recommended timeframe and no rationale was documented for stopping the observations. An area for improvement was identified.

Patients who required care for wounds or pressure ulcers had this clearly recorded in their care records. There was evidence that nursing staff had consulted with specialist practitioners in the management of wounds or pressure ulcers, for example, the Tissue Viability Specialist Nurse (TVN) and were following any recommendations made by these professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed at the serving of lunch that very few patients came to either dining room to eat their lunch, this was discussed with staff and it was generally felt that patients had become customised to eating in their rooms as an impact from the Covid -19 pandemic.

The food served was attractively presented and smelled appetising and portions were generous. Patients' commented positively about the food in Whiteabbey Nursing Home. It was observed that the lunch that was being delivered on trays to the patients on the ground floor were all plated and covered by the chef and served at the kitchen hatch, but at one stage eleven plates were sitting ready for delivery, staff were attending to the delivery of the trays as quick as possible. However, assurances could not be made that all the meals were at appropriate temperature when the patient received them. It was also noted that the daily menu was not displayed in either dining room.

The dining experience observations were discussed with the Regional Support Manager who agreed to recommend a review of the dining experience, an area for improvement was identified.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Review of fluid intake and output recording charts evidenced 'gaps' in the consistent reconciliation of the patients 24 hour fluid total. 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, the laundry 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.

The flooring in the laundry was still observed in places in need of repair or replacement, this has been observed on several inspections but no progress has been made in securing the repair or replacement of the floor. This was discussed with the Regional Support Manager and an area for improvement was identified.

We observed thickening agents in a patient's bedroom and on an unattended trolley outside the kitchen; thickening agents should be kept secured when not in use; an area for improvement was identified.

Moving and handling equipment was seen stored in a corridor when not in use; this was discussed with the Regional Support Manager and maintenance personnel and the items were moved during the inspection. In the event of an emergency these pieces of equipment would be a potential obstruction and could prevent clear exit from the building. This was identified as an area for improvement in order to comply with the regulations.

A fire risk assessment was conducted on the 27 April 2022 and there was evidence all the required actions had been appropriately addressed.

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. The staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, listening to music, resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

An activities coordinator is employed to plan and implement social activities for patients in the home.

Although the staff member was not on duty on the day of inspection, a schedule of activities was displayed; activities included singing, reminiscence, arts and crafts, games and exercises.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Eleanor Dodson has been the Manager in this home since 20 September 2021. RQIA were informed of this change. However, we were informed Eleanor has tendered her resignation and plans are in place for the recruitment of a new Manager for the home.

Staff demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about patient care or staff practices.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager or members of the nursing team completed audits; some deficits were identified in the robustness of these audits and it was not clear that the Manager had complete oversight of the audits reviewed. An area for improvement was identified.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints. A review of records did not provide a full account of the nature of one identified complaint nor did it provide assurance regarding the Managers actions to manage this complaint. An area for improvement was identified.

The home was visited each month by a representative of the registered provider 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 in detail. These are available for review by patients, their representatives, the Trust and RQIA. Action plans had been appropriately developed within the reports however; there was limited evidence on the progress made by the Manager in addressing the areas for improvement. An area for improvement was identified.

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
Total number of Areas for Improvement	7*	9*

* the total number of areas for improvement includes one area under Regulation and one area under the standard that have been stated for a third time, a further area under Regulation is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Judy Derby, Regional Support Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that repositioning records evidence the delivery of pressure area care as prescribed in the patients care plan.</p> <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Residents' care plans are evaluated monthly or more frequently if required to ensure the most up to date care to be provided is documented. The repositioning records will be reviewed by the registered nurse before the end of each shift to ensure that details of the delivery of care to be provided is recorded in the supplementary booklet. Compliance will be monitored through the daily walkabout audit and during the completion of the monthly Regulation 29 visit.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure supplementary care records for patients who require enteral feeding evidence the following:</p> <ul style="list-style-type: none"> • Mouth care as prescribed in the patients plan of care <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: The Daily Care sheet has been reviewed to contain details with regards to Mouth Care. A care plan is in place containing details of the mouth care regime for the identified one Resident. Compliance will be monitored during daily walkabout audit and via the completion of the Regulation 29 visit.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 20 (1) (c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure that newly appointed staff are provided with a robust induction programme, and this is completed in a timely manner, signed off by the Manager and available for inspection in staff recruitment records.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All newly appointed staff will be provided with a robust detailed induction programme and on completion this will be signed off by the Manager. Inductions will be retained in the staff personnel file. Compliance will be monitored during the Regulation 29 visit</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1) (c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All newly recruited staff will complete the allocated mandatory training before the commencement of employment. Further modules to be completed during the probationary period. All existing team members will be accessing the new learning platform for Beaumont Care Home teams, the completion of mandatory training modules will be prioritised. Mandatory training is updated annually or as appropriate for all staff. The Manager reviews compliance on a weekly basis and appropriate action will be taken with staff for failure to complete. Overall compliance will be monitored during completion of the Regulation 29 visit</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that neurological observations are managed in line with best practice guidance in the event of an actual/suspected head injury.</p> <p>This specifically relates to:</p> <ul style="list-style-type: none"> • The contemporaneous and accurate recording of clinical observations by registered nurses • If observations are stopped before the recommended timeframe a clear rationale must be recorded. <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Nursing staff have been reminded to complete clinical observations and record following an actual/ suspected head injury. This will be monitored by the Manager following review of the incident form and appropriate action taken if required.</p>

<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure thickening agents are securely stored when not in use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: All Staff have been reminded to ensure that all thickening agents are securely stored in the tab lock boxes provided. This will be monitored as part of the daily walkabout audit and during the Regulation 29 visit to the Home.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all corridors are kept clear and unobstructed at all times.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been reminded to ensure that hoists are appropriately stored and that all fire exits are kept clear and unobstructed. Compliance will be monitored as part of the daily walkabout audit and during the Regulation 29 visit.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Third time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress:</p> <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need • The mattress should be set correctly to meet the assessed need of the patient • The type of mattress and correct setting must be documented correctly on the patients repositioning charts. <p>Ref: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All records are being reviewed to ensure that all residents are using the correct equipment for their assessed needs. These records will confirm the type and/or setting of the pressure mattress to meet the assessed needs of the Resident. Compliance will be monitored through the audit process.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 41.7</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2022</p>	<p>The registered person shall ensure that competency and capability assessments for nurses in charge of the home in the absence of the Manager are kept up to date and regularly reviewed.</p> <p>Ref: 5.2.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: All Competency and capability assessments are being renewed and updated to include block booked agency nurses. These will be kept on file and reviewed at least annually. Completion will be monitored as part of the Regulation 29 visit.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall review the dining experience for patients to ensure:</p> <ul style="list-style-type: none"> • The menu is appropriately displayed in both dining rooms • The service of food in the downstairs dining room is reviewed so that the food is not plated and served at one time to ensure the food patients receive is at the required temperature. <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: The menu is displayed in both dining rooms. Food is served from a heated trolley through the dining hatch when the resident is ready to be served the meal. Compliance will be monitored during the completion of the daily walkabout audit and dining audit.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure fluid recording charts are accurately and comprehensively maintained at all times and reconciled daily.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 6</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>Response by registered person detailing the actions taken: Residents who have been assessed as requiring monitoring of fluid will have fluid intake recorded by staff. The Nurses have been reminded to review the fluid records and record daily intake at the end of the shift. When the fluid target has not been met, MDT intervention will be sought, care plan updated and record made in daily progress notes. Compliance will be monitored through the daily walkabout audit.</p> <p>The registered person shall ensure the identified laundry floor is either repaired or replaced.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Property Manager is awaiting a quotation for repair/replacement of the laundry floor. A decision will then be taken as to which option is best taken forward.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure that all governance audits evidence oversight by the home Manager.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A new experienced Registered Manager has commenced since the inspection. A robust governance programme is in place and all audits will be reviewed by the Home Management Team, action plans written and followed up to provide evidence of improvements being completed and sustained.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 16.11</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>The registered person shall ensure complaint records are accurately and comprehensively maintained at all times to include details of all communication with the complainant, investigation, actions taken or identified and the complaint outcome.</p> <p>Ref: 5.2.5</p>
<p>Area for improvement 9</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2022</p>	<p>Response by registered person detailing the actions taken: A new experienced Registered Manager has commenced since the inspection and is fully aware of the complaints process and the importance of complaints records being kept up to date. Complaints records will be monitored as part of the completion of the monthly Regulation 29 visit.</p> <p>The registered person shall ensure identified actions from the monthly monitoring visits are actioned within the specified timeframe.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A new experienced Registered Manager has commenced since the inspection and actions resulting from the Regulation 29 monthly monitoring visits have been discussed. The Manager will work with the Care Home team to ensure these are actioned in a timely manner. Members of the organisations regional support team have been aligned to the Home to support the improvement plan.</p>

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



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