

Unannounced Care Inspection Report 16 May 2016



Kilbroney House

Address: 83 Kilbroney Road, Rostrevor, BT34 3BL
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Inspector: Donna Rogan

1.0 Summary

An unannounced inspection of Kilbroney House took place on 16 May 2016 from 10:00 to 17:30.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of generally competent and safe delivery of care. However, there were deficits observed regarding the management of selection and recruitment and a requirement is made in this regard. A recommendation is also made in relation to management of Access NI checks.

All grades of staff were commended for their professional approach to the day to day delivery of services in the nursing home during the inspection.

A recommendation is made in regards to developing an environmental risk assessment for the management of potential ligature points.

Is care effective?

There was evidence, over time, of positive outcomes for patients. All staff demonstrated a level of commitment to ensuring patients received the right care at the right time.

One recommendation is made in relation to auditing of care records.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients experience in the home and was commended.

There were no requirements or recommendations made.

Is the service well led?

Areas for improvement are identified in the safe and effective domain. Other areas for improvement are in relation to the organisation of roles and responsibilities of the management team.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2*	5

*One of the above requirements is stated for a second time.

Details of the QIP within this report were discussed with Jacqueline Campbell, Registered Manager and Pauline Campbell, Clinical Nurse 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 inspection

The most recent inspection of the home was an unannounced medicine management inspection undertaken on 9 November 2015.

Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed evidence available in respect of any serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Jacqueline Ann Campbell	Registered manager: Jacqueline Ann Campbell
Person in charge of the home at the time of inspection: Pauline Campbell, clinical nurse manager	Date manager registered: 01/04/2005
Categories of care: NH-MP, NH-MP(E), NH-DE, NH-I, NH-PH, NH-PH(E)	Number of registered places: 19

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following information was analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. The inspector also met with 12 patients both individually and in small groups, all care staff, one registered nurse and one patient's representative.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- accident and incident records
- notifiable events
- audits
- records relating to Adult Safeguarding
- complaints records
- recruitment and selection records
- NMC and NISCC registration records
- staff induction, supervision and appraisal records
- staff, patients' and relatives' meetings
- monthly monitoring reports
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 November 2015

The most recent inspection of Kilbroney House was an unannounced medicines management inspection on 9 November 2015. There were no requirements or recommendations stated by the pharmacist inspector following the inspection. There were no issues required to be followed up during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 June 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 10 August 2015</p>	<p>The registered person shall ensure that the policies and procedures in relation to communicating effectively and palliative care are updated and implemented.</p> <p>Following the development of the new policy documentation in respect of communicating effectively and palliative and end of life care, a system should also be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The clinical nurse manager is currently updating all policies and procedures in the home. The registered manager confirmed that the policies and procedures in relation to communicating effectively and palliative care had been updated following the previous inspection but they were not available for review on the day of inspection. Staff spoken with stated they were knowledgeable regarding the policy. However this requirement could not be validated and is stated for a second time.</p>	

Requirement 2 Ref: Regulation 20 (1) (c) (i) Stated: First time To be Completed by: 07 September 2015	The registered manager shall ensure that staff receives the planned training in breaking bad news, bereavement and palliative/end of life care.	Met
	Action taken as confirmed during the inspection: A review of training records evidenced that staff had received training in palliative care, bereavement and the breaking of bad news.	

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 16 May 2016 to 29 May 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Discussion with the registered manager and review of records evidenced that dependency levels were kept under review to determine staffing requirements. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Three staff recruitment files were reviewed, the following issues were raised; all staff should have an enhanced criminal record check completed prior to their employment. Records should be maintained in keeping with Access NI best practice guidelines. An application should be available for all members of staff employed which should include a full employment history, together with a satisfactory written explanation of any gaps in employment. There should be verification of the reason why any employment where the candidate is involved with safeguarding adults ended. Two written references relating to the person, including a reference from the person's present or most recent employer, (if any) is in place prior to them commencing employment. One staff member did not have the above information in place prior to them commencing their current role. The registered manager agreed to ensure this member of staff did not continue to work in the home until the required information was in place. Another member of staff had only one written reference in place. Attempts had been made by the management of the home to seek a second reference; however, it had not been received prior to them commencing employment. The policy on selection and recruitment is required to be updated to ensure adherence to current best practice.

A requirement is made to ensure that selection and recruitment processes are in keeping with current best practice and the appropriate checks are completed prior to staff commencing employment. Any staff members without the required information in place should not continue to work in the home until all the information as required in Regulation 21 Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 is in place.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). A recommendation is made that a register is maintained of staff registration numbers checked in keeping with Access NI.

There was no training matrix available to ease reference to mandatory or additional training. It was cumbersome to review what mandatory training was required by staff or when training was planned. The clinical nurse manager states that training sessions are conducted with small numbers of staff at a time and are held on a regular basis and the training record is updated following their attendance. The management of training was discussed with the clinical nurse manager who agreed to introduce a planned training matrix to indicate planned training.

Staff spoken with were able to demonstrate knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that knowledge had been embedded into practice.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The clinical nurse manager was currently updating the policies and procedures in relation to Adult Safeguarding in accordance with 'Volunteer Now' information. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process. Review of three patient care records evidenced that wounds/falls/restrictive practices i.e. bedrails, were managed appropriately. Review of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounge, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Patients/representatives and staff spoken with were complimentary in respect of the home's environment.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored. There is an ongoing refurbishment programme in place to ensure the home continues to be well maintained. There are extensive grounds to the home which are also well maintained and are regularly used by patients this includes the management of a 'green house'.

Due to the registered categories of care in the home, discussion was held regarding a risk assessment in relation to potential ligature points in the home, the registered manager agreed to ensure this was included as part of the annual review of the environment. It is recommended that a risk assessment is conducted in this regard and records are maintained.

Areas for improvement

One requirement is made in relation to selection and recruitment practices in the home and two recommendations are made in relation to Access NI checks and a risk assessment in relation to the management of ligature points.

Number of requirements	1	Number of recommendations:	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that registered nurses, assess, plan, evaluate and review care in accordance with NMC guidelines. Risk assessments informed the care planning process. It was evident that care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

There was evidence that care records were subject to auditing, however, there was no action plan in place to address the issues identified and there was no evidence that the outcome of the audit had been shared by the named nurse. A recommendation is made in this regard.

Discussion with staff confirmed that nursing and care staff were required to attend a handover meeting at the beginning of each shift and it provided the necessary information regarding any changes in patients' condition. Staff also confirmed that communication between all staff grades was effective. Discussion with the clinical nurse manager confirmed that staff meetings were held on a regular basis and records were maintained and made available to those who were unable to attend. The most recent staff meeting for registered nursing staff was held on 21 March 2016. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

The clinical nurse manager stated that she and the registered manager operate an open door policy in the home and are available for patients and their representatives whenever possible.

Discussion was held with the clinical nurse manager and registered manager regarding the mental health category of care in the home. It was confirmed that there was a strategy in place which included formal arrangements to regularly update staff in terms of their training or practice. The registered manager is trained in mental health nursing and ensures staff are well informed in terms of receiving regular up to date training in mental health conditions and dealing with behaviours which may be challenging for staff.

Areas for improvement

One recommendation is made in relation to the auditing of care records.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 12 patients both individually and in smaller groups, confirmed that they were afforded choice, privacy, dignity and respect. Discussion with patients also confirmed that staff consistently used their preferred name and that staff spoke to them in a polite manner. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients stated that they were involved in decision making about their own care and that they were offered choices at mealtimes and throughout the day.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients identified as being unable to verbalise their feelings were communicated effectively with and if additional support was required, they would get this from the registered nursing staff.

Patients consulted with also confirmed that they were able to maintain contact with their families and friends. Staff supported patients to maintain friendships and socialise within the home. Discussion with staff also confirmed that the opportunities for patients to attend external activities were frequently provided. There is a vehicle available for patient use and it is used daily for outings and ensuring patients' appointments are adhered to. There was evidence of a variety of activities in the home and discussion with patients confirmed that they were given a choice with regard to what they wanted to participate in. Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. The level of engagement in activities from both patients and staff was evidently having a positive impact on the patients experience in the home and was highly commended.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the clinical nurse manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives.

All comments on the returned questionnaires were positive. Some comments received in the questionnaires and discussions during the inspection are detailed below:

Staff

- “Patients are safe and well protected from harm”
- “This is an excellent, well run home”
- “An excellent well led service”
- “We all work brilliantly as a team”
- “I love working here we are like a small family”
- “This is a great home

Patients

- “Staff are approachable and friendly”
- “I get the right care, at the right time and with the best outcome”
- “Care is excellent, you will go far to get a better place than this”
- “I am treated with dignity and my choices are respected”
- “Pauline and Jackie help me so much”
- “The food is marvellous”
- “It’s beautiful here”
- “I never was better looked after”
- “All the staff are wonderful”

During the inspection two relatives were spoken to they were very positive regarding all aspects of care. There were no issues raised. One relative’s questionnaire was returned, comments recorded that they felt the service provided was excellent.

Areas for improvement

There were no areas for improvement identified. There is evidence over time of positive outcomes for service users.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the clinical nurse manager, registered manager and staff evidenced that there was an organisational structure within the home. However the roles and responsibilities of the clinical nurse manager and registered manager should be further defined. Both the clinical and registered managers confirmed that they each were involved in managing the home but there were no formal arrangements in place to define what their roles and responsibilities are.

The filing system in the home should be reviewed as both managers had difficulty in accessing information such as policies procedures and training attended. Detailed discussion was held regarding the management structures in the home. The registered manager agreed that the structure should be reviewed in order to ensure systems and processes eased the smooth running of the home. Confirmation was received following the inspection that both managers had re-organised the filing system in the home and agreed their roles and responsibilities regarding leadership and management.

The registered manager agreed protected time for the clinical nurse manager to ensure effective management of staff and records. A recommendation is made to ensure the governance arrangements are robust and well organised to enable the effective running of the home. It is also recommended that the registered manager conducts a monthly report on the overall services provided. Advice was given that the RQIA template report for registered provider's monitoring visits could be used for this purpose. It was requested that the registered manager forward the completed monthly monitoring reports to RQIA until further notice.

Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

Discussion with the clinical nurse manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed.

The clinical nurse manager confirmed that all the policies and procedures in the home were being reviewed. It is recommended that they are completed as a priority in order to inform staff of the most recent and up to date best practices. Completed policies and procedures should be endorsed by the registered manager as discussed.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Staff, patients and patients' representatives spoken with confirmed that they were aware of the home's complaints procedure. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There have been no recent complaints recorded in the home.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately. There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts and alerts regarding staff that had sanctions imposed on their employment by professional bodies.

Areas for improvement

Areas for management improvements are identified in the safe and effective domain. Other areas for improvement are also identified in relation to the organisation of roles and responsibilities of the management team. Two recommendations are made in relation to the governance arrangements in the home.

Number of requirements	0	Number of recommendations:	2
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jacqueline Campbell, Registered Manager and Pauline Campbell, Clinical Nurse 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 Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person 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 Nursing.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	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person shall ensure that the policies and procedures in relation to communicating effectively and palliative care are updated and implemented.</p> <p>Following the development of the new policy documentation in respect of communicating effectively and palliative and end of life care, a system should also be implemented to ensure and verify staff are knowledgeable of the policy documentation and regional guidelines.</p> <p>Ref: section 4.2 previous requirements</p>
	<p>Response by registered person detailing the actions taken: THE NAMED POLICIES HAVE BEEN COMPLETED AND DRAFT DOCUMENTS WERE FORWARDED TO THE INSPECTOR. A SYSTEM HAS BEEN IMPLEMENTED TO ENSURE AND VERIFY STAFF ARE KNOWLEDGABLE OF THE POLICY DOCUMENTS AND REGIONAL GUIDELINES.</p>
<p>Requirement 2</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2016</p>	<p>The registered person shall ensure that selection and recruitment processes are in keeping with current best practice and the appropriate checks are completed prior to staff commencing employment. Any staff members without the required information in place should not work in the home until all the information as required in Regulation 21 Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 is in place.</p> <p>Ref: section 4.3</p>
	<p>Response by registered person detailing the actions taken: THE NEW REVISED RECRUITMENT POLICY HAS BEEN FORWARDED TO THE INSPECTOR AND IS IN KEEPING WITH CURRENT LEGISLATION. ALL STAFF EMPLOYED IN THE HOME ARE IN KEEPING WITH THIS POLICY.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 35:13</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure that a register is maintained of staff registration numbers checked in keeping with Access NI.</p> <p>Ref: section 4.3</p>
	<p>Response by registered person detailing the actions taken: ALL STAFF RECORDS OF THEIR ACCESS NI CHECKS ARE KEPT ON FILE AND ARE AVAILABLE TO THE RELEVANT PERSONEL FOR INSPECTION</p>

<p>Recommendation 2</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure that a risk assessment is conducted in regards to potential ligature points at least annually. Records should be maintained.</p> <p>Ref: section 4.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>AN UPDATED LIGATURE POINT ASSESSMENT HAS BEEN COMPLETED AND IS AVAILABLE FOR INSPECTION ON REQUEST</p>
<p>Recommendation 3</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure there is an action plan in place to address the issues identified during the auditing of care records. The outcome of the audit should be shared with the named nurse.</p> <p>Ref: section 4.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>CARE RECORDS ARE AUDITED BY P CAMPBELL ON AN ONGOING BASIS AND EVIDEMNCE WILL BE MADE AVAILABLE OF CONSULTATION WITH THE NAMED NURSE</p>
<p>Recommendation 4</p> <p>Ref: Standard 35:2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered persons should clearly identify management roles and responsibilities to ensure they are robust. Leadership and governance roles should be clearly defined, robust and well organised to enable the effective running of the home. The filing system should also be reviewed to facilitate this process.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>MANAGEMENT ROLES HAVE BEEN CLEARLY INEDTIFIED AND A COPY OF SAME IS ON FILE FOR INSPECTION</p>
<p>Recommendation 5</p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should conduct a monthly report on the overall services provided. The registered manager should forward the completed monthly monitoring reports to RQIA until further notice.</p> <p>Ref: section 4.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A DECISION HAS BEEN TAKEN THAT MR S CAMPBELL WILL COMPLETE THIS TASK. A COPY OF THE REPORT WILL BE FORWARDED TO THE INSPECTOR</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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