

# Unannounced Care Inspection Report

## 8 February 2018



## Orchard Grove

**Type of Service: Residential Care Home**  
**Address: 7 The Square, Clough, BT30 8RB**  
**Tel No: 028 4481 1672**  
**Inspector: Alice McTavish**

[www.rqia.org.uk](http://www.rqia.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 19 beds that provides care for adults who have a learning disability or who experience mental ill health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Orchard Grove  <b>Responsible Individuals:</b> Ian Emerson Craig Emerson	<b>Registered Manager:</b> Deirdre Burns
<b>Person in charge at the time of inspection:</b> Deirdre Burns	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 19

### 4.0 Inspection summary

An unannounced care inspection took place on 8 February 2018 from 10.00 to 16.20.

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

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

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, care records, audits and reviews, communication, listening to and valuing residents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified. These related to the home's environment.

Residents said that they enjoyed living in the home and that staff treated them very well.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Deirdre Burns, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 October 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events received since the previous care inspection.

During the inspection the inspector met with four residents, two staff and the registered manager. No visiting professionals and no residents' representatives were present.

A total of ten questionnaires were provided for distribution to residents and their representatives. Details were provided to the registered manager regarding the electronic completion and return of staff questionnaires. Eight questionnaires were returned within the requested timescale.

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
- Recruitment files of three staff members
- Care files of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report

- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- 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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 5 October 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 5 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time	The registered person shall ensure that care plans are revised to reflect the following – <ul style="list-style-type: none"> <li>• Information arising from risk assessments</li> <li>• Any actions to manage pain and discomfort of residents.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of care records confirmed that these areas were satisfactorily addressed.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time	The registered person shall ensure that staff meetings are held regularly and at least quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the minutes of staff Meetings confirmed that such meetings were held regularly.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home 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.

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

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was 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.

A review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The registered manager advised 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. Advice was provided to the registered manager as to how the checklist for staff recruitment could be amended to note the

dates for when AccessNI applications were submitted, issued, received and reviewed as being satisfactory.

The registered manager advised that there were arrangements in place to monitor the registration status of staff with their professional body (where applicable). Advice was provided to the registered manager as to how professional registration could be placed as permanent items for discussion in staff supervision and in staff team meetings.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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.

Discussion with the registered manager and a review of care records confirmed 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 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. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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 registered manager advised that the only restrictive practices employed within the home was the use of bedrails for one resident. The registered manager advised that this restriction was appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents' guide during the last care inspection confirmed that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager advised that if individual restraint was to be employed, the appropriate persons/bodies would be informed.

The registered manager confirmed there were risk management policy and procedures in place in relation to safety in the home. Discussion with the registered manager and review of the



home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, use of electrical appliances etc. Inspection of documentation confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff 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.

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 one outbreak of infection had occurred within the last year and this had been managed in accordance with home policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

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. All internal areas of the home were found to be clean and fresh-smelling and adequately heated. The registered manager advised that there were plans in place to refurbish some bedrooms in the home. One bedroom had already been completed to a good standard.

One resident, however, advised that she sometimes found her bedroom to be cold. Whilst the radiator had been replaced with a larger, double radiator which had made some difference, the problem had not been fully resolved. This was discussed with the registered manager who agreed to have a thermometer placed in the bedroom and to increase the heating when the room temperature fell below an acceptable level, also to consider making arrangements for an additional radiator to be installed in the room. Action was required to ensure compliance with the standards in relation to the heating in one identified bedroom.

Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. It was noted, however, that the door to an en-suite bathroom was damaged, that the wardrobe in an identified bedroom was not secured to the wall and that a small amount of dust had accumulated on the doors of this wardrobe. The handle of a door at a downstairs toilet was loose and the locking mechanism was broken. Action was required to ensure compliance with the standards in relation to furniture and fittings in the home.

The home had an up to date fire risk assessment in place dated 25 October 2017 and all recommendations were noted to be appropriately addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at each fire training session and at other times. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, fire-fighting equipment, emergency lighting and means of



escape were tested weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

It was noted that there was a visitor's book in the home but that this was not consistently used. This was discussed with the registered manager who acknowledged the importance of being aware of any visitors on the premises in the event of a fire. The registered manager agreed to put arrangements in place to encourage visitors to sign in and out of the building.

Eight completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- "I'm happy."
- "Very happy in Orchard Grove. Very happy in day care."
- "I am very happy in Orchard Grove, would not want to live anywhere else."
- "Food's good. Staff good. I'm happy."
- "Very happy. Would not leave here. Love it."
- "I like here."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control.

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to the heating in one identified bedroom and the maintenance of furniture and fittings.

	Regulations	Standards
Total number of areas for improvement	0	2

#### 6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, swallowing, behaviour plans, 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. Care records reviewed were observed to be signed by the resident and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

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 in detail the individual care needs and preferences of residents and how these were met in the home.

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 care records, accidents and incidents, complaints and infection prevention and control measures 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 and/or their representative 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.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 6.6 Is care compassionate?

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

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. This was further evidenced by the review of care records which identified that care plans were in place for management of pain or distressed reactions.

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, for example, care plans were presented in a clear, easy read format and there was information available about how to make a complaint in an easy read version.

The registered manager and residents advised 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 describe how residents' consent was obtained and how 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 and that their 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 residents' meetings and residents were encouraged and supported by staff to actively participate in the annual reviews of their care.

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. An action plan was developed and implemented to address any issues identified.

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 have been able to have a pet here. I talked to the manager, the staff and the other residents about it and they all thought it was a good idea. I’m delighted about it. We have worked out a plan to make sure that it is well looked after. This has made such a difference to me! The manager is always around and I can talk to her at any time. There is also staff around to help me if I need anything.”
- “It was a good move for me to come to live here. I haven’t needed to go to hospital for the past 14 years because I live here now. If there is anything that I could think of that would make it better here, I would tell Deirdre (manager).”
- “I wouldn’t live anywhere else. They are so good to me here. It’s brilliant!”

A member of staff spoken with during the inspection made the following comments:

- “I feel the care in Orchard Grove is brilliant. The staff take the time to interact and talk with residents. I have worked in a few places and I have never seen a care home that is so happy and vibrant. There is a great staff team who all get on well, can have a laugh together and who all enjoy coming to work.”

### Areas of good practice

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.

### 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 service users in order to deliver safe, effective and compassionate care**

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. 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.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The registered manager advised that no complaints had been received since February 2017; should complaints be more regularly received, 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.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

Discussion with the registered manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia, diabetes care.

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.

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 and employers' liability insurance certificate were displayed.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered providers responded to regulatory matters in a timely manner.

A 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 and that management would 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.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Deirdre Burns, 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, 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 via Web Portal for assessment by the inspector.



Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.2  <b>Stated:</b> First time  <b>To be completed by:</b> 8 March 2018	The registered person shall ensure the following – <ul style="list-style-type: none"> <li>• satisfactory measures are put in place immediately to monitor and record the temperature in one identified bedroom</li> <li>• immediate measures are put in place to increase the temperature in the bedroom when it falls below an acceptable temperature</li> <li>• a review is undertaken of the heating arrangements in this room to provide a satisfactory long term solution</li> </ul> Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The issue raised by service user with regards to room temperature <ul style="list-style-type: none"> <li>• This was proactively addressed several months prior to inspection with installation of larger radiator.</li> <li>• A thermometer has been placed in the bedroom, checked and recorded by the manager the temperature has been to an acceptable level. This will continued to be monitored by the manager and any action required will be addressed.</li> </ul>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 8 March 2018	The registered person shall ensure the following – <ul style="list-style-type: none"> <li>• the door to an en-suite bathroom is repaired or replaced</li> <li>• the wardrobe in an identified bedroom is secured to the wall and thoroughly cleaned</li> <li>• the handle of a door at the downstairs toilet is repaired or replaced</li> </ul> Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> All repairs / replacement have been addressed and completed on 21st February 2018

***\*Please ensure this document is completed in full and returned via Web Portal\****



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