

# Announced Care Inspection Report

## 8 June 2016



## Fintra Dental Practice

Service type: Dental Service

Address: 152 Andersonstown Road, Belfast, BT11 9BY

Tel No: 028 9061 3325

Inspector: Philip Colgan

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Fintra Dental Practice took place on 8 June 2016 from 08:45 to 11:00.

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

### **Is care safe?**

Observations made, review of documentation and discussion with Mr Greg Blaney, registered person, and staff demonstrated that further development is needed to ensure that care provided to patients is safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, radiology and the general environment. One recommendation has been made in relation to the inclusion of a photograph of the identified staff members in their staff files.

### **Is care effective?**

Observations made, review of documentation and discussion with Mr Blaney and staff demonstrated that further development is needed to ensure that care provided in the establishment is effective. Areas reviewed included clinical records, health promotion, audits and communication. One recommendation has been made in relation to the retention of minutes of staff meetings.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mr Blaney and staff demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of patients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Dental Care and Treatment (2011).

While we assess the quality of services provided against regulations and associated DHSSPS care standards, we do not assess the quality of dentistry provided by individual dentists.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the QIP within this report were discussed with Mr Greg Blaney, registered person, 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 previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Fintra Dental Practice Mr Greg Blaney	<b>Registered manager:</b> Mr Gregory Blaney
<b>Person in charge of the service at the time of inspection:</b> Mr Gregory Blaney	<b>Date manager registered:</b> 13 May 2011
<b>Categories of care:</b> Independent Hospital (IH) – Dental Treatment	<b>Number of registered places:</b> 8

### 3.0 Methods/processes

Questionnaires were provided to patients and staff prior to the inspection by the practice on behalf of the RQIA. Prior to inspection we analysed the following records: staffing information, complaints declaration and returned completed staff and patient questionnaires.

During the inspection the inspector met with Mr Greg Blaney, registered person, and three staff members, the practice manager and two dental nurses. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- management of medical emergencies
- infection prevention and control
- radiography
- clinical record recording arrangements
- health promotion
- management and governance arrangements
- maintenance arrangements.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 2 June 2015

The most recent inspection of the Fintra Dental Practice was an announced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 2 June 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 19 (2) Schedule 2 <b>Stated: First time</b> <b>To be Completed by:</b> 2 August 2015	The registered person must ensure that the identified staff member has an enhanced AccessNI check in place.  <b>Action taken as confirmed during the inspection:</b> Discussion with Mr Blaney and review of documentation evidenced that this requirement has been met.	<b>Met</b>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 2</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 2 August 2015</p>	<p>The registered person must ensure that enhanced Access NI checks are undertaken and received prior to commencement of employment of any new staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Blaney and review of recently recruited staff members' recruitment records evidenced that this requirement has been met.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated: First time</b></p> <p><b>To be Completed by:</b> 2 August 2015</p>	<p>The registered person must submit an application to vary the registration of the establishment from seven dental chairs to eight dental chairs. The application must also include the formal change of name of the practice which has been rebranded to Fintra Dental Practice.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with Mr Blaney and review of documentation evidenced that this requirement has been met.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 August 2015</p>	<p>It is recommended that a recruitment and selection policy and procedures are developed to reflect best practice guidance to include;</p> <ul style="list-style-type: none"> <li>• the recruitment process, application process, shortlisting, interview and selection; issuing of job description and contract of employment; employment checks; references; employment history; Access NI check; confirmation that the person is physically and mentally fit ; verification of qualifications and registration with professional bodies.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of documentation evidenced that this recommendation has been met.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 June 2015</p>	<p>It is recommended that staff personnel files for newly recruited staff should include the information as indicated in regulation 19 (2) Schedule 2 of The independent Health Care Regulations (Northern Ireland) 2005. The following information should be retained;</p> <ul style="list-style-type: none"> <li>• positive proof of identity, including a recent photograph;</li> <li>• evidence that an enhanced AccessNI check was received prior to commencement of employment;</li> <li>• two written references;</li> <li>• details of full employment history, including an explanation of any gaps in employment;</li> <li>• documentary evidence of qualifications, where applicable;</li> <li>• evidence of current GDC registration, where applicable;</li> <li>• criminal conviction declaration on application;</li> <li>• confirmation that the person is physically and mentally fit to fulfil their duties; and</li> <li>• evidence of professional indemnity insurance, where applicable.</li> </ul>	<p><b>Partially Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Review of staff files evidenced that this recommendation has been partially met and has been stated for the second time.</p>		
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 2 July 2015</p>	<p>It is recommended that contracts of employment and agreements with staff are retained in staff personnel files. The contracts should be signed and dated by both the employer and the employee and should reflect the date of commencement of employment.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> Review of staff files evidenced that this recommendation has been met.</p>		

<b>Recommendation 4</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 August 2015	It is recommended that the job description for a dental nurse is further developed to include all of the duties required of this role.  <b>Action taken as confirmed during the inspection:</b> Review of documentation evidenced that this recommendation has been met.	<b>Met</b>
<b>Recommendation 5</b> <b>Ref:</b> Standard 11.3 <b>Stated:</b> First time <b>To be Completed by:</b> 2 August 2015	It is recommended that written inductions are in place for all newly recruited staff. The induction programme should facilitate the inductor and inductee to sign and date when induction topics have been discussed.  <b>Action taken as confirmed during the inspection:</b> Discussion with Mr Blaney and review of documentation evidenced that this recommendation has been met.	<b>Met</b>
<b>Recommendation 6</b> <b>Ref:</b> Standard 9 <b>Stated:</b> First time <b>To be Completed by:</b> 2 August 2015	It is recommended that the report of the patient satisfaction survey is further developed to outline the actions taken to address the deficits identified and to share this information with the patients.  <b>Action taken as confirmed during the inspection:</b> Discussion with Mr Blaney and review of documentation evidenced that this requirement has been met.	<b>Met</b>

#### 4.3 Is care safe?

##### Staffing

Eight dental surgeries are in operation in this practice. Discussion with staff and a review of completed staff questionnaires demonstrated that there was sufficient numbers of staff in various roles to fulfil the needs of the practice and patients.

Induction programme templates were in place relevant to specific roles and responsibilities. A sample of staff files evidenced that induction programmes had been completed when new staff joined the practice.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff confirmed that they felt supported and involved in discussions about their personal development. A review of a sample of staff files evidenced that appraisals had been completed an annual basis. There was a system in place to ensure that all staff receive appropriate training to fulfil the duties of their role.

A review of records confirmed that a robust system was in place to review the General Dental Council (GDC) registration status and professional indemnity of all clinical staff.

### **Recruitment and selection**

A review of the submitted staffing information and discussion with Mr Blaney confirmed that five staff have been recruited since the previous inspection. A review of four of the personnel files for these staff demonstrated that all the relevant information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 has been sought and retained with the exception of photographic proof of identification of the staff member. A recommendation was made.

There was a recruitment policy and procedure available. The policy was comprehensive and reflected best practice guidance.

### **Safeguarding**

Staff, spoken with, were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff had received training in safeguarding children and adults as outlined in the Minimum Standards for Dental Care and Treatment 2011.

Policies and procedures were in place for the safeguarding and protection of adults and children. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

### **Management of medical emergencies**

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

The policy for the management of medical emergencies reflected best practice guidance. Protocols were available for staff reference outlining the local procedure for dealing with the various medical emergencies.

## **Infection prevention control and decontamination procedures**

Clinical and decontamination areas were tidy and uncluttered and work surfaces were intact and easy to clean. Fixtures, fittings, dental chairs and equipment were free from damage, dust and visible dirt. Staff were observed to be adhering to best practice in terms of uniform policy and hand hygiene.

Discussion with staff demonstrated that they had an understanding of infection prevention and control policies and procedures and were aware of their roles and responsibilities. Staff confirmed that they have received training in infection prevention and control and decontamination in keeping with best practice. Training records were available for inspection.

There was a nominated lead who had responsibility for infection control and decontamination in the practice.

A decontamination room, separate from patient treatment areas and dedicated to the decontamination process, was available. Appropriate equipment, including washer disinfectors and steam sterilisers have been provided to meet the practice requirements. A review of documentation evidenced that equipment used in the decontamination process has been appropriately validated. A review of equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with Health Technical Memorandum (HTM) 01-05 Decontamination in primary care dental practices.

It was confirmed that the practice continues to audit compliance with HTM 01-05 using the Infection Prevention Society (IPS) audit tool. The most recent IPS audit was completed during April 2016.

A range of policies and procedures were in place in relation to decontamination and infection prevention and control.

## **Radiography**

The practice has eight surgeries, each of which has an intra-oral x-ray machine. A dedicated radiation protection file containing the relevant local rules, employer's procedures and other additional information was retained. A review of the file confirmed that staff have been authorised by the radiation protection supervisor (RPS) for their relevant duties and have received local training in relation to these duties. It was evidenced that all measures are taken to optimise dose exposure. This included the use of rectangular collimation, x-ray audits and digital x-ray processing.

A copy of the local rules was on display near each x-ray machine and appropriate staff had signed to confirm that they had read and understood these. Staff spoken with demonstrated sound knowledge of the local rules and associated practice.

The radiation protection advisor (RPA) completes a quality assurance check every three years. Review of the report of the most recent visit by the RPA demonstrated that the recommendations made have been addressed.

The x-ray equipment has been serviced and maintained in accordance with manufacturer's instructions.

Quality assurance systems and processes were in place to ensure that all matters relating to x-rays reflect legislative and best practice guidance.

**Environment**

The environment was maintained to a good standard of maintenance and décor.

Detailed cleaning schedules were in place for all areas which were signed on completion. A colour coded cleaning system was in place.

Arrangements are in place for maintaining the environment. The documents reviewed included: servicing of boiler, lift, fire detection systems, fire-fighting equipment, fixed electrical wiring installation and a legionella risk assessment.

The legionella risk assessment had been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed that fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

A written scheme of examination of pressure vessels was also examined.

**Patient and staff views**

No patient questionnaire responses have been received by RQIA.

Thirteen staff submitted questionnaire responses. All indicated that they feel that patients are safe and protected from harm. Staff spoken with during the inspection concurred with this.

**Areas for improvement**

Photographic proof of identification of staff members should be retained in their staff files.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.4 Is care effective?**

**Clinical records**

Staff spoken with confirmed that clinical records are updated contemporaneously during each patient’s treatment session in accordance with best practice.

Routine dental examinations include a review of medical history, a check for gum disease and oral cancers and that treatment plans are developed in consultation with patients. It was confirmed that patients are informed about the cost of treatments, choices and options.

Both manual and computerised records are maintained. Electronic records have different levels of access afforded to staff dependent on their role and responsibilities. Appropriate systems and processes were in place for the management of records and maintaining patient confidentiality.

Policies were available in relation to records management, data protection and confidentiality and consent. The records management policy includes the arrangements in regards to the creation, storage, recording, retention and disposal of records and data protection. The policy is in keeping with legislation and best practice guidance.

The practice is registered with the Information Commissioner's Office (ICO) and a Freedom of Information Publication Scheme has been established.

## **Health promotion**

The practice has a strategy for the promotion of oral health and hygiene. There was information available in regards to health promotion through information leaflets available in the reception area and surgeries. Mr Blaney and staff confirmed that oral health is actively promoted on an individual level with patients during their consultations with either the dentists or the dental hygienist.

## **Audits**

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals which included:

- x-ray quality grading
- x-ray justification and clinical evaluation recording
- IPS HTM 01-05 compliance
- clinical waste management
- patient satisfaction survey
- review of complaints/accidents/incidents.

The practice is an approved training practice under the auspices of the Medical and Dental Training Agency.

## **Communication**

Mr Blaney confirmed that arrangements are in place for onward referral in respect of specialist treatments. A policy and procedure and template referral letters have been established.

Staff meetings are held on a regular basis to discuss clinical and practice management issues. Review of documentation demonstrated that minutes of staff meetings are not retained and a recommendation was made. Staff spoken with confirmed that meetings also facilitated formal in house training sessions.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the practice.

A breaking bad news policy in respect of dentistry was in place.

**Patient and staff views**

No patient questionnaire responses have been received by RQIA.

All submitted staff questionnaire responses indicated that they feel that patients get the right care, at the right time and with the best outcome for them. Staff spoken with during the inspection concurred with this.

**Areas for improvement**

Minutes of staff meetings should be retained.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.5 Is care compassionate?****Dignity, respect and involvement in decision making**

Staff spoken with demonstrated a good understanding of the core values of privacy, dignity, respect and patient choice. Staff confirmed that if they needed to speak privately with a patient that arrangements are provided to ensure the patient's privacy is respected. Staff were observed to converse with patients and conduct telephone enquiries in a professional and confidential manner.

The importance of emotional support needed when delivering care to patients who were very nervous or fearful of dental treatment was clear.

It was confirmed that treatment options, including the risks and benefits, were discussed with each patient. This ensures that patients understand what treatment is available to them and can make an informed choice. Staff demonstrated how consent would be obtained.

The practice undertakes patient satisfaction surveys on an annual basis. Review of the most recent patient satisfaction report demonstrated that the practice pro-actively seeks the views of patients about the quality of treatment and other services provided. Patient feedback whether constructive or critical, is used by the practice to improve, as appropriate.

A policy and procedure was in place in relation to confidentiality which included the arrangements for respecting patient's privacy, dignity and providing compassionate care and treatment.

**Patient and staff views**

No patient questionnaire responses have been received by RQIA.

All submitted staff questionnaire responses indicated that they feel that patients are treated with dignity and respect and are involved in decision making affecting their care.

Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

#### Management and governance arrangements

There was a clear organisational structure within the practice and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. There was a nominated individual with overall responsibility for the day to day management of the practice.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff, spoken with, were aware of the policies and how to access them.

Arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the practice. Staff demonstrated a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the practice for completion. The evidence provided in the returned questionnaire indicated that complaints have been managed in accordance with best practice.

A system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Mr Blaney confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to patients at appropriate intervals. If required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Blaney demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the Statement of Purpose and Patient's Guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

## Patient and staff views

No patient questionnaire responses have been received by RQIA.

All submitted staff questionnaire responses indicated that they feel that the service is well led. Staff spoken with during the inspection concurred with this.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Greg Blaney Registered Person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person 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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s meets legislative requirements based on The Independent Health Care Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated.

The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

**5.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Minimum Standards for Dental Care and Treatment (2011). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

**5.3 Actions taken by the registered manager/registered person**

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

Quality Improvement Plan			
<b>Recommendations</b>			
<b>Recommendation 1</b> Ref: Standard 11.1 Stated: Second time To be completed by: 8 June 2016	The registered person should retain photographic proof of identification of staff members in their staff files		
	Response by registered person detailing the actions taken: <i>Photographic proof of identification of staff members has been obtained and put in staff files.</i>		
<b>Recommendation 2</b> Ref: Standard 11 Stated: First time To be completed by: 8 June 2016	The registered person should retain minutes of staff meetings		
	Response by registered person detailing the actions taken: <i>Minutes of staff meetings are now being retained.</i>		
Registered manager completing QIP	<i>By Blaney</i>	Date completed	<i>21/7/16</i>
Registered person approving QIP	<i>By Blaney</i>	Date approved	<i>21/7/16</i>
RQIA inspector assessing response		Date approved	

*\*Please ensure this document is completed in full and returned to RQIA's Office.*

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered person/manager from their responsibility for maintaining compliance with the regulations and standards.



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