

Unannounced Care Inspection Report 13 and 14 September 2017



Mahon Hall

Type of Service: Nursing Home
Address: 16 Mahon Hall, Portadown, Craigavon, BT62 3EF
Tel No: 028 3835 0981
Inspector: Dermot Walsh

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 60 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Dr Maureen Claire Royston	Registered Manager: See below
Person in charge at the time of inspection: Ms Cheryl King	Date manager registered: Ms Cheryl King – Registration Pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. Residential Care (RC) DE – Dementia. I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of registered places: 60 There may be a maximum of 14 residents in Cat. RC-DE accommodated within the designated dementia unit only. Category NH-PH for 1 identified individual only.

4.0 Inspection summary

An unannounced inspection took place on 13 September 2017 from 09.45 to 15.20 hours and on 14 September 2017 from 09.45 to 14.45 hours.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Mahon Hall which provides both nursing and residential care.

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

Evidence of good practice was found in relation to training and development, monitoring of nursing/care staff registrations, accident management, the homes environment, governance arrangements, communication between patients, staff and other key stakeholders and in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to wound management, induction/orientation of staff, provision of activities and care records.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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
Total number of areas for improvement	1	*4

*The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Cheryl King, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 16 and 17 November 2016

The most recent inspection of the home was an unannounced care inspection undertaken on 16 and 17 November 2016. Other than those actions detailed in the QIP no further actions were required to be taken. 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

A lay assessor, Margaret McCloy, was present during the inspection and their comments are included within this report. During the inspection the inspector/lay assessor met with 12 patients. The lay assessor assisted 11 patients with the completion of questionnaires.

During the inspection the inspector met with 10 staff and one patients' representative. Questionnaires were also left in the home to obtain feedback from patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives were left for distribution.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- duty rota for the period 4 to 17 September 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- four patient care records
- three patient care charts including bowel management, personal care, food and fluid intake charts and reposition charts
- staff supervision and appraisal planners
- a selection of minutes from staff meetings
- a selection of governance audits
- records pertaining to safeguarding
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 and 17 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 16 and 17 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Infection prevention and control issues identified on the previous inspection had been managed appropriately.	
Area for improvement 2 Ref: Regulation 27 (2) (b) Stated: First time	The registered person must ensure that premises are kept in a good state of repair. This is particularly in relation to the following: <ul style="list-style-type: none"> • Damage to architraves, skirting boards and kick plates • Inappropriate locking mechanisms leading to communal toilet/shower rooms. 	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of the environment evidenced that this area for improvement has now been met.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 46 Criteria (1) (2) Stated: Second time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home. Particular attention should focus on the areas identified on inspection.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that best practice compliance in infection prevention and control had been achieved. The manager confirmed that this had been achieved through regular audit activity and observation during a daily walk around the home.	
Area for improvement 2 Ref: Standard 18 Criteria (1) (4) (5) Stated: First time	The registered person should ensure that patients and their representatives are involved in decision making prior to restrictive practices being implemented and where possible consent is obtained.	Met
	Action taken as confirmed during the inspection: A review of one patient's care records where a restrictive practice was implemented evidenced involvement from the patient's representative.	
Area for improvement 3 Ref: Standard 4 Criteria (5) Stated: First time	The registered person should ensure that patients and/or their representatives are involved in the care planning process and evidence of this involvement is included within the patients' care records. Where this is not possible, the reason why should be included within the patient care records.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of two patient care records evidenced patient/representative involvement in care planning.	

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered manager should review the management of mealtimes for patients to ensure it is in accordance with best practice guidance and the DHSSPS Care Standards for Nursing Homes 2015.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A review of the serving of lunch on the ground floor evidenced this area for improvement has now been met.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>It is recommended that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and the personal activities leader and a review of the activities programme evidenced that this area for improvement has not been fully met. See section 6.6 for further information.</p> <p>This area for improvement has not been fully met and has been stated for a second time.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered person should ensure a system is in place to manage urgent communications, safety alerts and notifications.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager evidenced that a system was now in place to manage urgent communications, safety alerts and notifications.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for the period 4 to 17 September 2017 evidenced that the planned staffing levels were generally adhered to. Discussion with patients' representatives evidenced that there were no concerns regarding staffing levels. Consultation with three staff and three patients identified concerns regarding the staffing arrangements within the home. One respondent in a staff questionnaire also indicated concerns in regard to the staffing arrangements. These concerns were passed to the manager for review and action as appropriate. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection. Records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Supernumerary hours were in place during this time to enable new staff members to work alongside a more experienced staff member to gain knowledge of the home's routines and policies and procedures. However, a review of one staff member's induction records evidenced that their induction had not been completed in a timely manner from the commencement of their employment. Discussion with staff also evidenced that new agency care staff did not receive any formal induction/orientation to the home prior to commencing their first shift. This was discussed with the manager and identified as an area for improvement.

Discussion with the manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. The majority of staff were compliant with mandatory training requirements. Compliance with training was monitored on the monthly monitoring inspections conducted by the regional manager.

Discussion with the manager and staff and a review of records evidenced that staff supervision and appraisals had been conducted appropriately and a system was in place to ensure completion.

Competency and capability assessments for the nurse in charge of the home in the absence of the manager had been completed appropriately.

Discussion with the manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. An adult safeguarding champion had been identified and had attended training pertaining to the role.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. A review of accident records evidenced that the appropriate actions were taken following the accident and that the records had been maintained appropriately. RQIA had been suitably notified of accidents. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

A review of the home's environment was undertaken and included observations of a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. Bedrooms and communal areas were clean and spacious. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and stairwells were observed to be clear of clutter and obstruction.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and development, monitoring of staff registrations, accident management and the homes environment.

Areas for improvement

An area for improvement under standards was identified in relation to the induction/orientation of care staff.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. However, a review of one patient's nutritional risk assessment evidenced that this had not been reviewed for three months. This was discussed with the manager and identified as an area for improvement.

Review of one patient's care records pertaining to the management of wounds evidenced that registered nurses were not adhering to regional guidelines and the care planning process in respect of this patient. This was discussed with the manager and identified as an area for improvement.

Supplementary care charts such as bowel management and repositioning records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. Records in relation to nutritional/dietary intake had not been recorded contemporaneously. This was discussed with the manager and identified as an area for improvement.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including general practitioners, speech and language therapists, dieticians and/or tissue viability nurses.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Two staff confirmed that at times they were of the opinion that relevant information was 'missed' during the handover. The staff concerns were passed to the manager for review and action as appropriate.

Discussion with staff and a review of minutes of staff meetings confirmed that regular staff meetings had been conducted. Minutes of meetings were available for review and included dates, attendees, topics discussed and decisions made.

The manager confirmed that they operate an 'open door policy' and are available to discuss any issues with staff, patients and/or relatives. The manager also confirmed that they would undertake a recorded daily walk around the home and would avail of the opportunity to engage with patients and relatives at this time. A relatives' noticeboard was maintained at the entrance to the home. A newsletter was displayed at reception. The manager confirmed that the newsletter was published quarterly. The manager also confirmed that they hoped to achieve two patient meetings a year and that questionnaires requesting information on service provision were sent to patients twice yearly.

A 'Quality of Life' (QOL) electronic feedback system was available at the entrance to the home. The manager confirmed that the home aimed to achieve service feedback from a variety of staff; visiting professionals; patients and patient representatives.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management.

There was information available to staff, patients, representatives in relation to advocacy services.

Areas of good practice

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

Areas for improvement

An area for improvement under regulation was identified in relation to wound management.

Areas for improvement under standards were identified in relation to nutritional assessment and the completion of supplementary documentation in regard to nutritional intake.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

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

Staff interactions with patients were observed to be compassionate, caring and timely. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The serving of lunch was observed in the main dining room on the ground floor. Lunch commenced at 12.45 hours. Patients were seated around tables which had been appropriately laid for the meal. Food was served from a heated trolley when patients were ready to eat or be assisted with their meals. Staff sat alongside patients when assisting with meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. The food served appeared nutritious and appetising. The mealtime was well supervised. Food was covered when transferred from the dining room. A range of drinks were offered to the patients. Patients appeared to enjoy the mealtime experience.

The provision of activities was reviewed during the inspection. Discussion with the manager and the PAL and a review of the activity records evidenced that meaningful activities were not conducted with all residents accommodated in the home. An area for improvement in this regard identified at the previous inspection was stated for the second time. Care assistants in the nursing unit confirmed that they would like to engage in the provision of activities though due to time constraints they were unable to do so.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

The views and opinions of patients and patients' representatives, on the service provision of the home, was collected electronically as discussed in section 6.5. The manager described actions taken in response to feedback received from patients in the form of additional staff training based on 'customer service.' The manager also confirmed that feedback to patients and/or their representatives of the opinions raised was provided during patient/relative meetings.

Ten staff members were consulted to determine their views on the quality of care within Mahon Hall. Ten staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Four of the questionnaires were returned within the timescale for inclusion in the report.

Some staff comments were as follows:

"It is very rewarding work."
 "I'm happy enough."
 "Morale is low at the minute."
 "I do like it here. Struggle over staffing."
 "It's been hard recently."
 "I really like working here."

Twelve patients were consulted during the inspection. Some patient comments were as follows:

"It's very good here."
 "At times staff are a bit scarce."
 "I am one hundred percent happy with staff and home."
 "I am satisfied with the care in general."
 "Sometimes there is not enough staff."

One patient representative was consulted during the inspection. The representative was very positive in their feedback regarding the care provision in the home. Ten relative questionnaires were left in the home for completion. Two of the relative questionnaires were returned within the timeframe for inclusion in the report. Both respondents indicated that they were 'very satisfied' with the care provision in the home.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No new areas for improvement were identified during the inspection.

An area for improvement made at the previous inspection under standards in relation to the provision of activities has been stated for a second time at this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager had submitted an application for registration of manager to RQIA which was in the process of review at the time of the inspection.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. The nurse in charge was identified on the duty rota.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Discussion with the manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. A copy of the complaints procedure was displayed at the reception area in the home.

A compliments file was maintained to record and evidence compliments received.

Some examples of compliments received are as follows:

"We would like to thank you all for the care given to mum. It was deeply appreciated."

"Words can't express our thanks and deep gratitude for all the love and kindness given to our mum."

"We appreciate the excellent care and attention given to"

"The experience that we have had at this care home is difficult to put into words. It has been wonderful from the beginning without exception."

Discussion with the manager evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, regular audits were completed in accordance with best practice guidance in relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Infection prevention and control audits were reviewed. The audits were conducted monthly and an action plan had been developed to address shortfalls identified within the audits. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that they would be confident in raising any concerns with the home's management.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with the manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. A notice at the entrance to the home advised of the availability of the monthly monitoring reports.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Cheryl King, 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2017</p>	<p>The registered person shall ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The one identified issue has been addressed. The registered person has completed wound care Tracca and will continue to ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: Second time</p> <p>To be completed by: 30 October 2017</p>	<p>It is recommended that the provisions of activities in the home are reviewed to ensure that the patients' needs are met.</p> <p>Ref: Section 6.2 and 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There will be a full review of residents' likes and dislikes conducted by the PAL and a more meaningful activity plan will be incorporated into their care plan.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39 Criteria (1)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2017</p>	<p>The registered person shall ensure that all new staff induction programmes are kept under review and are conducted in a timely manner.</p> <p>An induction/orientation programme shall be developed for agency care staff and implemented prior to the staff member commencing their first shift in the home.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The induction for agency care assistants is now in place</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12 Criteria (4)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2017</p>	<p>The registered person shall ensure that nutritional assessments are conducted monthly, or as required, on all patients accommodated in the home.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has reviewed this with nursing staff and the identified nutritional assessment has been completed. This will be monitored on a monthly basis</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12 Criteria (27)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that supplementary care records in regard to nutritional intake are recorded contemporaneously in full and that the patient's intake is in accordance with their care plans.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The manager has commenced supervision with staff and will monitor on a weekly basis</p>

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



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