

# Unannounced Care Inspection Report 23 March 2017



## Breffni Lodge

**Type of Service: Residential Care Home**  
**Address: 3 Wandsworth Road, Belfast, BT4 3LS**  
**Tel No: 028 9065 3335**  
**Inspector: Alice McTavish**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Breffni Lodge took place on 23 March 2017 from 9.45 to 16.30.

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

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

One recommendation was made in regard to the home's adult safeguarding policy and procedures.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was in regard to care records.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

One recommendation was made in regard to the recording of complaints.

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>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Regina Brady, 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 QIP there were no further actions required to be taken following the most recent inspection on 29 September 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Breffni Lodge	<b>Registered manager:</b> Regina Brady
<b>Person in charge of the home at the time of inspection:</b> Regina Brady	<b>Date manager registered:</b> 16 May 2013
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 22

## 3.0 Methods/processes

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

During the inspection the inspector met with nine residents, two care staff, one visiting professionals and the registered manager. No residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Care files of four residents
- The Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), catering

- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual.

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection Dated 29 September 2016

The most recent inspection of the home was an unannounced care management inspection. The completed QIP was returned and approved by the care inspector.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 29 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 29 Stated: First time To be completed by: <b>29 October 2016</b>	The registered provider shall ensure monthly monitoring reports are completed in line with legislation requirements.  <b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the minutes of monthly monitoring visits confirmed that monthly monitoring reports were completed in line with legislation requirements.	<b>Met</b>

##### 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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 confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

The home's recruitment and selection policy and procedure was not reviewed on this occasion. The registered manager confirmed that the recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and review of a staff personnel file for the most recently recruited member of staff 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 enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. There were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was not consistent with the current regional guidance. A recommendation was made in this regard. The existing policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that no issues relating to adult safeguarding had arisen since the last care inspection. The registered manager was aware of her obligations to ensure that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were to be retained.

The registered manager confirmed 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 assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager advised that the home's policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The policy and procedure was not reviewed on this occasion but may be reviewed during future inspections.

The registered manager confirmed there were restrictive practices employed within the home, notably a pressure alarm mats for some residents. The external doors were fitted with a keypad entry system. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. The code for the keypad was provided for those residents who were assessed as safe to leave the building independently. A review of the Residents Guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place relating to the safety of 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. Chemicals or Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was further confirmed through observation of equipment and inspection of maintenance records.

The registered manager advised that the infection prevention and control (IPC) policy and procedure was being updated to ensure that they were in line with regional guidelines. This policy and procedure may be reviewed during the next care inspection. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the 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.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. It was noted that the some edges of the laminate flooring in the dining room were raised and that the floor was in generally a tired state. In addition, some of the ceiling tiles were discoloured. The registered manager advised that these issues had already been identified; plans were in place to replace the flooring and to repaint the ceiling. In addition, there was an ongoing programme of refurbishment of the building and some bedrooms and bathrooms were to have work completed in the near future.

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 advised that a fire safety risk assessment was completed for the home on 21 March 2017 but the written report was not yet available. All recommendations arising from the assessment would be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment and emergency lighting were checked monthly, fire alarm systems were checked weekly and means of escape were checked daily. All were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### Areas for improvement

One area for improvement was identified. This was in relation to a review of the home's adult safeguarding policy and procedures.

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

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

A review of the care records of four residents confirmed that these included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, risk of pressure ulcers, management of uncharacteristic behaviours, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Although not all care records reviewed were observed to be signed by the resident and/or their representative, there was evidence that residents and representatives were provided with choice about how often they wished to sign care records and that these choices were accurately recorded. It was noted, however, that not all care records contained a photograph of the resident and that contact details of residents' dentists, opticians and any other professional involved in care was not consistently recorded. A recommendation was made in this regard.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe how individual care was provided; these accounts of individual resident's preferences for care matched the information noted within the written care plans.

An individual agreement setting out the terms of residency was in place and appropriately signed. 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 risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), environment, catering and activities for residents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit 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 other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

### Areas for improvement

One area for improvement was identified. This was in relation to care records.

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

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. There were care plans in place for management of pain and for the use of prescribed medication.

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. The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and



opinions were taken into account in all matters affecting them, also that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. There were regular residents' meetings and residents were encouraged to actively participate in the annual review of their care in the home.

The registered manager confirmed that residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff and residents, 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.

Residents spoken with during the inspection made the following comments:

- "I like it here. The staff are very good to me and we can have a laugh together. They are worth their weight in gold!"
- "I have absolutely no complaints whatsoever. They (Staff) look after me really well and they are kind to me. I've never had to make a complaint about anything, but if I did, I would go to the person in charge and they would deal with it."
- "I enjoy loving here. The staff are very good to me."
- "I find the staff to be kindly and caring. If I need anything, be it day or night, they come to me quickly. I like the food and there's plenty of hot drinks and snacks provided during the day. I feel really safe here, which is important to me."
- "The girls are very food and I have no complaints. This is a good place to live. We sometimes go on outings when the weather is good and I really enjoy that."
- "This is a good place to be."
- "This is a marvellous place. The staff bend over backwards to look after us all. They go above and beyond. The manager got me a new bed because I have back pain, and the bed is really good. I don't always keep in good health and sometimes can't eat a lot, so they got the chef to come up to see me to plan my meals with me. The care is really excellent."
- "The staff have helped me to settle in here. They were very welcoming and made me feel comfortable about asking for help. I find Breffni Lodge very good. My family and friends tell me I have chosen very well!"
- "The staff are very good to me and I'm very good to them."

Staff members spoken with during the inspection made the following comments:

- "The manager is very supportive and approachable and is very knowledgeable about care. There is an open door policy and the manager makes herself available for staff. I feel the residents are very well looked after."
- "There's a really good staff team and everyone helps each other out. Although mornings tend to be busy, evenings are less busy and we have time to spend with the residents, getting to know them and chatting with them individually. I feel the residents are very well treated."

A visiting professional spoken with during the inspection made the following comments:

- “I find the staff are knowledgeable about the residents and I am confident that they will carry out any recommendations for care made by our service. I have no concerns about the care provided within Breffni Lodge.”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The 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 with RQIA.

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 as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. The registered manager advised that this was in the process of being updated as part of a systematic review of policies and procedures. The complaints policy and procedure may be examined at the next care inspection. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to manage complaints from residents, their representatives or any other interested party. Whilst records of complaints included details of the nature of the complaint and how the complaint was managed, they did not consistently record how the investigation was undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction. A recommendation was made that the system of recording the full process for the management of complaints is improved.

The registered manager advised that arrangements were in place to share information about complaints and compliments with staff. The home rarely received complaints. Should complaints become more frequent, an audit of complaints would be used to identify trends and to enhance service provision.

There was 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 was reviewed as part of the inspection process. Learning from accidents

and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Discussion with the registered manager confirmed staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, diabetes care, oral health, swallow awareness, dysphagia and the use of thickeners.

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 to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home, was a weekly visitor in the home and was always available by telephone.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration certificate was displayed. The employer's liability insurance certificate was not displayed. The registered manager later provided written evidence that this insurance remained valid.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff 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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home 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.

## Areas for improvement

One area for improvement was identified. This was in relation to the system of recording the full process for the management of complaints.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Regina Brady, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises 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 provider 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 provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>The registered provider should ensure that the adult safeguarding policy and procedures are reviewed and implemented within the home.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The current policy and procedure is being reviewed and updated to ensure it is inline with Adult Safeguarding Prevention and Protection in Partnership, July 2015.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>The registered provider should ensure that the care records of each resident contains the following:</p> <ul style="list-style-type: none"> <li>• a photograph of the resident</li> <li>• the contact details of the resident's dentist, optician and any other professional involved in the care of the resident.</li> </ul> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Up to date photographs of all residents have been taken and a system has been put in place to ensure photographs of new admissions are taken in a timely fashion.</p> <p>We have sought the assistance of resident's relatives in completing comprehensive multi-disciplinary information to be held on file and updated as required.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2017</p>	<p>The registered provider should ensure that the system of recording the full process for the management of complaints is improved.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The current process has been reviewed and a structured format is being devised for staff to record complaints. The policy and procedure will reflect the format in place and reflect legislation and DHSSPS guidance.</p>

*\*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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