

Unannounced Care Inspection Report 17 January 2017



Aspen Beacon Centre

Type of service: Day Care Service
Address: 16 Finaghy Road South, Belfast, BT10 0DR
Tel no: 02890611513
Inspector: Louise McCabe

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of Aspen Beacon Centre took place on 17 January 2017 from 10.15 to 16.15 hours.

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

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care though improvements are needed regarding the notification to RQIA of an identified untoward incident. Observations of care practices and discussions with service users provided evidence there was a culture of ensuring they are safe and protected from harm. Discussions with the manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. Two areas for quality improvement relating to safe care were identified during this inspection. These regard the notification of an untoward incident to RQIA and the environment.

Is care effective?

On the day of the inspection it was assessed that the care in Aspen Beacon Centre was effective, however two areas for quality improvement were identified. These concern the complaints record and the report of the service user's annual review of their day care placement. Observations of staff interactions with service users, discussions with 11 service users and review of five completed RQIA questionnaires evidenced the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with 11 service users and review of five completed RQIA questionnaires provided evidence they are supported, listened to, valued and communicated with in an appropriate manner. There were no areas for improvement identified in this domain as the result of this inspection.

Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and governance arrangements in the day care setting. Review of a random sample of documentation provided evidence of this. The reports monthly monitoring reports provided further evidence of effective leadership and good governance arrangements in Aspen Beacon Centre. There is a culture focused on the needs of service users being met. One area for quality improvement was identified during this inspection and concerns the day care setting having an annual quality report.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Josephine Moran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 May 2015.

2.0 Service details

Registered organisation/registered person: NI Association for Mental Health/Mr William Henry Murphy	Registered manager: Ms Josephine Moran
Person in charge of the service at the time of inspection: Ms Josephine Moran	Date manager registered: 20 January 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 20 May 2015 to 17 January 2017(six were randomly sampled).

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Discussion with 11 service users

- Discussion with two care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with twelve questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. Five questionnaires were returned (three service users and two staff questionnaires). The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (three were randomly sampled from 20 May 2015 to 17 January 2017)
- Compliments record (three were randomly sampled from the above dates)
- Accident/untoward incident record (six were randomly sampled from the above dates)
- Elements of three service users care files
- Review of two identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings (randomly sampled from the above dates)
- Minutes of three service users' meetings (randomly sampled from the above dates)
- Staff training information
- Three monthly monitoring reports (randomly sampled from the above dates).

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection on 20 May 2015

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.

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26(2)(c) Stated: First time	The registered persons must ensure the cause of the disabled toilet failing to drain effectively is investigated by a competent person and the necessary remedial works carried out. The completed returned QIP must state the action taken to resolve this matter.	Met
	Action taken as confirmed during the inspection: The registered provider arranged for an external contractor to check the toilet, the plumbing of the toilet and external drains. The completed QIP	

	<p>stated “this will continue to be monitored and should the problem occur again, we will liaise with our neighbours to confirm the problem is area specific and not single site specific. Thereafter this will be reported to NI Water.” The registered manager said service users without a physical disability are encouraged to use the other two toilets in the centre and only to use the disabled toilet if these are engaged. No further problems have been reported.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14(1)(c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure internal pull cord light switches are installed in each of the toilets to replace the existing external wall switches. All electrical work should be carried out by a competent electrician. The completed returned QIP must state the action taken.</p> <p>Action taken as confirmed during the inspection: Internal pull cord light switches were installed in both of the identified toilets on 30 June 2015.</p>	Met
<p>Requirement 3</p> <p>Ref: Regulation 19(1)(a)</p> <p>Stated: Second time</p>	<p>The registered manager must ensure service user’s care files contain a recent photograph of the service user. If the service user wishes not to have a photograph in their care file, this must be stated.</p> <p>Action taken as confirmed during the inspection: The completed QIP from the previous care inspection stated all service user’s care files were reviewed and those service users who did not have a photograph were asked if one could be inserted and if they declined this was subsequently recorded. Three service user’s care files were randomly sampled during this care inspection; one contained a photograph and two had recorded statements declining this.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered persons must ensure the Aspen Beacon service users’ annual quality assurance evaluation report:</p> <p>(a) is dated</p> <p>(b) covers all areas of the day service and should include the quality of the classes/programmes and the environment</p>	Met

	<p>(c) includes the outcomes of the actions taken as a result of the service's previous collated quality assurance questionnaires</p> <p>(d) includes the action to be taken (with timescales) from the current collated quality assurance questionnaires. If no actions are needed the report should state this.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p>	<p>The registered persons must ensure policies and procedures are reviewed systematically on at least a three yearly basis. The identified policies and procedures must be reviewed.</p> <p>Action taken as confirmed during the inspection: The most recent service users' annual survey was completed in 2016. The evaluation report included information on all of the above.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p>	<p>The registered persons must ensure service user's annual review reports contain all of the information stated in standard 15.5.</p> <p>Action taken as confirmed during the inspection: The completed returned QIP stated the service user's annual review report was updated by the organisation and used from 31 July 2015 and "staff will ensure that all annual review reports will contain all information required." A random sample of three service user's review reports were examined during this inspection, they contained some of the information contained in Minimum Standard 15.5; however relevant information was missing. This is discussed in section 4.4 in the main body of this report.</p>	Partially Met
<p>Recommendation 4</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered manager must ensure the minutes of service users meetings contain:</p> <p>(a) an agenda</p>	Met

	<p>(b) summary of discussions</p> <p>(c) identified action points and who is responsible with time frames</p> <p>(d) the next minute of the meeting must reflect the action taken from the previous meeting.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The registered manager is to record in the service's complaints record all of the identified issues of dissatisfaction and concern raised by service users during the inspection. These matters are to be investigated by management and records of same made in the complaints record.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The day care setting's complaints record was reviewed during this care inspection and provided evidence that the complainants' areas of dissatisfaction were investigated by the organisation and the outcomes recorded.</p>	
<p>Recommendation 6</p> <p>Ref: Standard 25.7</p> <p>Stated: First time</p>	<p>With regards to the disabled bathroom, in order to prevent an accident, the registered persons must :</p> <p>(a) replace the identified spotlight bulb</p> <p>(b) ensure the toilet seat is secure and does not wobble.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Both of the above matters were completed on 22 May 2015.</p>	

4.3 Is care safe?

With regards to the safety of service users, identified policies and procedures were in place in Aspen Beacon Centre. Policies and procedures were indexed, dated and ratified by the registered person. Confirmation was obtained from discussions with two care staff that these are accessible in the day care setting. The following two policies and procedures were randomly reviewed during this inspection:

- Incident, Accident and Near Miss Management Procedure (dated 18 January 2016)
- Inspire – Hands Up (once ratified, this policy will replace the Service User Participation Beacon Member Empowerment policies).

The above policies and procedures were compliant with identified regulations and minimum standards.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current or ongoing safeguarding concerns. One safeguarding incident had been reported since the day care setting's previous care inspection. This was appropriately responded to by staff and the registered manager. The registered manager had referred this to the Trust's safeguarding team and the service user's named worker was informed. Records were retained of this. RQIA had not been informed of this identified incident which occurred in December 2016. The registered manager was advised to retrospectively forward this to RQIA and ensure all future notifiable incidents and accidents are reported. This regards Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. This is an identified area for improvement. Staff confirmed that they had attended safeguarding vulnerable adults training in the previous two years.

On the day of the inspection no restrictive care practices were observed.

The registered manager described the daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in Aspen Beacon Centre. There is a registered manager, three full time project workers; one part time support worker and a part time clerical officer employed in the day care setting. The registered manager and two care staff are usually on duty on a daily basis. If the manager is absent from the day service, one of the experienced staff members would be the responsible person for Aspen Beacon Centre. Competency and Capability assessments were not reviewed during this inspection as they had been randomly sampled during a previous care inspection.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

Fire exits and corridors were clear of clutter and obstruction.

Inspection of the internal and external environment identified that the day care setting was appropriately heated and the grounds were accessible, kept tidy, safe, clean and suitable for service users. There were no obvious hazards to the health and safety of service users, visitors or staff. The pull cords in both the male and female toilets were grubby and need to be

replaced. This was discussed with the registered manager and in the interests of infection, prevention and control the replacements should be easily cleaned. This is an identified area for improvement.

Discussions with 11 service users provided evidence that they felt safe in Aspen Beacon Centre.

Review of five completed RQIA questionnaires verified that everyone was either 'very satisfied' or 'satisfied' that the care provision in Aspen Beacon Centre was safe.

Areas for improvement

Two areas for improvement were identified during the inspection in this domain. These matters regard:

1. The notification of an identified untoward incident to RQIA.
2. Replacing two pull cords in the male and female toilets.

Number of requirements	1	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager and two care staff established the day care setting responded appropriately to and meets the assessed needs of service users.

Three service user's care files were reviewed during this inspection. They contained current general assessments, risk assessments and care plans. These were compliant with the DHSSPS Minimum Day Care Settings Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process. The care plans were qualitative and reflected the service user's needs and how these are met in Aspen Beacon Centre.

Review of the care files confirmed annual reviews of the individual's day care placement had taken place in the previous year. The service user's annual review reports were not fully compliant with Minimum Standard 15.5 of The Day Care Settings Minimum Standards. Some information was missing for example:

- if there were or were not any changes in the service user's home situation;
- details of important events that occurred since their previous annual review, this includes if any untoward incidents or accidents had occurred;
- if incidents or accidents had occurred, how these were addressed;
- if there were any other relevant matters regarding services and facilities provided by the day care setting.

Minimum Standard 15.5 was discussed with the registered manager and she was advised to meet with care staff to ensure the above information is included in any future annual review reports. If there are no changes, incidents, accidents or any other relevant matters since the service user's previous annual review then the report should state this. A recommendation will be stated in the QIP of this report for a second time.

Discussions with 11 service users verified that they are encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussion with two care staff concluded the registered manager has an open door policy in regard to communication within Aspen Beacon Centre.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Five RQIA questionnaires were returned and provided evidence that everyone was either 'very satisfied' or 'satisfied' that the care provision in Aspen Beacon Centre was effective.

Areas for improvement

Two areas for quality improvement were identified during the inspection regarding this domain.

These matters concern:

1. Aspen Beacon Centre's complaints record.
2. Service user's annual review report should contain all of the relevant matters specified in Minimum Standard 15.5.

Number of requirements	0	Number of recommendations:	2
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4.5 Is care compassionate?

Discussions with 11 service users concluded they are valued, treated with compassion, kindness and respect. They said the manager and staff listen and support them, offer them choices of classes and involve them in decision making during their time in the centre.

Observations during this inspection, showed service users' needs were responded to in a prompt, courteous and supportive manner by care staff. Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with care staff. They are also consulted on a formal basis via regular service users' meetings; the annual

review of their day care placement and an annual survey about the standard and quality of care and day service. The most recent service users' annual quality assurance survey was distributed by the organisation in the previous year. An evaluation report was made available and reviewed during this inspection, this was compliant with Minimum Standards 8.4 and 8.5.

RQIA had discussions with a total of 11 service users who stated they are happy with the quality of care provision in Aspen Beacon Centre. Examples of some of the comments made by service users were:

- “The care is superb, I couldn’t speak highly enough of Aspen Beacon Centre.”
- “This place has kept me alive this last couple of years. I met my best friend here. I get great support from her/him and the manager and staff.”
- “This centre keeps me sane, gives me something to do and gets me out of the house. It’s good for me.”
- “I like coming here, this place has really helped me a lot over the years. The staff are great, they would notice if I wasn’t quite myself and they are very supportive.”
- “This place is sound. I’ve been coming for years and would be lost without it. They are all good to us, they listen.”
- “It’s brilliant here, we all love it and would be lost without it.”

All five completed RQIA questionnaires stated everyone was very satisfied with that the care in Aspen Beacon Centre was compassionate.

Areas for improvement

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

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

Discussion with two care staff concluded they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Completed staff RQIA questionnaires also verified this.

RQIA’s registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

The day care setting’s complaints record was reviewed during this inspection. A random sample of three complaints records from 20 May 2015 to 17 January 2017 showed these were investigated, managed and responded to within time frames. However, it was unclear if the complainant was satisfied or not satisfied with the outcome/s of the investigation into their area of dissatisfaction, concern or complaint. The three complaints records stated either ‘upheld’, ‘not upheld’ or ‘partially upheld.’ Details of the complaint, it’s investigation and outcome/s had been recorded in the respective service user’s care file. The organisation’s complaints

recording template contained a brief summary of this. Minimum Standard 14 was discussed with the registered manager and she was advised to record if the complainant was or was not satisfied with the outcome/s of the investigation. If they are partially or dissatisfied then the complaints record should state this and that the individual was informed of the next step in the organisation's complaints process and are advised about advocacy.

A random review of three compliments showed positive comments about the quality of care provision in Aspen Beacon Centre. Arrangements were in place to share information about complaints and compliments with staff.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. Three monthly monitoring reports were randomly sampled during this inspection (23 September, 26 October and 16 November 2016). These were qualitative, comprehensive and compliant with Regulation 28 and Minimum Standard 17.10.

Discussion with two care staff concluded staff meetings in Aspen Beacon Centre are sometimes held on a weekly basis but can be monthly or every two months. A random sample of the minutes of three staff meetings (01 and 25 November and the 06 December 2016) verified this. Action points were included in the minutes and there was evidence these matters are followed up on in the minutes of the subsequent meeting.

Standard 17 of the Day Care Settings Minimum Standards (January 2012) concerns the management and control of operations which support and promote the delivery of quality care services. The registered manager provided examples of what she currently audits in Aspen Beacon Centre e.g. the number of service user care files in the centre; annual workplace health and safety audits and the environment, data protection, formal supervision and annual appraisal audits. Evidence of these were made available during inspection and reflected that any actions identified for improvement had been completed. These quality assurance systems assist in the process of driving quality improvement and positive comments about this were shared with the registered manager. A discussion took place with the registered manager about also providing evidence of the systematic audits of service user's care files to ensure compliance with Minimum Standards 4, 5, 7, 15, 21 and 22. Further evidence of audits were contained within three of the monthly monitoring reports reviewed during this inspection,

The day care setting's most recent annual quality report (Regulation 17(1), Schedule 3) was requested by RQIA during this inspection but not made available. This is an identified area for improvement.

Discussions with two staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to 'Is the Service Well Led' domain in the five returned RQIA questionnaires; everyone stated either 'very satisfied' or 'satisfied.'

Based on the findings of this care inspection, there was evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Aspen Beacon Centre.

Areas for improvement

One area for improvement was identified during the inspection in this domain and concerns an Annual Quality Review report for Aspen Beacon Centre that contains all of the relevant matters specified in Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.

Number of requirements	1	Number of recommendations:	0
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 29

Stated: First time

To be completed by:
24 January 2017 and ongoing

The registered provider must ensure:

- (a) the identified untoward incident which occurred in December 2016 is retrospectively forwarded to RQIA;
- (b) all future notifiable accidents and incidents are forwarded to RQIA in accordance with Regulation 29.

Response by registered provider detailing the actions taken:

The identified untoward incident which occurred in December 2016 has been reported to RQIA on the 18/1/17 as advised by inspector. All notifications of any further notifiable accidents and incidents will be done so in accordance with regulation 29

Requirement 2

Ref: Regulation 17(1)

Stated: First time

To be completed by:
31 March 2017 and ongoing

The registered provider must ensure an annual quality review report is completed regarding Aspen Beacon Centre which details all of the relevant matters specified in Schedule 3.

Response by registered provider detailing the actions taken:

As discussed with inspector on the day of inspection Aspens annual review report will be revised to include areas specified in schedule 3 time line of staff appraisal/pm, synopsis of managers meetings, detail of staff working pattern/rotas,visitors to day care setting. This will be completed by 31/March/2017

Recommendations

Recommendation 1

Ref: Standard 15.5

Stated: Second time

To be completed from: 17 January 2017 and ongoing

The registered provider should ensure staff are aware that service user's annual review reports contain all of the relevant information stated in standard 15.5.

Response by registered provider detailing the actions taken:

Currently all service user annual review reports are being revised in line with Inspires new community wellbeing standards and a comprehensive training programme for staff will follow. At a local level staff will continue to develop and ensure all relevant information will be contained in service user annual review as stated in standard 15.5

Recommendation 2

Ref: Standard 14.10

Stated: First time

To be completed from: 17 January 2017 and ongoing

The registered provider should ensure the Aspen Beacon Centre's complaints record should clearly state:

- (a) if the complainant is or is not satisfied with the outcome/s of the investigation into their area/s of dissatisfaction, concern or complaint.
- (b) Details of all communications with the complainant, the results of the investigation and the action taken.

	<p>Response by registered provider detailing the actions taken: Aspen is now locally logging if complainant is or is not satisfied with the outcome of investigation into their area of dissatisfaction, concern or complaint. All details of communication with the complainant, the results of the investigation and the action taken is also now logged at local level. This information will now be logged on the back of current forms. This has been completed for last, most recent complaint, completed on 18/1/17. Current complaints procedure is being comprehensively reviewed by Inspire.</p>
<p>Recommendation 3 Ref: Standard 25.1 Stated: First time To be completed by: 17 February 2017</p>	<p>The registered provider should replace the pull light cords in the identified two toilets. In the interests of infection, prevention and control ensure these can be easily cleaned.</p> <p>Response by registered provider detailing the actions taken: Aspen has replaced pull light cords as identified for completion date of 17th of february 2017.</p>



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