

Unannounced Domiciliary Care Agency Inspection Report 12 April 2016



West Belfast Living Options

151 Glen Road, Belfast, BT11 8BS
Tel: 028 9030 0609

Inspector: Rhonda Simms

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of West Belfast Living Options took place on 12 April 2016 from 09:45 to 17:00.

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

Is care safe?

During the inspection the inspector found evidence to indicate consistent delivery of safe care. The agency operates robust recruitment systems and ensures sufficient supply of appropriately trained staff and supervised staff at all times. The agency's attention to the training needs of staff has included the provision of training opportunities well in excess of the minimum standards. The welfare, care and protection of service users is ensured through robust identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the complex needs of service users have been met to ensure positive outcomes over considerable periods of time for a number of service users.

Is care effective?

During the inspection the inspector found evidence of delivery of a high standard of effective care. The inspector saw evidence of the development and maintenance of quality monitoring systems far in excess of the standard required by regulations, minimum standards and guidance issued by RQIA. The systems of quality monitoring provide robust assurance of continuous monitoring and improvement of services provided to service users. The inspector observed that agency's practice of listening and responding to service users provides them with a real influence in the way services are provided, as demonstrated by the service users' survey and tenant meetings. There was evidence that the delivery of high quality effective care has resulted in positive outcomes maintained with service users.

Is care compassionate?

The inspector found evidence of delivery of a high standard of person centred compassionate care during inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was securely embedded throughout staff attitudes and the delivery of service. The organisation's core values are modelled by the registered person and senior managers and reflected in the conduct of support staff.

The inspector noted that staff within the agency endeavour to balance the wishes of service users and their representatives with highly complex issues in relation to safety, rights, and best interests. Service user participation and empowerment are promoted through The Cedar Foundation User Forum and the provision of a range of training and personal development opportunities for service users. The agency's quality monitoring systems are of a very high standard and include consultation with service users and/or their representatives. The inspector noted multiple examples of clear evidence of positive outcomes maintained with service users.

Is the service well led?

There are extensive robust management and governance systems in place, which result in the delivery of high quality services to meet the needs of service users. The exceptional standard of the quality monitoring systems and oversight of improvement plans are of particular note. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes a consistently high standard of service delivery. The inspector received positive feedback from staff regarding the strong role models and reflection of organisational values they observe in managers. Service users and their representatives provided feedback of their knowledge of the organisational structure and confidence in the leadership of the agency.

A high standard of leadership and delivery of a well led service was evident during inspection; this has resulted in the positive outcomes maintained with service users.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jeanette McGeown, registered manager, as part of the inspection process and can be found in the main body of the report.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions or enforcement taken following the most recent inspection.

2.0 Service details

Registered organization / registered person: The Cedar Foundation Eileen Thomson	Registered manager: Jeanette McGeown
Person in charge of the agency at the time of inspection: Jeanette McGeown	Date manager registered: 2 October 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with staff and service users in two locations in West Belfast. In summary, the inspector met with seven service users, the registered manager, two deputy managers, one practice leader, five care staff, two HSC Trust professionals, one relative, and spoke with one relative on the phone.

At the request of the inspector, questionnaires were distributed for completion by staff; five questionnaires were returned. At the request of the inspector, questionnaires were distributed for completion by service users; ten questionnaires were returned.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The following records were examined during the inspection:

- Nine care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Weekly improvement reports compiled by the agency
- Audit reports including those pertaining to complaints, notifiable incidents, restrictive practices, safeguarding incidents, supervision and appraisal.
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Induction records
- Records relating to registered domiciliary care employment agency staff
- Staff rota information
- Staff intranet
- Recruitment Policy 2015
- A range of policies relating to the management of staff
- Supervision Policy
- Safeguarding Vulnerable Adults Policy and Safeguarding Vulnerable Adults Practice Guide 2014
- A range of policies relating to risk management
- Adverse Incident policy 2015

- Whistleblowing Policy 2014
- Data Protection Policy 2014
- Complaints Compliments and Feedback Policy 2013
- Statement of Purpose 2014
- Service User Guide 2014.

4.0 The inspection

West Belfast Living Options is a domiciliary care agency operated by the Cedar Foundation which provides a supported living service to adults with a learning disability, who may have additional physical disabilities and mental health problems.

The agency provides domiciliary care and housing support to 41 service users living in individual or shared accommodation in the West Belfast area. Service users may receive up to 24 hour care and support from agency staff, dependent on needs assessed by the HSC Trust.

4.1 Review of requirements and recommendations from the most recent inspection dated 17 April 2015

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. A number of documents confirming completion of pre-employment procedures by the human resources department and sent to the registered manager were reviewed by the inspector.

Examination of a number of staff rotas and feedback from staff and service users indicated that sufficient numbers of staff in various roles are available to meet the needs of service users at all times.

The inspector noted that since the previous inspection the agency has successfully established a bank of staff who are specifically inducted, trained and available to work on a temporary basis as required. This action has significantly reduced the agency's use of temporary staff from a registered domiciliary care agency which also acts as an employment agency, and has improved the agency's oversight of temporary staff. The registered manager advised the inspector that a number of temporary staff have substantive posts in services operated by the agency. The inspector found that the agency's progress with establishing staffing arrangements to cover short term staffing needs has minimised disruption to service users.

It was noted that the agency has an induction policy and implemented a staff induction programme which exceeds the requirements stated in Regulations. The induction period includes training specific to the needs of service users, and a period of shadowing experienced staff.

Staff who provided feedback to the inspector discussed their recent experiences of induction which prepared them appropriately for their roles. Staff provided feedback that they felt supported by staff and managers and were encouraged to ask questions during their induction period. The induction policy includes the arrangements for the induction of short notice or temporary staff; records are maintained and were examined by the inspector.

The inspector discussed the training system with the registered manager and viewed the training plans and records of training. The inspector noted that some staff have received training through The Cedar Foundation which exceeds the minimum standards; this includes coaching, mentoring, and leadership training. The registered manager acts as training lead for the agency and has a comprehensive understanding of staff development needs which has led to enhancement of training provided by the agency.

Staff provided feedback that they have attended all mandatory training and additional training which is beneficial to service users. A member of staff commented:

‘Cedar arranges all mandatory training as per RQIA regulations and also arranges other training outside of this. Very thorough.’

The registered manager maintains a comprehensive system in place to plan and record staff supervision and appraisal. The inspector saw evidence of a system of supervision audit which included appropriate follow up tasks and actions completed. Staff provided feedback that supervision and appraisal take place on a regular basis, with increased frequency during the initial six month probationary period.

The agency’s provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed policy and guidance maintained by the agency in relation to the safeguarding of vulnerable adults. The registered manager discussed the agency’s response to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015. The inspector was advised that the agency’s planned review of safeguarding policy and procedures will reflect any changes implemented by the HSC Trust.

Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse.

The inspector received positive feedback from HSC Trust professionals regarding the agency’s response to safeguarding referrals and ability to work effectively in partnership with the HSC Trust in relation to the implementation of protection plans.

Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter. Staff who provided feedback to the inspector had a good understanding of safeguarding issues and were clear regarding agency procedures. It was noted that the registered manager had extensive knowledge and oversight of the management of safeguarding within the agency.

It was noted that some service users have chosen to participate in safeguarding training, or been involved in safeguarding discussions at tenants’ meetings. Safeguarding information in a suitable format was prominently displayed for service users in the agency premises. Service users who provided feedback to the inspector had an understanding of safeguarding issues and knew who to speak to regarding concerns. Discussion with service users indicated a high degree of trust and confidence in staff in relation to keeping safe.

The inspector noted that a number of service users made specific comments regarding how safe they feel:

- ‘Staff keep me safe in my home, they do fire safety checks’.
- ‘I feel safe in my home.’

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. The inspector received feedback from staff which indicated a high level of confidence in the response of senior managers, including the registered person.

The inspector examined the safety of the agency’s arrangements to identify and manage risk to service users. The agency has a range of risk management policies in place and ensures the completion of HSC Trust referral documentation and communication regarding risk identification and management. The inspector examined records of risk assessment completed with each service user, and regularly evaluated, reviewed and recorded. Feedback from staff and the registered manager indicated a thorough understanding of risk management and ability to implement appropriate risk management strategies. The agency’s governance arrangements include a thorough audit of risk assessment and any restrictive practices in place. It was noted that restrictive practices implemented were of the least restrictive nature considered necessary in conjunction with the HSC Trust and were regularly reviewed and evaluated. There was evidence of learning from past events to improve the safety of service users whilst maintaining their independence and respecting human rights.

Service user comments

- ‘Everyone is happy in here.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.3 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users.

It was evident that staff have developed an in depth understanding of service users, which was reflected in high quality care plans.

Staff commented:

- ‘Service users are involved in all decision making where possible and have input in development of care plans.’

Relative's comments

- ‘The staff have a good understanding of ****.’

Care plans reflected assessment provided by HSC Trust professionals, including specific guidance on how to meet service users' needs. Feedback from HSC Trust professionals indicated that the agency has demonstrated the ability to effectively implement care plans.

HSC Trust professionals are involved in evaluation and review of care plans which takes place at least annually or when the need is indicated. Records indicated regular evaluation and review of care plans; this was supported by feedback from agency staff:

‘Care plans/risk assessments are in place for all service users and updated regularly.’

‘Care plans are updated as and when the needs of service users change.’

On the day of inspection HSC Trust professionals were present in the agency for the purpose of review and evaluation of care and support plans. Feedback from HSC Trust professionals and staff indicated that issues relating to care plans are effectively discussed and addressed at reviews.

It was noted that the agency shows flexibility in meeting the needs and preferences of service users; this was confirmed by feedback from HSC Trust professionals and relatives.

The inspector was informed of local advocacy services available for service users; posters displaying this information were visible in areas used by service users and their representatives.

The inspector examined a range of records maintained by agency staff in accordance with legislation, and standards; the agency maintains a policy which includes the management of records. It was noted that agency records are maintained to a high standard and overseen by robust monitoring systems.

The agency has developed and maintains comprehensive and robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. Over a period of time, the agency has maintained a very high standard of monthly quality monitoring undertaken by a senior manager which far exceeds the regulations, minimum standards, and guidance issued by RQIA.

The inspector examined monthly quality monitoring reports which included a wide range of areas associated with the quality of service provided and included a comprehensive improvement plan. Progress on improvement matters was noted in successive reports and could clearly be linked to improved quality of service to service users. It was noted that quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals. The agency has undertaken steps to encourage stakeholders to contribute their views to quality monitoring reports. Records of consultation with service users, relatives, staff and professionals provide firm assurance that the agency has maintained a system to ascertain and act on the views of stakeholders effectively.

In addition to quality monitoring required by regulations, the agency maintains a system of weekly operations reports undertaken by the registered manager and reported to the Co-Head of Service. These reports include detailed weekly quality improvement plans and note progress with actions.

There was evidence of issues highlighted by service users in monthly monitoring or weekly operations reports being consistently discussed and progressed through tenants' meetings. It was noted that service users expressed a high level of confidence in the agency's ability to effectively address their concerns to the inspector. Overall, the agency's systems of quality monitoring are of an exceptional quality and contribute effectively to the development and maintenance of high quality care delivered in partnership with service users.

The agency further sought service users' views through an annual evaluation survey; the inspector reviewed the Service User Evaluation Report 2015. Matters identified in the evaluation survey were carried through to a quality improvement plan and further discussed with service users at the tenants' meeting. This Service User Survey and Evaluation Report provide further evidence of the agency's commitment to best practice.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Overall, the inspector assessed that the agency demonstrates a commitment to enhance the ability of staff to communicate effectively with service users.

Discussions with service users and observation of staff interaction with service users, indicated that service users have open lines of communication with staff. Service users and relatives provided feedback that they know who to go in the agency to discuss an issue or complaint. Some service users indicated that they could make their views known effectively and were not afraid to do so.

Six service users made positive comments about their working relationships with staff, for example:

- 'The staff are a very good team.'
- 'Practice leaders keep an eye on everything.'
- '**** (staff name) is a star, a really good practice leader.'
- 'We like it here, the staff are good to us.'

Records of complaints and compliments, quality monitoring reports, the Service User Evaluation report and tenant meetings records provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

A relative commented:

- 'I have not one single complaint, I have confidence in the staff.'

Discussion with HSC professionals and agency staff during the inspection indicated that The Cedar Foundation seeks to sustain effective working relationships with the HSC Trust and other agencies. The inspector received feedback which indicated that the agency maintains effective methods of relevant communication and partnership working with key stakeholders which directly contributes to positive outcomes being maintained over time with service users.

Service users' comments

- 'Every single tenant is well looked after.'
- 'I am happy with the care I get, staff are good.'

Relative's comments

- '**** is really well looked after.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support.

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was securely embedded throughout staff attitudes and the delivery of service. During the inspection staff discussed how the registered manager provides a positive role model for the organisations' core values. A relative commented on how the staff reflect the values of the organisation: '***** is treated like any other human being.'

Staff could confidently describe a range of examples where they upheld the rights of service users and promoted their independence and dignity in big decisions and in the course of the many choices made on a day to day basis. During the inspection the inspector noted that service users were able to exercise choice regarding who came into their home, the clothes they wore, the activities they took part in during the day, or chose not to take part in, and the food they ate. Discussions and feedback from staff, relatives, and examination of documentation indicated that service users are consistently involved in decision making on a range of matters.

The inspector met a service user who described the choices they had made on the day of inspection: whether or not to attend a usual activity, and how they wished to be dressed. It was evident from observation of a range of staff during the inspection that the choices and consent of service users are absolutely central to service delivery. A staff member commented: 'Everything goes by the service user, they get asked, it's their life.'

The inspector observed staff communicating with service users in a manner which promoted the independence and choice of service users during day to day tasks. A relative commented: 'The staff say 'what would you like to do' to ****, they ask *****'s opinion.'

During the inspection the inspector observed agency staff communicating with service users in a manner which took into the account the service users' feelings and enabled them to make informed choices and decisions.

Staff commented:

- 'All service users are treated with dignity and respect and their views and opinions valued'.
- 'We ask service users what they feel'.

Service users commented:

- 'The staff know my moods'.
- 'Staff have helped me with my dignity plan and that is very important for me and my family.'

The inspector noted that the agency has worked with the HSC Trust in developing more effective methods of communication with some service users. A service user explained how a pictorial guide situated in their home has aided with their understanding of their daily routine. The inspector saw examples of information provided to service users in appropriate alternative formats, for example, pictorial timetables, and social stories relating to specific events.

Discussion and observation of service users and staff indicated that service users expect their voices to be listened to and are confident that they will be heard. Service users told the inspector:

- 'I can definitely say what I think.'
- 'I go to the review and say what I think.'
- 'I know who to speak to.'

Staff commented:

- 'Service users are aware of their rights.'

It was evident from discussion with agency staff, HSC Trust staff, and relatives that the agency seeks to balance the rights and choices of service users with their ability to consent and best interests. The inspector noted that the agency provides services to individuals with highly complex needs where agency staff balance issues relating to rights, safety and restriction on an ongoing basis. The registered manager showed an ability to understand sensitive issues and lead staff in working effectively with various key stakeholders.

Service user participation in decision making processes is promoted through The Cedar Foundation User Forum. Some service users have been involved in representing the views of service users to the wider organisation through involvement in the Forum. A service user described their involvement in the User Forum and their pride in this role. Staff commented: 'Some...service users are representatives on Cedar User Forum and are supported to make their opinions known regarding the service they receive.'

The Cedar Foundation has provided a range of training to service users including: safeguarding awareness, inclusion, and empowerment. Service users who are involved in The Cedar Foundation Forum or have attended training are given the opportunity to share their learning and experiences with all service users through tenant meetings.

The inspector noted that the views of service users and/or their representatives were recorded in a respectful manner throughout relevant agency documentation, including care plans and review records. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, service user

survey, and tenants' meetings. Discussions with staff indicated that the agency's confidentiality policy and procedure is understood by agency staff.

The agency maintains extensive high quality systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and their representatives. The monthly quality monitoring reports are of an exceptional standard and

clearly include the views of service users and the agencies response to matters arising through clear action plans and records of progress on improvements within specified timescales. In addition, service quality is further monitored through weekly operations reports and improvement plans. The inspector examined the annual Service User Evaluation survey and annual report which records consultations with service users. In response to the Service User Evaluation survey the agency formulated an action plan with was progressed through various methods including tenants' meetings. The inspector noted that service users' involvement is central to the agency's continual processes to improve the quality of services.

Service users' comments

- 'I really like it here.'
- 'It's superb here.'
- 'Staff are always there to talk to when I am feeling down.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily. The Statement of Purpose and Service User Guide describe the full nature and range of services, and have been revised as required.

The inspector noted that the agency maintains high quality governance systems to identify and drive quality improvement. The inspector saw evidence of systematic audit within the agency on a weekly and monthly basis which is carried out by the registered manager and reported to a senior manager.

The inspector examined a range of weekly improvement plans which include specific actions required, timescales, and note outcomes. Areas covered by audit include complaints, adverse incidents, safeguarding concerns, restrictive practices and incidents notifiable to RQIA.

The registered person has led the development of a rigorous and comprehensive system of quality monitoring which provides robust assurance of the agency's governance systems and commitment to continuous quality improvement.

The agency's governance of risk includes a range of policies and procedures which are reviewed every three years, audit of all incidents including safeguarding incidents, restrictive practices and complaints. The inspector noted that the arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues, including working in partnership with the HSC Trust. The inspector received positive feedback from the HSC Trust regarding the agency's ability to communicate appropriately and effectively work in partnership to manage risk.

The agency maintains and implements complaints and compliments policy, and maintains records of complaints, the result of any investigation, actions and outcomes. The inspector reviewed records of 14 complaints received between 1 April 2015 and 31 March 2016, completed and appropriately responded to in accordance with the complaints policy. Staff commented:

'Complaints are dealt with as per Cedar policy, and seen as an opportunity for improvement of the service provided.'

The agency is well led by the registered person who has worked effectively with RQIA to maintain their roles and responsibilities in accordance with legislation. The inspector received positive feedback from staff regarding the knowledge of daily operations and effective working relationships maintained by the registered person with support staff.

The management structure of the agency is clearly defined and was well understood by staff and service users. The inspector noted that a visual guide to the organisational structure was displayed in clear view and accessible on the staff intranet. Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and address their concerns and suggestions. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. It was noted that the arrangements for management cover 24 hours a day provide staff with access to a manager who is knowledgeable about the needs of service users at all times.

Staff commented:

- 'There are strong leadership structures in place from Head of Service down to Practice Leaders. All roles are clearly defined and quality monitoring is of a high standard.'

Staff who provided feedback to the inspector were informed of their responsibilities and displayed a confident understanding of their roles. Written guides to daily roles and responsibilities were retained in the staff office. Staff provided positive feedback regarding effective, supportive teamwork, good working relationships with managers, and consistent leadership.

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. There are clear systems of supervision and consultation, both inside and outside of normal working hours. Support staff have access to Practice Leaders at all times on shift and senior managers are on call. Feedback provided to the inspector indicated that staff feel respected and supported by the management structure within the agency.

Feedback from staff, relatives and HSC Trust professionals provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. These relationships are valued by staff who reported a resulting improvement in

outcomes for service users. Service users provided very positive feedback regarding the relationships they have with staff:

- 'Practice leaders are very good at doing their job.'
- 'I like the staff and they treat me very well.'

A relative commented:

- 'The staff are approachable, I can talk to them.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqa.org.uk

Web www.rqa.org.uk

 [@RQIANews](https://twitter.com/RQIANews)