

Inspection Report

29 September 2022



Iveagh House Private Nursing Home

Type of service: Nursing Home (NH)
Address: 62 Castlewellan Road, Banbridge, BT32 4JD
Telephone number: 028 4062 8055

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Spa Nursing Homes Limited Responsible Individual: Mr Christopher Philip Arnold	Registered Manager: Ms Alison Dunlop – not registered
Person in charge at the time of inspection: Ms Alison Dunlop	Number of registered places: 33
Categories of care: Nursing Home (NH) I – Old age not falling within any other category	Number of patients accommodated in the nursing home on the day of this inspection: 29
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 33 patients. Patients' bedrooms are located over three floors. Communal lounges and the dining room are located on the ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2022 from 10.40 am to 8:00 pm by two care inspectors.

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.

Five areas for improvement identified on inspection on 16 June 2022 were assessed as not met. These areas related to the misuse of fire doors, clutter and inappropriate storage in communal bathrooms, the accuracy of staff duty rota records, staff supervision and appraisals, and staff meetings. RQIA were concerned that there was a lack of managerial oversight to drive the necessary improvements.

During the inspection concerns were also identified in regards to the provision of staffing, staffs' registration with Northern Ireland Care Council (NISCC), Control of Substances Hazardous to Health (COSHH), the safe use of wheelchairs, care records, the dining experience, environmental cleanliness, infection prevention and control (IPC) practices, and governance.

Enforcement action resulted from the findings of this inspection. A meeting was arranged with the Responsible Individual (RI), on 10 October 2022, with the intention of issuing three Failure to Comply (FTC) notices in respect of The Nursing Homes Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10 (1) relating to the management and governance arrangements
- Regulation 13 (7) relating to the health and welfare of patients through infection prevention and control practices
- Regulation 14 (2) (a) (c) (3) (4) relating to the health and welfare of patients through COSHH, moving and handling practices, fire safety, and safeguarding

The meeting was attended by Mr Chris Arnold, Responsible Individual, and Mrs Linda Graham, Regional Manager. At this meeting RQIA were provided with assurances regarding actions taken by the service to ensure the improvements necessary to achieve compliance with the required regulations. An action plan had been developed which provided assurances that immediate actions had been taken in regard to some of the areas of concern; actions included, confirmation of management and governance arrangements, follow up on NISCC registration status of all staff, follow up on potential safeguarding concerns, fire risk assessment update, cleaning and decluttering of the home's environment, supervision and spot checks on staff compliance with IPC and moving and handling practices, care documentation review, and catering arrangements.

RQIA were not assured that the systems and process in relating to the overall management and governance of the service were sufficient to drive further necessary improvements in a timely and consistent manner. As a result one FTC notice was issued under Regulation 10 (1) with the date of compliance to be achieved by 6 December 2022. Please refer to our website for details regarding this notice.

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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection ten patients, four relatives, and nine staff were spoken with.

Patients told us that they were generally happy living in Iveagh House Private Nursing Home and that the majority of staff were polite and helpful. Patients said that staff worked very hard but that sometimes there was not enough staff on duty which resulted in having to wait longer periods of time to receive assistance. Patients expressed concern for staff welfare saying that they saw staff to be “too busy”, and “unhappy.” Patients cited unsatisfactory staffing arrangements and low staff morale as an acceptable reason for poor care. This is unacceptable and is discussed further in section 5.2.1.

Patients said that they had observed a decline in the cleanliness of the home over recent weeks and had noticed that their bedrooms were not being cleaned as often as they used to. The home’s cleanliness is discussed further in section 5.2.3.

Whilst the majority of patients told us that the food was “good” or “ok but not to my taste” they said that sometimes they did not know what meal was going to arrive as they did not always see a menu or make a choice of meal.

Relatives said that they felt welcomed in the home and that staff were friendly. Some relatives said that they observed staff to be very busy and that sometimes this caused a delay in care provision.

Following the inspection RQIA received a letter from a relative expressing concern regarding staff arrangements, care provision, and the cleanliness of the home. The contents of this letter were discussed with Linda Graham, Regional Manager, who provided assurances to RQIA about how they planned to address the issues of concern.

Staff told us that there were not enough care staff on shift to meet the patients’ needs in a timely manner and they often had to ask patients to wait before they could attend. Staff also said that over the previous few weeks they often worked below planned staffing levels and staff were moved to help in other departments such as housekeeping or kitchen. This is discussed further in section 5.2.1.

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 16 June 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 (d) (i) Stated: First time	The registered person shall ensure that the practice of propping or wedging open fire doors ceases.	Subsumed into the Failure to Comply notice.
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has not been met and has been subsumed into the Failure to Comply notice.	
Area for Improvement 2 Ref: Regulation 30 Stated: First time	The registered person shall ensure that any events that occur in the home with potential to have an adverse effect on patient welfare are reported to RQIA without delay.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 41.1 Stated: First time	The registered person shall ensure that a review of the frequency and duration of call bells is undertaken to determine if any trends or patterns are identified regarding patients having an extended wait for assistance at any particular time of the day. The outcome of the review should be taken into account when planning assessed staffing levels in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for Improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that bathrooms and storage areas are kept tidy and uncluttered.	Subsumed into the Failure to Comply notice.
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and has been subsumed into the Failure to Comply notice.	
Area for Improvement 3 Ref: Standard 46 Stated: First time	The registered person shall ensure that items which require laundering are placed into laundry skips and not left in inappropriate areas of the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 4 Ref: Standard 41.5 Stated: First time	The registered person shall ensure that the duty rota accurately reflects that staff working in the home over the 24 hour period. Any changes to staffing arrangements should be updated on the duty rota in a timely manner.	Subsumed into the Failure to Comply notice.
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and has been subsumed into the Failure to Comply notice.	
Area for Improvement 5 Ref: Standard 40 Stated: First time	The registered person shall ensure that staff are supported in their roles to enhance performance and promote quality care delivery. This should be evidenced through: <ul style="list-style-type: none"> • Staff supervision conducted no less than every six months • Annual appraisal 	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. See section 5.2.1.	
	This area for improvement has been stated for a second time.	

Area for improvement 6 Ref: Standard 41 Stated: First time	The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. See section 5.2.1. This area for improvement has been stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

The manager discussed the planned staffing levels and advised that achieving these on a day by day basis was challenging due to vacant posts, annual leave and sickness. The provision of housekeeping staff was particularly problematic due to the number of vacant posts. They advised that there was a recruitment drive underway to employ staff within the care, housekeeping, and catering departments in the home. The vacant care staff and nursing hours were currently being filled by agency staff who, where possible were block booked to help provide consistency of care. On occasion agency staff failed to report for duty or cancelled at short notice; this further impacted on staffing.

The staff duty rotas were found to be inaccurate. The rotas were not being updated in a contemporaneous manner and therefore did not reflect changes made to staffs' working arrangements. Further investigation indicated that some shifts in care, housekeeping and catering were worked below planned staffing levels; however it was difficult to establish exactly how often this had occurred due to the inaccuracy of records. From discussions with staff and management it was unclear who was taking responsibility for keeping the duty rota up to date. The accurate recording of the staff rota was identified as an area for improvement during the previous inspection and had not been complied with.

Staff told us that there was not always enough staff on duty to meet patients' needs in a timely manner. Staff explained that they prioritised their duties to ensure that basic needs such as personal care, and nutrition and hydration were met but that they often had to ask patients to wait and could not always attend at the time the patients called. It was observed that staff were busy throughout the day.

Staff told us that over recent weeks there had been numerous occasions where they had to help out in other departments such as housekeeping or catering, to cover vacancies or staff leave.

Staff told us that the patients' needs and wishes were very important to them and some of the more experienced staff talked about having a desire to deliver good quality care, but they felt that their ability to achieve this was impacted by staffing levels and a lack of guidance and

leadership, especially for the newer or less experienced staff. The comments were shared with the Regional Manager for their consideration.

Patients and relatives said that whilst they were generally happy with the care provided in Iveagh House Private Nursing Home, sometimes they had to wait for prolonged periods before staff were available to attend to their needs. " They told us that, at times, there were not enough staff on duty each day to meet their needs in a timely manner. For example patients who prefer to get up early in the morning said that they often had to wait until late morning before staff could assist them, and some patients said they could not get to the toilet in time causing distress and discomfort. They described staff as "rushed". Patients expressed sympathy for staff saying that staff were "short-staffed", and "unhappy."

Relatives spoke positively about staff and described staff as "good" and "friendly and welcoming." Relatives commented that they observed staff to be very busy and felt that at times there were not enough staff on duty.

Patient and relative concerns about staffing arrangements were discussed with the senior management team at the meeting on 10 October 2022 and assurances were provided by the Regional Manager that action was being taken to address poor staff interactions and delays in care provision through; ongoing observations of staff conduct, training in customer service, implementation of clinical supervision sessions with staff, review of staffing levels, and daily monitoring of care delivery. The outcome of a recent staffing review was shared with RQIA following the inspection. The Registered persons must ensure that the provision of staffing is kept under review to ensure that patients' needs are met in a timely manner and to the satisfaction of the patients; this was identified as an area for improvement.

Nursing and care staff working in care homes are required to be registered with their respective regulatory bodies. There was a system in place to monitor relevant staffs' registration status with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). Review of the most recent records showed that two staff had been identified as not registered with NISCC as required and appropriate action had not been taken by the Manager at the time of this discovery. Furthermore, this failing was not picked up during the monthly governance review by the senior management team. Following discussion with the management team, action was taken to address this.

Care homes are required to ensure effective clinical governance through systems that support staff management, training and education. These systems include regular and formal communication through staff meetings, and supervision and appraisal sessions. Review of records and discussions with staff and management evidenced that no staff supervisions or appraisals had taken place since the last care inspection and there was no planner in place to implement or track these sessions. The completion of supervisions and appraisals was identified as an area for improvement during the previous inspection and is now stated for a second time.

No staff meetings had taken place since the last care inspection. Again the occurrence of staff meetings was identified as an area for improvement during the previous inspection and is now stated for a second time.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 10 October 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The

Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of patients. Staff demonstrated knowledge about patients' needs, likes, dislikes and preferred routines.

Staff were seen to be very busy but to communicate with patients in a respectful manner.

Patients looked cared for, in that attention had been paid by staff to personal care and dressing needs. Patients' hairs were brushed nicely and those who liked to wear jewellery were doing so.

Patients who spend time in their bedrooms had a nurse call bell within easy reach and other items such as fresh drinks, television remote controls, tissues, and reading materials were positioned for ease of access.

It was observed on several occasions that staff transporting patients in wheelchairs did not ensure that foot rests were in place and/or in use. This practice placed patients at the potential risk of injury. RQIA were concerned that despite this practice being pointed out on the morning of the inspection and again during the afternoon to the Manager this practice continued.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Review of care records showed that some care plans did not contain sufficient detail, for example what pressure relieving devices were in place, and some care plans had not been updated in two years. An area for improvement was identified.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly and patients who were nursed in bed looked comfortable.

Care plans were in place for patients assessed as being at risk of skin breakdown, however as stated, some care plans were not up to date and did not detail any specialist equipment used such as pressure prevention mattresses.

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. Patients said that they enjoyed the food but they did not always choose what they were having and sometimes did not know what meal they were getting until it arrived. There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain.

Through observation of the lunch service, discussion with patients and staff, and review of records, it was established that the menu planner was not routinely followed, there were

inconsistencies with the serving systems used by different cooks. Whilst there was a choice of meals available at meal times patients were not routinely asked which choice of dish they would like. An area for improvement was identified.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 10 October 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

5.2.3 Management of the Environment and Infection Prevention and Control

Review of the home's environment included a selection of patients' bedrooms, communal lounges and the dining room, communal toilets, bathrooms, and corridors.

On arrival to the home several patients were seated in the two ground floor communal lounges. Patients were relaxed and said they were enjoying watching morning television.

Communal lounges and the dining room were adequately furnished.

Corridors were clear from clutter or obstruction and were generally clean; however some corridor flooring was visibly dirty and sticky underfoot.

The most recent fire risk assessment was undertaken on 24 November 2021. A number of recommendations were made to improve fire safety. It was unclear what progress had been made in respect of the recommendations made by the assessor. The RI and Regional Manager provided RQIA with an update of progress made during the meeting on 10 October, and RQIA estates inspector liaised with the home to ensure full compliance was achieved.

On the day of inspection fire exits were seen to be free from obstruction, however two fire doors were seen to be wedged open. Once highlighted to the management team this was immediately addressed with staff and made safe and assures provided that this would be regularly monitored to ensure the doors were maintained closed. The practice of wedging open fire doors was identified as an area for improvement during the previous inspection and had not been complied with.

Several communal bathrooms / toilets were found to be cluttered with equipment preventing easy access to the hand wash basins; this issue was identified as an area for improvement during the previous inspection and had not been complied with.

Inappropriate storage of cleaning materials was also found in a communal bathroom. In addition the cleaning store door was wedged open while unattended by staff. This is not in keeping with Control of Substances Hazardous to Health (COSHH) regulations.

Some patients' bedrooms were found to be tidy whilst others were untidy and/or visibly dirty. Patients commented that over recent weeks their bedrooms were not being cleaned as often as they had been used to, and staff acknowledged that shortages in the housekeeping department had impacted on the daily cleaning routines. This was discussed at the meeting with the RI and Regional Manager who explained that the vacancies in housekeeping and staff leave had

culminated in a lowering of cleaning standards. It was agreed that this would be addressed immediately with additional support from an external cleaning company.

There were inconsistencies observed with staffs' infection prevention and control (IPC) practices and staff were seen on numerous occasions to use personal protective equipment (PPE) incorrectly or not at all. For example, some staff were seen to have face masks below the nose and mouth, and staff were seen to not change PPE after providing personal care before moving to a clean area. Review of governance records showed that IPC and staffs' compliance with best practice was not routinely being monitored through auditing.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 10 October 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

5.2.4 Quality of Life for Patients

Aside from the issues already highlighted in this report, patients told us that they were generally happy with life in Iveagh House Private Nursing Home. Patients said they enjoyed the relationships they had with staff and fellow patients and most of all they valued connections with family and friends outside of the home.

Visiting arrangements to the home were in line with the Department of Health (DoH) and Public Health Agency (PHA) guidance. Patients and relatives told us that they encountered no issues with visiting and that they could use the communal spaces or visit in the privacy of their bedrooms if they wished.

There was no evidence of organised activities or an activities programme. One activities coordinator was assigned to lead on activities on a part time basis and the management confirmed that they were recruiting for an additional activities person. Provision of activities will be reviewed at the next inspection.

5.2.5 Management and Governance Arrangements

There had been no changes in the management of the home since the last inspection. However the Manager had recently submitted their resignation and the Regional Manager advised the inspectors of the interim management arrangements.

Observations, discussions with staff, and review of records evidenced that the Manager had been regularly working in the capacity of registered nurse or undertaking duties such as domestic or catering as a response to staffing deficits in those departments. It was evident that this was impacting on the manager's ability to ensure effective monitoring and governance within the home. Auditing systems were not being completed in a consistent manner.

RQIA were informed that the senior management team were aware of the challenges being faced by the Manager and wider staff team and that support was being provided with regular input from the Regional Manager and Regional Support Manager. However RQIA remained concerned that even with this contingency plan in place, deficits remained in the overall

governance of the service and there was a lack of management oversight and leadership to sufficiently drive the necessary improvements.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Regional Manager was identified as the appointed safeguarding champion for the home.

The majority of staff spoken with knew who the person in charge of the home was and demonstrated an understanding of their role and responsibilities in relation to raising concerns or worries about patients, care practices or the environment. During some discussions it emerged that some staff were not fully aware of their responsibilities in reporting concerns in relation to poor practice or conduct. It was also established that not all staff had completed the essential training in safeguarding. This was discussed at the meeting on 10 October 2022, and the action plan presented by the Regional Manager detailed actions taken to improve staffs' understanding of their responsibilities with safeguarding and to ensure the implementation of safeguarding procedures.

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.

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. These visits were not completed in a robust manner so as to identify patients' level of satisfaction with their care and any deficits in service provision and care delivery in order to drive the necessary improvements.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 10 October 2022. While some assurances were provided at this meeting RQIA issued a FTC Notice under Regulation 10 (1) of The Nursing Homes Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by the compliance date.

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	1	4*

*The total number of areas for improvement includes two under Standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Alison Dunlop, Manager, and Linda Graham, Regional 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	
Area for improvement 1 Ref: Regulation 20 (i) Stated: First time To be completed by: With immediate effect	<p>The Registered persons must ensure that the provision of staffing is kept under review to ensure that patients' needs are met in a timely manner and to the satisfaction of the patients</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: Staffing of the home has been reviewed by the management team and the home continues to recruit permanent staff to fill deficits. Staffing will be kept under review by the Acting Manager and patient's needs monitored to ensure care is not delayed.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 40 Stated: Second time To be completed by: 31 August 2022	<p>The registered person shall ensure that staff are supported in their roles to enhance performance and promote quality care delivery. This should be evidenced through:</p> <ul style="list-style-type: none"> • Staff supervision conducted no less than every six months • Annual appraisal <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: The Management team are supporting staff in their roles in order to enhance performance and care delivery by ensuring supervision and appraisals have been completed.</p>
Area for improvement 2 Ref: Standard 41 Stated: Second time To be completed by: 31 August 2022	<p>The registered person shall ensure that arrangements for night staff attendance at staff meetings are considered during meeting scheduling.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: A staff meeting was held in the evening to facilitate night staff attendance. The Acting Manager will consider this during future meeting scheduling.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2022</p>	<p>The registered person shall ensure a review of care records is undertaken and all care plans are brought up to date to accurately reflect the patients' needs and detail the measures required to address those needs.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 6 October 2022</p>	<p>Response by registered person detailing the actions taken: All care records have been audited and care plans have been reviewed and rewritten as necessary in order to ensure care plans accurately reflect patient's needs and measures to address those needs.</p> <p>The registered person shall ensure that patients are offered the opportunity to choose which meal they prefer from the menu choices available.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Acting Manager carries out a daily walkabout and checks that patients are offered an opportunity to choose from the menu. The acting Manager has introduced a menu choice sheet and is monitoring feedback from residents in relation to meal choices.</p>

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