

# Unannounced Care Inspection Report 9 January 2019



## Palms Day Care Centre

**Type of Service: Day Care Setting**

**Address: The Jethro Centre, Flush Place, Lurgan, BT66 7DT**

**Tel No: 02838325673**

**Inspector: Maire Marley**

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 day care setting that is registered to provide care and day time activities for a maximum of 16 people over the age of sixty five who may be frail, have a physical disability or early stage dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Shankill Parish Association	<b>Registered Manager:</b> Gail Woolsey
<b>Responsible Individual(s):</b> Andrew Norman George Dunlop	
<b>Person in charge at the time of inspection:</b> Michele McCauley	<b>Date manager registered:</b> 14/03/2016

### 4.0 Inspection summary

An unannounced inspection took place on 9 January 2019 from 09.30 to 15.00 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in regard to effective communication and consultation with service users, staffing and the environment.

Areas requiring improvement were identified and related to the availability of all records for inspection, update of statement of purpose, clarification of management arrangements, referral to Speech and Language therapist, recruitment of volunteers and staff appraisals.

Service users were observed to be relaxed in the setting and when asked to provide a view on the centre, stated "this is a great place" "I wouldn't see anyone if I didn't come here" "the staff are excellent". All comments made in regard to their attendance at the centre was positive.

The findings of this report will provide the day centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	6	0

Details of the Quality Improvement Plan (QIP) were discussed with Andrew Dunlop, responsible person and Michele McCauley, person in charge 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 08 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 08 June 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:

- Registration details of the setting
- Previous care report and QIP dated 08 June 2017
- Communication and correspondence with the setting
- Incident notification that highlighted one notification had been received since the last inspection

During the inspection the inspector met with:

- Seven service users in private in the group room
- Person in charge
- Two care staff members
- Two volunteers

Satisfaction questionnaires were given to the person in charge for distribution to service users, and relatives / representatives. The questionnaires asked for services users and their relatives' views about the service and requested a return date to RQIA within a timeframe. At the request of the inspector the person in charge was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA within a time frame. No responses were received within the set timescales.

The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the day centre inviting service users and relatives not available on the day of inspection to give feed-back to RQIA on the quality of service provided. No responses were received. Copies of RQIA information leaflets on "how can I raise a concern about an independent health and social care service" were also provided for display in the setting.

The following records were examined during the inspection:

- RQIA registration certificate
- Public liability insurance (dated 17/02/18 to 17/02/2019)
- Staff duty roster
- Staff induction
- Confirmation of staff registration with NISCC
- Mandatory training
- Staff supervision schedule
- Three service user care files
- Staff meeting minutes

- Complaints
- Accident / incident / notifiable events
- Service user meetings
- Monthly monitoring reports
- Fire risk assessment
- Fire equipment checks
- Random selection of policies

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

The inspector would like to thank the responsible person, staff, volunteers and service users for their involvement and participation in the inspection process.

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 08 June 2017

The most recent inspection of the day care setting 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 8 June 2017

Areas for improvement from the last care inspection		
Recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 July 2017</p>	<p>The registered provider should ensure adult safeguarding policy and procedures are reviewed and updated to reflect DHSSPS policy entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p> <p>Update training reflecting new DOH policy / procedures in safeguarding is to be provided as agreed.</p>	<p><b>Met</b></p>

	Ref: 4.2	
	<p><b>Action taken as confirmed during the inspection:</b> Information in the returned QIP and a review of the safeguarding policy and procedures confirmed that these had been updated and reflected the DHSSPS policy. Records showed that staff had received training in July 2017 and May 2018.</p>	
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that fall risks are reflected within care plans showing measures in place to minimise the risk.</p> <p>Ref:4.2</p> <p><b>Action taken as confirmed during the inspection:</b> The review of three identified care records established that the risk assessments identified when a service user was at risk of falling, the accompanying care plan detailed the action to be taken to minimise the risk.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed:</b> 30 June 2017</p>	<p>The registered provider should ensure that a detailed record is made of staff supervisions which should be provided no less than quarterly.</p> <p>Ref:4.3</p> <p><b>Action taken as confirmed during the inspection:</b> The records viewed on the day confirmed that this area of improvement had been addressed.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2017</p>	<p>The registered provider should ensure that a record of minutes of service user meetings is made to fully reflect consultations with service users including their views and preferences about the service.</p> <p>Ref:4.4</p> <p><b>Action taken as confirmed during the inspection:</b> The information in the returned QIP and the review of service users meetings confirmed this had been addressed.</p>	<b>Met</b>

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

On the day of inspection three staff were on duty along with the person in charge and three volunteers. The duty roster for November and December 2018, care records examined and discussion with staff and service users established that staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

In the absence of the registered manager an assistant manager assumes responsibility for the day to day management of the centre. There was evidence that the registered manager's presence in the centre was sporadic resulting in management tasks not been fully addressed.

Records requested were difficult to locate and some records were not available. The management arrangements for the day centre is identified as an area for improvement.

There has been no new staff employed since the previous inspection, appropriate staff employment records were in place and in compliance with relevant legislative requirements and the organisation's policy and procedures. The records relating to the employment of volunteers were not available for inspection. The responsible person stated he was confident that all appropriate employment checks had been completed however management must confirm in writing in the returned QIP that volunteers are employed in accordance with Schedule 2 Regulation 21, of The Day Care Setting Regulations (Northern Ireland) 2007. In addition all records required by legislation should be available for inspection.

A review of the induction programme noted it included areas such as adult safeguarding and whistleblowing policy. It was good to note that volunteers had completed induction and attended training.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records provided evidence that all training was up to date.

The day care setting's governance arrangements in place that identify and manage risk were inspected; it was positive to note that there had been no accidents or incidents since the previous inspection.

Discussions with the person in charge and staff on the day of inspection revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records.

Management confirmed there were no current adult safeguarding investigations within the day care setting and were clear about their role and responsibility in the event of such an incident. A review of the settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal

Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Discussion with the responsible person, staff and observation of practice confirmed there were no restrictive practices in place.

Risk management procedures were in place relating to the safety of individual service users. These included assessments in respect of falls and moving and handling. The measures to manage identified risks were outlined in individual care records and there was evidence of appropriate consultation with commissioning trust staff.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the staff confirmed that furniture; aids and appliances were fit for purpose and met the diverse needs of service users. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre.

It was noted that staff adhered to safe fire practices and records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely and regular checks on firefighting equipment. A fire risk assessment was completed on 16 October 2017 and was reviewed on 5 November 2018.

Discussion with staff and two volunteers with regards to the provision of safe care revealed the following comments:

#### **Staff comments:**

- “We provide a high standard of safe care.”
- “We ensure there are no hazards and know our service user’s needs.”
- ”I believe staff ensure everyone’s safety and management are good at ensuring the building is maintained to a high standard.”

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives/representatives. There were no questionnaires returned within the timescales for inclusion in this report.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, induction programmes, infection prevention and control and the general environment.

#### **Areas for improvement**

Areas for improvement were made in relation to the review of management arrangements, availability of records and confirmation that volunteers are recruited in accordance with regulations.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	3	0

## 6.5 Is care effective?

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

Information relating to the nature and range of services provided within the setting is outlined in the Statement of Purpose. It was identified that the term “dementia” should be clarified as this is an overall term used to describe a group of symptoms associated with memory loss, confusion and personality changes. Discussion focused on the range of symptoms that can vary from mild memory loss to more severe cognitive difficulties making it hard for the person to manage daily activities.

The responsible person and staff confirmed the centre can only accommodate those people who have a diagnosis of mild confusion or memory loss. Observations throughout the inspection confirmed that the day care setting was providing care for people with these symptoms. It was agreed that a copy of the revised statement of purpose would be provided to RQIA on return of the QIP.

Discussion with the person in charge and three care workers established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The service user guide was reviewed and revealed the need for minor adjustments in regard to the current management arrangements. This was addressed with immediate effect.

A review of five service users’ individual care records confirmed that these were maintained in line with legislation and standards. They included a service user agreement, an up to date assessment of needs, relevant risks assessments and care plans. It was noted in an identified record that a speech and language assessment (SALT) assessment was recommended following a “choking incident” in the service user’s home however there was no evidence that this had been actioned or followed up and is an area identified for improvement.

Discussion with staff revealed that they felt care provided to service users within the setting was effective. They were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff also confirmed systems were in place to ensure any updates or changes in service users’ needs were discussed and shared as necessary.

Staff described how they communicate/respond with service users who present with specific communication needs confirming they were knowledgeable regarding person centred interventions that assured service users were involved and communication opportunities were maximised.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users’ health and social care needs were met within the day care setting.

Systems were noted to be in place to review the service user’s placements within the day care setting four to six weeks following admission. This ensured that the placement was appropriate to meet the individual’s health and social care needs. There was evidence of annual care reviews and the involvement of the service user and/or their representatives in the review process.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken. Additional information was also displayed throughout the centre.

A review of the arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the responsible person, registered manager or day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in a person centred way that is safe, effective and meets their needs within an open and transparent culture.

Staff confidently described how they would ensure any concerns regarding service user's safety and wellbeing was effectively communicated to their relatives and other professionals as appropriate.

Discussion with staff and volunteers in the day care setting with regards to the provision of effective care included the following comments:

#### **Staff comments:**

- "We know our service users and if we see something wrong we can refer to the multidisciplinary team or alert families if necessary."

#### **Volunteer comments:**

- "I believe the care to be excellent, staff and volunteers work really well together to ensure each person has a good day."

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives/representatives. There were no questionnaires returned within the timescales for inclusion in this report.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk management and communication between service users and/or their representatives, staff and other key stakeholders.

#### **Areas for improvement**

Two areas for improvement were identified during the inspection and related to confirming that a SALT assessment had been requested and actioned and the revision of the statement of purpose in regard to the term dementia.

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

## 6.6 Is care compassionate?

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

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

Discussions with service users, staff and volunteers and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions, offering service users' choice regarding the activity they wished to do or where they wished to go. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with was knowledgeable regarding service users likes, dislikes and individual preferences. During observations staff were noted to take time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify forthcoming activities planned based on their individual choice or what had been agreed as a group activity.

Staff described daily informal arrangements in place that ensured service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the quarterly service user meetings. A sample of the minutes of these meetings were reviewed and it was good to note that services users were able to make decisions regarding how they wished to celebrate Christmas.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "Everyone is very kind"
- "We do lots of different things and I like that."
- "Just chatting does me good."
- "Coming to the centre gets me out of the house and lets me meet people, I get very lonely at home as I live alone."

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives / representatives . There were no questionnaires returned within the timescales for inclusion in this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	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 setting's leadership, management and governance arrangements in place were assessed to assure they were meeting the needs of service users.

As stated in section 6.4, the inspector was informed that the registered manager was spending less time in the centre due to other commitments. In her absence a day care worker assumed responsibility for the day centre. An area of improvement is made in 6.4 of this report.

It was noted that systems were disorganised and some records were difficult to locate or were not available for inspection. The registered person had recognised that the governance arrangements needed to be reviewed to ensure appropriate records were maintained and available and agreed that this was an area for improvement. This is identified in section 6.4 of this report.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered person, day care worker and from effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the registered person and the person in charge on the day confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was viewed and found to be current and appropriately displayed.

The day care setting had a range of policies and procedures in place to guide and inform staff. A sample of policies and procedures reviewed on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a quarterly basis; however annual appraisals had not been completed since October 2017 and is identified as an area of improvement.

The complaints records maintained by the day care setting evidenced that there had been no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that staff meetings were held on a quarterly basis and records were maintained. The records included who was in attendance and agenda items. Relevant information was discussed regarding the needs of service users and the arrangements to ensure delivery of safe and effective care.

The inspector discussed the arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The person in charge discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust's referral information.

There were arrangements in place to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC).

Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the day centre until their registration was suitably updated.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these included both announced and unannounced visits. Three quality monitoring reports were sampled for, October, November and December 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Issues and actions were brought forward from previous monthly quality monitoring reports.

It was good to note that the registered person had identified the management arrangements along with other areas for improvement in the monthly reports and was keen to get improvements made. In addition the registered person is based in the building and regularly calls into the centre unannounced.

Ten satisfaction questionnaires were given to the person in charge for distribution to service users and relatives / representatives . There were no questionnaires returned within the timescales for inclusion in this report.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and maintaining good working relationships.

### Areas for Improvement

An area for improvement was identified during the inspection of this domain related to staff appraisals.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Andrew Dunlop registered person, and the person in charge on the day of inspection, 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 agency. 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 Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## **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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 4 (1) (b) and 2 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2019	<p>The registered person shall revise the statement of purpose and clarify the term “dementia.” The range of needs with memory loss that can be accommodated within the setting should be identified”</p> <p>The revised document should be submitted to RQIA.            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 (1) (c) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2019	<p>The registered person shall confirm that a referral to the Speech and Language Therapist (SALT) for an assessment has been requested.</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 19 (3) (b) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2019	<p>The registered person shall ensure that records required by regulation for inspection are available at all times.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 31 (a) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2019	<p>The registered person shall review the current management arrangements and advise RQIA of the proposed changes.</p> <p>Ref: 6.4</p>
	<b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 5</b> <b>Ref:</b> Regulation 20 (1) (c) <b>Stated:</b> First time <b>To be completed by:</b> 31	<p>The registered person shall ensure staff have appraisals at least annually</p> <p>Ref: 6.7</p>
	<b>Response by registered person detailing the actions taken:</b>

March 2019	
<b>Area for improvement 6</b> <b>Ref:</b> Regulation 21 (b) (c) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2019	The registered person shall ensure that volunteers are recruited in accordance with regulations.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b>

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



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