

# Unannounced Care Inspection Report 13 October 2020



## Saintfield Lodge

**Type of Service: Nursing Home (NH)**  
**Address: 4 Old Saintfield Road, Belfast, BT8 8EY**  
**Tel No: 028 9081 4010**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide care for up to 51 persons. The home is spread across two floors; the ground floor which is named the 'Gardener Suite' and the first floor which is named the 'Bogues Suite'.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Electus Healthcare 1 Limited  <b>Responsible Individual:</b> Alana Irvine	<b>Registered Manager and date registered:</b> Melanie Reyes – 28 July 2013
<b>Person in charge at the time of inspection:</b> Melanie Reyes	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 49

### 4.0 Inspection summary

An unannounced inspection took place on 13 October 2020 from 09.50 to 16.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection prevention and control (IPC)
- Fire safety
- Care delivery
- Care records
- Governance and management

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Melanie Reyes, manager and Lorraine Kirkpatrick, regional 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 26 patients, one visiting healthcare professional and nine staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. The inspector left 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received from these questionnaires in time for inclusion to this report.

The following records were examined during the inspection: staff duty rota, professional registration register, IPC audits and guidance documentation, fire safety risk assessment, fire safety records, care records, Regulation 29 records, records of complaints, accident and incident reports and quality assurance audits.

The findings of the inspection were provided to the Melaine Reyes, manager and Lorraine Kirkpatrick, regional manager, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 November 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Cleaning chemicals were stored securely at the time of this inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the monthly infection prevention and control audits found that any issues identified were duly addressed.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) (b) (c) and (d) <b>Stated:</b> First time	The registered person shall ensure that adequate precautions against the risk of fire are taken and that best practice guidance in relation to fire safety is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Smoking risk assessments were in place. Fire safety training and safety drills were being maintained on a regular and up-to-date basis	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.7  <b>Stated:</b> Second time	<p>The registered person shall ensure that care plans and risk assessments are reviewed regularly to ensure they are reflective of the patient's assessed needs.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Four patients care records were inspected; these were reflective of patients' needs and were found to be reviewed and maintained on an up to date basis.</p> <p>In addition to this monthly audits of care records were completed which provided further assurances.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 14.13  <b>Stated:</b> First time	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each resident.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Records were in place for the receipt of services signed by the patient as the recipient or the staff member if the patient is unable to do so.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            This inventory of property and belongings was in place and signed for accordingly.</p>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the areas relating to the internal and external environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p>	<p><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A refurbishment plan was submitted to RQIA. However works to upgrade the décor and furnishings have been delayed and postponed.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure food thickening agents are stored safely and securely at all times.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Food thickening agents were found to be safely and securely stored at the time of this inspection.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 39</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall that all staff (including any agency staff) undergo and complete a thorough induction. A record of this induction should be available for inspection at all times</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Records of induction were in place including agency staff and audits of these inductions were carried out on a monthly basis.</p>		
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following with regard to the falls management of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and person centred care plan is in place and kept under regular review</li> <li>• that patients' neurological observations are obtained and recorded in keeping with best practice standards/home policy</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The falls management of patients were care planned appropriately and the management of</p>		

	falls were appropriately cared for from the sample of patients' care records and accident reports inspected.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time	<p>The registered person shall ensure the following with regard to the nutritional care of patients:</p> <ul style="list-style-type: none"> <li>• a comprehensive and person centred care plan is in place and kept under regular review; this should include managing any behaviours which may challenge, as appropriate</li> <li>• choking related care plan(s) and risk assessment(s) are kept under regular review</li> <li>• kitchen records relating to the assessed dietary needs/preferences of patients are kept up to date and available at all times</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  The nutritional care of patients were appropriately cared for from the sample of patients' care records inspected.</p>	<b>Met</b>
<b>Area for improvement 9</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	<p>The registered person shall ensure the following in regards to the provision of restrictive interventions to patients who may exhibit behaviours which challenge and/or place themselves/others at risk of harm:</p> <ul style="list-style-type: none"> <li>• a comprehensive, person centred and accurate care plan which details any assessed risks and how these should be managed</li> <li>• ensure that appropriate staff are effectively informed of the patient's care needs and any associated risks as appropriate</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>  From the sample of patients' care plans inspected there were comprehensive, person centred care plans in place and restrictive practices were audited on a monthly basis as well as being a standing item on supervision and team meeting agendas.</p>	<b>Met</b>

<p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a detailed, accurate and person centred care plan is in place for the provision of wound care to patients, as appropriate.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of one patient's care records pertaining to this need confirmed this was appropriately in place and recorded.</p>	
<p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the following in relation to the dining experience of patients:</p> <ul style="list-style-type: none"> <li>• All patients must be assisted in a dignified, timely and compassionate manner at all times, including those who choose to dine within their bedroom or other communal area.</li> <li>• A patient friendly menu should be clearly visible informing patients of the daily selection of meals available.</li> <li>• Condiment bottles should be kept clean and fit for patient use at all times.</li> </ul>	<p><b>Partially met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Observation of the dining experience found that this was carried out in a kind, caring manner. Condiment bottles were clean and fit for use. A patient friendly menu was not on display and discussions with patients indicated that they did not know what the meals were for that day. This part of the area of improvement has been incorporated into an area of improvement in relation to provision of choice, as detailed later in this report.</p>	

## 6.2 Inspection findings

### 6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The duty rota identified the person in charge in the absence of the manager. The manager confirmed that a competency and capability assessment was in place for any member of staff who has the responsibility of being in charge in her absence. Professional registration checks with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC) were maintained on a monthly basis.

Staffing arrangements within the home were discussed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. The manager reported that she has regular meetings with the aligned Health and Social Care Trust in respect of staffing levels and patients' dependencies and one such meeting was scheduled for the following day.

Deficits in staffing levels on the day of the inspection were found in relation to the domestic cover in that there was only one domestic covering the whole home. Given the size and layout of the home and the additional cleaning with the COVID-19 pandemic this cover was insufficient. There was no designated activities provision at the time of this inspection, due to an activities co-coordinator being on leave and another activities coordinator covering care assistant duties. These deficits in staffing have been identified as an area of improvement to address accordingly.

Staff spoke positively about their roles and duties, staffing, managerial support, teamwork and morale. Staff stated that they felt patients received a good standard of care and were treated with respect and dignity. Care duties were attended to, in an unhurried, organised manner with evidence of good team working and support amongst staff members. Staff had good knowledge and understanding of patients' needs and preferences.

### **6.2.2 Safeguarding patients from harm**

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. The adult safeguarding policy was included in supervision sessions with staff and training in adults safeguarding was up-to-date. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so. Learning from such was also discussed with the manager, who gave good assurances from this respect.

### **6.2.3 Environment**

It was reported that a refurbishment plan to upgrade the furnishings and décor of the home has been put on hold due to the COVID-19 pandemic. However the general décor of the home was tired and drab in many areas, including corridors and patients' bedrooms. Some bedrooms were in more urgent need of upgrading than others. The designated smoking lounges were in a poor state of décor, as were the staff changing facilities. The two communal lounges areas were spacious, comfortable and nicely refurbished. Bathrooms and toilets were clean but the floor surfaces and walls were in need of upgrading. This has been identified as an area of improvement to address.

Two bathrooms / toilets had no locking mechanism to ensure privacy. An area of improvement was made to address this and ensure all bathrooms / toilets are in sufficient state of repair for usage.

#### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic.

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. Laminated posters depicting the seven stages of handwashing were also displayed.

#### **6.2.5 Fire safety**

There were no recommendations from the home's most recent fire safety risk assessment.

Fire safety checks on the environment were maintained on a regular and up-to-date basis, as was fire safety drills. Fire safety training for staff was not up-to-date and updates of this training had been delayed due to the COVID-19 pandemic but dates were scheduled in the following two weeks to address this.

#### **6.2.6 Management of smoking in the home**

A significant number of patients smoke in the home, either in a designated smoking room or in the grounds. Each patient has a risk assessment and corresponding care plan in place in relation to this risk. This area of risk was discussed with the manager and regional manager, with advice. An area of improvement was identified to undertake an analysis of the smoking risk assessment (s) in terms of actual risk such as high, medium or low and for these reviews to be on a more regular basis. The home should also seek advice from the aligned Health and Social Care Trust in relation to this risk and management of same.

#### **6.2.7 Care practices**

Staff interactions with patients were polite, friendly, warm and supportive. Patients were at ease in their environment and interactions with staff. Staff were attentive to patients' needs and any expression of assistance were promptly responded to, by staff

Patients were cared for in one of the two communal lounges or their individual bedrooms and staff were knowledgeable of the need for social distancing and isolation of patients, when appropriate and as possible.

Feedback from patients in accordance with their capabilities was positive in respect of the provision of care and their relationship with staff. Some of the comments made included the following statements:

- “I am very happy here. They are very good to me.”
- “It’s alright here. They are very kind.”
- “I like the staff. I have no complaints.”
- “They are okay here.”
- “I am well fed here. I enjoy this lounge.”
- “My health’s improved in here. The food is very good.”
- “I’m very happy here. No complaints. They are looking after me good enough.”
- “I am too well looked after. Everything is very good.”
- “I like it here. I feel safe.”
- “There are no problems here. The staff all does their best. I actually like it here. I feel relaxed and comfortable here.”

Those patients who were unable to articulate their views, confirmed via non-verbal cues and body language that they were happy with the home and their relationship with staff.

There was no provision of activities in place at the time of this inspection due to deficits in this area of staffing. This need would be prevalent in terms of the assessed needs of patients and helping with associated feelings of apathy, depression and distress. This has been identified as an area for improvement to review the overall activity provision and put in place sufficient designated time.

### **6.2.8 Dining experience**

Observations of the supervision and assistance with the dinner time meal found that this was undertaken in a kind, caring manner with patients’ individual needs being catered for. The dinner time meal was appetising and nicely presented. Patients commented positively on the provision of this meal. Patients were assisted in an unhurried, organised manner which was calm and conducive to the meal being enjoyed.

None of the patients were able to identify what the planned meals were for that day. The one daily menu displayed in one of the dining rooms was not in an accessible area. Patients also advised that choice was only facilitated when the meal was being served with the alternative option being sandwiches. This has been identified as an area of improvement to address the provision of choice and menus with patients so that this is fulfilled in a meaningful and proper manner.

### **6.2.8 Care records**

An inspection of a sample of four patients’ care records was undertaken. The care records were methodical and detailed in the information recorded. These records also were maintained in line with the regulations and standards. Records included an assessment of needs, risk assessments and care plans.

Care needs assessment, care plans and risk assessments, such as, safe moving and handling, nutrition, falls and wound care were reviewed and updated on a regular basis or as changes occurred.

Progress records were well written and included statements of care/treatment given in response to issues of assessed need and effect(s) of same.

The care records also reflected the multi-professional input into the patients' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual patients.

Audits of care records were completed on a regular basis and evidenced good governance in respect to adherence to legislation and standards. This was good practice.

### 6.2.9 Governance

The home has a defined managerial structure.

The two most recent (26 August 2020 and 29 September 2020) Regulation 29 reports on the behalf of the responsible individual were inspected. These reports were recorded in good detail with good evidence of governance arrangements.

Records of complaints were well maintained with good evidence that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident reports from 1 April 2020 was undertaken. These events were found to be managed and reported appropriately and audited on a monthly basis to identify any trends or patterns.

A selection of audits was inspected in relation to: accidents and incidents, choking risk assessments, care records, hand hygiene and IPC and pressure care. These were completed regularly and any areas for improvement were identified and addressed.

#### Areas of good practice

Areas of good practice were found in relation to staff teamwork, feedback from patients and staff and governance.

#### Areas for improvement

Areas for improvement were identified in relation to staffing levels, the environment, provision of menu choice and smoking risk assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	1

### 6.3 Conclusion

Patients were comfortable, content and at ease in their environment and interactions with staff. Staff were attentive to their needs and interactions were polite, friendly, warm and supportive. Good systems of governance were in place and staff praised the managerial support.

The four areas of improvement identified at the time of this inspection received good assurances from the manager and regional manager that these would be duly and promptly acted upon.

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Melanie Reyes, manager and Lorraine Kirkpatrick, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **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 The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(1)( a )  <b>Stated:</b> First time  <b>To be completed by:</b> 20 October 2020	<p>The registered person shall ensure staffing levels are reviewed and maintained for;</p> <ul style="list-style-type: none"> <li>• Housekeeping and domestic provision</li> <li>• Activity provision</li> </ul> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Addressed . Activity Person recruited to cover Maternity Leave and ensured Activity Person is on rota 7 days a week. Robust daily and weekly plan of activities also devised to meet the residents' individual needs.            Additional Domestic staff deployed per day to support enhanced cleaning and maintain infection control practices</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(2)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 March 2021	<p>The registered person shall actively put in place a programme of redecoration and refurbishment.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Ongoing. Refurbishment and decoration plan already in place. Management and Operator is regularly reviewing each points and liaising with contractors to address the shortfalls</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27(2)(j)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 October 2020	<p>The registered person shall ensure the locking mechanisms in bathroom and toilet doors are working properly at all times.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Addressed. Maintenance person replaced missing door locks in identified toilets and bathrooms . A regular check was also included in the Maintenance Book to ensure same are working properly.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 12(4)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> 20	<p>The registered person shall review and put in place a meaningful and appropriate provision of choice of meals for patients. An accessible menu needs to be displayed in such a manner that patients are knowingly informed what is planned for and available.</p> <p>Ref: 6.2.8</p>

October 2020	<b>Response by registered person detailing the actions taken:</b> addressed. Available menu with two options has been reviewed and updated with staff and cook manager to include residents' choices and preferences . A system has also been amended to inform residents of available choices of meals and recorded appropriately for reference .
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<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21(6)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 November 2020	<p>The registered person shall analyse patients' individual smoking risk assessments in terms of actual risk such as high, medium or low and review these on a much more regular basis. The home should also seek advice from the aligned Health and Social Care Trust in relation to this risk and management of same.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            Risks assessments has been carried out and resident's who are on high , medium or low risks has been identified and care plan has been amended to reflect the risks. Record has been kept on file and a system is in place to ensure a regular review is carried out . Discussion has been made with the Health and Social Care Trust regarding residents' identified risks and to draw up support plans in risks management.</p>

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



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