

# Unannounced Finance Inspection Report

## 08 June 2017



## Loughview Fold

**Type of Service: Residential Care Home**  
**Address: 159a High Street, Hollywood, BT18 9HU**  
**Tel No: 028 9042 5117**  
**Inspector: Briege Ferris**

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

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 28 beds that provides care for older residents and/or those living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Fold Housing Association  <b>Responsible Individual(s):</b> Fiona McAnespie	<b>Registered Manager:</b> Helen Craig
<b>Person in charge at the time of inspection:</b> Helen Craig	<b>Date manager registered:</b> 23 June 2016
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 28 comprising: Maximum of 23 – RC-DE

### 4.0 Inspection summary

An unannounced inspection took place on 08 June 2017 from 09.45 to 15.10.

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

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found for example, in relation to the availability of a safe place to enable residents to deposit money or valuables; the availability of residents' income and expenditure records and supporting documents such as lodgement and expenditure receipts; mechanisms to obtain feedback and views from resident and their representatives and the existence of policies and procedures to direct practice in the home.

Areas requiring improvement were identified for example, in respect of improving income and expenditure records; ensuring that the bank account used for managing the personal monies of residents in the home clearly details that the money belongs to residents; ensuring that practice in the home is consistent with the home's policies and procedures and providing up to date individual agreements to residents which are consistent with the regulatory framework.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

#### 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	7

Details of the Quality Improvement Plan (QIP) were discussed with Helen Craig, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 30 May 2017

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 30 May 2017.

#### 5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the previous inspector to visit the home was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with the registered manager, the home administrator was not on duty on the day.

The following records were examined during the inspection:

- "Fold Housing Association Resident's Handbook Loughview Housing with Care"
- A copy of the most up to date version of the "Fold Housing Association Housing with Care (Registered) Licence to Occupy"
- "Fold Housing Association Housing with Care (Registered) Licence to Occupy" documents for three residents
- A sample of "Tenancy Statements" detailing amounts paid by or on behalf of residents for care and accommodation
- Copy correspondence from "Radius Housing" to residents' representatives detailing notification of increases in fees payable
- Written policy - "Radius Housing Association Safekeeping of Resident's/Tenant's Personal Property at Care & Support Schemes" dated 20/09/2016
- The "Safe contents log"
- Three records of residents' personal property (in their rooms)
- A sample of residents' income and expenditure records
- "Consent to additional services" documents for three residents
- A sample of bank account statements

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 30 May 2017

The most recent inspection of the home was an unannounced care inspection. The QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The registered manager confirmed that the home administrator (who was not working in the home on the day of the inspection) had most recently received adult safeguarding training in October 2016. The registered manager was able to describe the day to day controls in the home to safeguard residents' money and valuables.

Discussions with the registered manager confirmed that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to a number of residents was lodged for safekeeping; valuables belonging to one resident were being held.

The home had a written safe record ("Safe contents log") to record items held for safekeeping in the safe place. It was noted that records in the "Safe contents log" were routinely signed by one person. The most recent deposit of valuables into the safe place (on 30 May 2017) had been recorded by the registered manager and she alone had initialled the entry. A review of the home's written policy entitled "Radius Housing Association Safekeeping of Resident's/Tenant's Personal Property at Care & Support Schemes" detailed that items which had been deposited should be documented in the safe and be signed and dated by two people. The above findings reflected a deviation from the written policy and procedure. There is further commentary in respect of this matter in section 6.5.

## Areas of good practice

There were examples of good practice found in relation to: the provision of adult safeguarding training for finance/administrative staff working in the home; the availability of a safe place to enable residents to deposit money or valuables and the existence of a safe record to ensure that the deposit or withdrawal of valuables was recorded.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The registered manager informed the inspector that a representative of the home was acting as nominated appointee for one resident. The official Social Security Agency confirmation of the appointee details and from what date the person was appointed to act were not held on the resident's file. The registered manager confirmed that there were no other records in the home which had not been made available to the inspector, on which the official confirmation could be held. The registered manager reported that the document may be held at head office.

Following the inspection, the registered manager contacted RQIA to advise that written evidence was in place that the resident had authorised a named person (a representative of the home) to act as appointee. The written evidence, dated October 2012, was shared with RQIA. The registered manager advised that while this document was in place, application to the Social Security Agency to act as nominated appointee was "never done officially".

It was not confirmed whether it was now proposed to apply to the Social Security Agency to be the resident's appointee; however the registered manager noted that she would contact the resident's HSC trust care manager to discuss the matter.

A recommendation was made to ensure that the current arrangements to support the identified resident are detailed within the resident's individual agreement with the home and should be updated as appropriate.

Discussions with the registered manager confirmed that, with the exception of the resident discussed above, the home was not in direct receipt of the personal monies for any resident. The registered manager described how the home was in receipt of money from the family of residents in order to pay for additional goods or services for which there was an additional charge, such as hairdressing, podiatry, newspapers or other sundries. Evidence was reviewed which identified that a receipt was provided to those making deposits, however it was noted that these were routinely signed by the person receiving the money.

The inspector highlighted that best practice would be for both the person depositing the money (or another member of staff) to sign the record alongside the person receiving the money.

The inspector also noted that this was a safeguard both for residents and for members of staff receiving money.

For those residents for whom the home engaged in transactions for goods or services, records of income and expenditure (“Personal Finance Record”) documents were available. Entries followed a basic financial ledger format and were routinely signed by two people. Receipts were available in respect of purchases made on behalf of residents.

However, it was noted that practice in recording transactions was such that where an amount of money had been spent on behalf of a resident; representatives of the home were recording the amount which had been spent, rather than recording the withdrawal of cash from a resident’s balance and the return of any change. The inspector highlighted that the current method was should be abandoned from the date of the inspection.

On counting a sample of residents’ cash balances, one resident’s balance of cash was found to be £1 less than the ledger balance. The registered manager advised that this may be because the home administrator had withdrawn £1 to purchase a newspaper on behalf of the identified resident. A review of the ledger identified that there were regular £1 withdrawals from the resident’s money in order to purchase a newspaper. This explanation was also consistent with the home practice of recording expenditure, rather than withdrawals and change returned (as detailed above).

A requirement was made to ensure that a standard financial ledger format is used to clearly and accurately detail transaction for residents. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount of the lodgement or the withdrawal; the running balance of the resident’s cash balance held and the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this.

On reviewing a sample of the income and expenditure records, it was noted that a personal loyalty card had been used when making purchases on behalf of an identified resident. This was discussed with the registered manager who advised that she had used her own card on this occasion.

A requirement was made to ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of residents in the home.

The registered manager confirmed that a pooled bank account was managed on behalf of residents in the home. A review of bank account information identified that two bank accounts were available for use by residents.

One of the accounts was named “Loughview Fold Housing with Care”; it was noted that this bank account was being used to receive the social security benefits for the identified resident (referred to above in respect of appointee arrangements). A second bank account was in place which was named “Fold...Residents Account”.

It was highlighted that if the “Loughview Fold Housing with Care” bank account continued to be used going forward, the name on the account itself would have to change to reflect that the money contained within it did not belong to the organisation.

Alternatively, the registered person should arrange to ensure that the “Fold...Residents Account” (which is appropriately named at present) is used to receive the social security benefits for the identified resident and for any other resident’s money in future.

A recommendation was made in respect of this finding.

As noted above, hairdressing and podiatry treatments were being facilitated within the home. A sample of hairdressing treatment receipts were reviewed, which were found to detail the date, the name of the resident, the treatment received (and the cost) the signature of the hairdresser and the initials of a second person. Recent podiatry treatment receipts for identified residents were reviewed which were found to only detail the date and the word “podiatry”; these had been initialled by the home administrator.

These findings were discussed with the registered manager and it was noted that the same controls should be in place to record podiatry treatments provided to residents for which there is an additional charge.

A recommendation was made in respect of this finding.

A sample of records were reviewed to establish that reconciliations were being carried out and recorded by two people at least quarterly. The home’s written policy and procedure stated that “A full reconciliation of residents/tenants monies should be completed by the manager/senior staff on a weekly basis and appropriate records signed and witnessed.” Discussion with the registered manager and a review of a sample of the records identified that a balance check was carried out at the end of each month, not weekly.

It was noted that this represented another example of how the home’s practice deviated from the written policy and procedure.

A recommendation was made in respect of this finding.

As noted in section 6.4, the home had a written safe register, the “Safe contents log”. A review of the record identified that a weekly check was carried out and routinely only signed by one person. The home’s written policy and procedure detailed that “Full safe contents will be audited by Scheme Managers/Senior Staff and appropriate records kept.” It was unclear what “appropriate records” meant in this context, however the registered manager was advised that a reconciliation of the safe place should be carried out and recorded by two people at least quarterly.

A recommendation was made in respect of this finding.

The inspector discussed how residents’ property (within their rooms) was recorded and requested to see the property records for three residents.

A review of the files identified that each resident had a “List of Resident/Tenant’s Personal Effects on Admission/Allocation to Loughview Fold” document. It was noted that entries regarding additions and disposals to the records had been signed by two people and each record was dated February 2017.

Advice was provided to the registered manager regarding the use by staff of descriptions such as “gold”, “platinum” “1 TV”.



It was highlighted that the description of the jewellery reviewed was a deviation from the home's written policy and procedure and in addition, it was suggested that make/mode/approximate size would provide better detail regarding electrical items which had been recorded.

Discussion established that the home had a comfort fund for donations; a bank account which was appropriately named was in place to manage the funds.

The registered manager confirmed that the home did not provide a transport service to residents.

### Areas of good practice

There were examples of good practice found in relation to the existence of income and expenditure records and supporting documents such as lodgement and expenditure receipts; the availability of a bank account to keep separate the personal monies received on behalf of residents; and personal property records maintained for residents' furniture and personal possessions.

### Areas for improvement

Seven areas for improvement were identified during the inspection. These related to income and expenditure records; the use of personal loyalty/points cards when making purchases for residents; records of treatments to residents for which there is an additional charge; changing the name on a bank account to reflect that the money does not belong to the organisation; ensuring that practices in the home are consistent with written policies and procedures and ensuring that two people carry out and record a reconciliation of the safe place at least quarterly.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	5

#### 6.6 Is care compassionate?

**Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Day to day to day arrangements in place to support residents were discussed with the registered manager. She described specific examples of how the home supported a number of residents with their money. Discussion established that arrangements to safeguard a resident's money would be discussed with the resident or their representative prior to, or at the time of the resident's admission to the home.

Discussion with the registered manager identified that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. This included ongoing verbal feedback, quarterly residents' meetings and annual care review meetings.

Arrangements for residents to access money outside of normal office hours were discussed with the registered manager. The registered manager explained that the senior on duty on each shift had access to the safe place; therefore residents had access to their monies at all times.

## Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection and mechanisms to obtain feedback and views from resident and their representatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of residents in order to deliver safe, effective and compassionate care.**

A copy of the home's written policy - "Radius Housing Association Safekeeping of Resident's/Tenant's Personal Property at Care & Support Schemes" dated 20/09/2016 was provided. As noted in section 6.5, discussions established that the home operated a residents' comfort fund. The registered manager confirmed that there was no policy and procedure in place to guide the administration of the fund.

Following the inspection, the registered manager contacted RQIA to advise that a written policy and procedure was in fact in place, and a copy of this was shared with RQIA. The policy set out the principles in respect of the administration of the fund; however it was noted to be dated March 2014.

A recommendation was made to ensure that the written comfort fund policy and procedure is updated, as policies and procedures should be subject to a three year review at the latest.

The "Resident's handbook" included a range of useful information for a prospective resident and outlined the organisational and staffing structure. Information also detailed what was included for the fees payable and basic information regarding safeguarding of money in the home and the availability of a safe place for the deposit of valuables.

Individual resident agreements were discussed with the registered manager and a sample of four files were chosen in order to review individual agreements in place between the home and each resident or their representative.

One resident did not have a written agreement on their file. This resident was the person for whom the financial arrangement was in place (as described in section 6.5). The inspector highlighted that there was therefore no evidence that the resident or their representative had been provided with an individual written agreement, as required by Regulation 5 of the Residential Care Homes Regulations (Northern Ireland) 2005.

The three agreements which were available were entitled “Fold Housing Association Housing with Care (Registered) Licence to Occupy” documents. A review of these documents identified that they did not constitute an individual agreement as detailed within the Residential Care Homes Regulations (Northern Ireland) 2005 and specifically, standard four of the (DHSSPS) Residential Care Home’s Minimum Standards (updated August 2011).

All three of the agreements did not reflect the current terms and conditions in respect of these individual residents. The agreements were dated 2016, 2015 and 2013 and reflected the weekly fees which would have been payable at that point in time.

These findings were discussed with the registered manager and it was noted that each resident or their representative must have a written individual agreement with the home which reflects the up to date weekly fee for their stay in the home, the person(s) by whom the fees are payable and methods of payment. As noted above, the registered manager confirmed that a financial arrangement was in place for one identified resident; the details in respect of this arrangement must also be reflected in the resident’s agreement with the home.

A requirement was made to ensure that the home provides to each resident, an individual written agreement detailing the terms and conditions of their stay in the home and including as a minimum, the content of standard 4.2 of the (DHSSPS) Residential Care Home’s Minimum Standards, (updated August 2011).

It was highlighted that, each resident’s written agreement with the home should be updated to reflect any changes to fees payable or any other matter as detailed in the agreement. Changes to the agreement should be agreed in writing with the resident or their representative.

Discussion was held regarding written personal monies authorisations between the resident/their representative and the home. These documents are in place to provide the home with authority to use the residents’ personal monies to purchase goods and services on their behalf. A review of four residents’ files evidenced that they each had a “Consent to additional services” document in place. This document addressed only hairdressing services facilitated in the home, no other goods or services were listed. A list of hairdressing treatments was detailed on the form; however the space for the price of each treatment had been left blank in all four cases.

The inspector highlighted the obvious issue with the form in feedback to the registered manager. In addition, it was noted that the home were engaging in purchases of a range of other goods and services e.g.: private podiatry, toiletries and newspapers and this information was absent from the form.

A recommendation was made to develop a more comprehensive personal monies authorisation which should be provided for signature to any resident (or their representative) for whom the home engages in purchases of goods or services on behalf of the resident.

### **Areas of good practice**

There were examples of good practice found in respect of the availability of written policies and procedures to guide practice in the home; the existence of a resident’s handbook which included a range of useful information for a prospective resident and the framework of a document to provide the home with authority to spend a resident’s money on their behalf.

## Areas for improvement

Three areas of improvement were identified as part of the inspection. These related to updating the home's comfort fund policy and procedure; providing an individual written agreement (which is consistent with the regulatory framework) to each resident and keeping this updated to reflect any changes and to ensuring that a more comprehensive personal monies authorisation is developed and introduced for all relevant residents in the home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Helen Craig, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 4 (9)  <b>Stated:</b> First time  <b>To be completed by:</b> 09 June 2017	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transaction for residents. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the resident's cash total held and the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this.</p> <p>Ref: 6.5</p>
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 09 June 2017	<p>The registered person shall ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of residents in the home.</p> <p>Ref: 6.5</p>
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 5  <b>Stated:</b> First time  <b>To be completed by:</b> 08 August 2017	<p>The registered person shall ensure that each resident is provided with a written agreement which specifies the fees payable by or in respect of the resident for the provision of accommodation and personal care. The written agreement must detail the method of payment of the fees and the person(s) by whom the fees are payable.</p> <p>(The content of each resident's individual agreement must be consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards).</p> <p>In respect of the one identified resident for whom the representative of the home is acting as appointee, the details of the appointee and the records to be kept must also be detailed in that resident's individual agreement.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standard (Updated August 2011).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.2  <b>Stated:</b> First time  <b>To be completed by:</b> 08 August 2017	The registered person shall ensure that current arrangements to support the identified resident are detailed within the resident's individual agreement with the home and should be updated as necessary.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.14  <b>Stated:</b> First time  <b>To be completed by:</b> 08 July 2017	The registered person shall ensure that the bank account used for managing the personal monies of residents in the home clearly details that the money belongs to residents, not to the organisation.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 15.7  <b>Stated:</b> First time  <b>To be completed by:</b> 09 June 2017	The registered person shall ensure that (to ensure consistency with how hairdressing treatments are recorded in the home) records of any other treatments to residents which attract an additional charge (such as podiatry) detail: the name of the resident, the date of the treatment, the treatment provided, the cost and the signature of the person providing the treatment and that of a representative of the home to verify that the treatment was provided.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 09 June 2017	The registered person shall ensure that working practices are consistent with the home's documented policies and procedures.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b>

<b>Area for improvement 5</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time  <b>To be completed by:</b> 08 July 2017 and at least quarterly thereafter	The registered person shall ensure that a reconciliation of the safe place is carried out and recorded by two people at least quarterly.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> First time  <b>To be completed by:</b> 08 August 2017	The registered person shall ensure that policies and procedures are subject to a systematic three yearly review; the comfort fund policy shall be updated accordingly.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 15.2  <b>Stated:</b> First time  <b>To be completed by:</b> 08 August 2017	The registered person shall develop a more comprehensive personal monies authorisation which should be provided for signature to any resident (or their representative) for whom the home engages in purchases of goods or services on behalf of the resident.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b>

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



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