

# Unannounced Care Inspection Report

## 27 April 2016



## Seafort House

**Address: 6 Queen Street, Warrenpoint, BT34 3HZ**

**Tel No: 028 4175 2200**

**Inspector: Alice McTavish**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Seafort House took place on 27 April 2016 from 10.30 to 15.50.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

One recommendation was stated in regard to ensuring there are arrangements for monitoring the registration status of staff with their professional body. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal.

### Is care effective?

One recommendation was stated in regard to the development of a policy in relation to consent. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Is care compassionate?

No requirements or recommendations were stated in regard to the delivery of compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

### Is the service well led?

No requirements or recommendations were stated in regard to the delivery of well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>0</b>	<b>2</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Joanne McDonald, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Seafort House/Rhonda McDonald	<b>Registered manager:</b> Mrs Joanne McDonald
<b>Person in charge of the home at the time of inspection:</b> Mrs Joanne McDonald	<b>Date manager registered:</b> 01 April 2015
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 13
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 12

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the inspection report and returned QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with five residents, the registered manager, three care staff, one visiting professional and one resident's representative. Five resident views, two resident representative views and five staff views questionnaires were left in the home for completion and return to RQIA. Four resident views questionnaires and two staff views questionnaire were returned to RQIA. The information contained within all of the questionnaires indicated a high level of satisfaction with the services provided by the home.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedule and annual appraisal schedule
- Staff competency and capability assessments
- Staff training schedule/records
- Staff recruitment records
- Care records of three residents
- Statement of Purpose and Residents Guide
- Complaints and compliments records
- Infection control register/associated records

- Accident/incident/notifiable events register
- Annual Quality Review report for 2014 (the latest available report)
- Audit of returned satisfaction questionnaires, 2014
- Monthly monitoring report
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors
- Individual written agreement
- Policies and procedures manual

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 August 2015

The most recent inspection of Seafort House was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 07 May 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	The registered manager should ensure that the policy relating to dying and death of a resident is updated to reference the current best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the policy document confirmed that this was updated to reference the current best practice guidance.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 23.4 <b>Stated:</b> First time	The registered manager should ensure that staff education is provided relating to death and bereavement and to continence management.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that she had attended training in the areas of death and bereavement and continence management and promotion; the updated policies and procedures relating to both areas were shared with staff during staff meetings and in staff supervision.	

<b>Recommendation 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time	The registered manager should ensure that policy and procedures relating to continence management and promotion is developed.  <b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the policy document confirmed that policy and procedures relating to continence management and promotion was developed.	<b>Met</b>
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### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff.

On the day of inspection, when a number of residents were out of the home and participating in a variety of day opportunities, the following staff were on duty –

- 1 x registered manager
- 1 x senior care assistant
- 1 x housekeeper
- 1 x domestic

One senior care assistant, one care assistant and one cook were due to be on duty later in the day. One care assistant was scheduled to be on overnight duty.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The registered manager confirmed that she viewed Enhanced AccessNI disclosures for all staff prior to the commencement of employment.

A review of one staff recruitment file identified that the staff member was not yet registered with the Northern Ireland Social Care Council (NISCC). The registered manager provided a verbal assurance that registration would be progressed as a matter of urgency. Written confirmation was later received that the staff member had submitted an application for registration to NISCC. A recommendation was made that arrangements should be put in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policies and procedures in place were not consistent with current regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) but were in the process of being updated. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home. The current policy and procedure contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager identified that no adult safeguarding issues had been raised since the last care inspection. A review of accident and incidents notifications, care records and complaints records confirmed that no suspected, alleged or actual incidents of abuse were raised. Discussion with the registered manager confirmed that any allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and that written records would be retained.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. Staff reported that there was good communication between day care centres and the home identifying if any resident was unwell and if there might be risk to others of spread of infection.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that no areas of restrictive practice were employed within the home. On the day of the inspection no obvious restrictive practices were observed to be in use.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that equipment in use in the home was well maintained and regularly serviced.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. The majority of residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 13 January 2016, identified that any recommendations arising were in process of being addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The last fire drill was completed at 22.30 on 16 April 2016 in order to provide residents with experience of a late evening drill. Records were retained of residents and staff who participated and of any learning outcomes. Fire safety records identified that fire-fighting equipment, fire doors and emergency exits were checked monthly and were regularly maintained. The fire alarm system and emergency lighting were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area for improvement was identified during the inspection. This related to arrangements to monitor the registration status of staff with their professional body (where applicable).

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff within the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred care and that a person centred approach underpinned practice.



The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls) and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. The registered manager reported that, due to resource pressures within the local Trust, some annual care reviews had not been completed. The registered manager had made written requests for such reviews to be completed and continued to maintain liaison with the Trust to advise of any changes in residents' care needs. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of monthly resident meetings were available for inspection.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Staff were able to describe how consent was sought in everyday situations, for example, in asking residents if and how they wished to have help with personal care tasks. A recommendation was made, however, that a policy on consent should be developed in order to further enhance delivery of effective care.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

### Areas for improvement

One area for improvement was identified during the inspection. This related to the development of a policy on consent. .

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity and choice and of residents.



A review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs were met within the home; preferences for end of life care were recorded. Discussion with residents and staff confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. A resident's representative stated – "This place is one hundred percent. My (relative) loves it here. I am always made welcome and I can have a bit of a joke and a laugh with the staff; that tells me that (my relative) is in a place where she can enjoy herself and be herself. The staff are good humoured and they take (my relative) all over the place. She has a great quality of life here, much better than she could have enjoyed at home."

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. Residents were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires completed by residents, staff and representatives returned to RQIA evidenced that compassionate care was delivered within the home.

Residents provided the following comments;

- "I like it here. It's good."
- "Things are going well for me. I wouldn't want to be anywhere else."
- "I have a great time here and I can enjoy my independence, for I do all sorts of things here that I didn't do before I came here. I love it!"
- "All is going well for me here."

A visiting professional stated "I believe the care provided by Seafort House is very good. The residents are a happy group, very relaxed and chatty and they are always beautifully dressed and presented."

A staff member described her experience of working in the home; “I absolutely love working here and coming to work is a joy. I have worked for years in both nursing homes and in the community and I can honestly say that Seafort House is by far the best place I have worked. The standard of food and hygiene is very high. The residents are supported to live very full and active lives and they are very well treated.”

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and their families.

The home’s Charter of Rights for Residents, setting out the philosophy of the home, was contained within the individual written agreement for each resident. There was evidence that this had been shared with and explained to residents. Staff were able to describe the values of the home and how these values enhanced the lives of the residents.

Staff gave the example of how residents were supported to participate in the life of the local community. All of the home’s residents were provided with a voting card for the forthcoming local elections. Discussion with the registered manager identified that the representatives of political parties usually provided information leaflets and that staff would engage residents, where appropriate, in discussions about available voting options. Staff would accompany residents to the polling station and support residents to register the individual votes of their choice.

Staff members explained that when a resident needed to attend the Emergency Department of the local hospital for treatment, staff always accompanied the resident and stayed until either the resident returned to Seafort House or was admitted. Staff took a copy of the resident’s care plan and shared it with hospital staff to inform them of the best way to approach and manage the resident. If the resident was admitted to hospital, staff would visit daily and remain for most of the day to ensure that the resident was encouraged and assisted to feed and to co-operate with hospital staff. Additional staffing was made available to allow for this.

Staff described how an elderly resident was admitted to hospital and was visited daily by staff and by fellow residents. This practice had contributed hugely to the wellbeing of the resident. Residents also continued to pay weekly visits to another person who moved from Seafort House to a local nursing home several years ago.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently should changes occur.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and were given a copy of the complaints policy on admission to the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. A record is retained of whether the complainant is satisfied with the outcome of the complaint; review of documentation identified that residents had signed the completed complaints record. This practice was to be commended. Arrangements were also in place to share information about complaints and compliments with staff and to drive forward a quality agenda. An audit of complaints was used to identify trends and areas of risk and therefore to enhance service provision.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The registered manager and staff were able to describe how learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and would be provided with any additional training opportunities relevant to any specific needs of the residents, for example, management of epilepsy.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents and their representatives were informed

of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns. Residents confirmed that they knew who to approach to discuss any concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders. This approach ensured that information was shared and utilised for the benefit of the residents.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Joanne McDonald, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### **5.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### **5.3 Actions taken by the registered manager/registered person**

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 19.2

**Stated:** First time

**To be completed by:**  
25 May 2016

The registered person should ensure that arrangements are put in place to monitor the registration status of staff with their professional body (where applicable).

**Response by registered person detailing the actions taken:**

The registration status of staff will be monitored quarterly, and also when staff are due to re-register - thus ensuring that their registration remains up-to-date

#### Recommendation 2

**Ref:** Standard 21.1

**Stated:** First time

**To be completed by:**  
29 July 2016

The registered person should ensure that a policy is developed in relation to consent.

**Response by registered person detailing the actions taken:**

The consent policy is currently being drawn up and will be in place by 29<sup>th</sup> July 2016

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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