

# Unannounced Care Inspection Report 31 January 2018



## Our Mother of Mercy

**Type of Service: Nursing Home (NH)**

**Address: 1 Home Avenue, Newry, BT34 2DL**

**Tel No: 028 3026 2086**

**Inspectors: Dermot Walsh and Kieran McCormick**

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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.

## 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 48 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Kilmorey Care Ltd  <b>Responsible Individual:</b> Mr Cathal O'Neill	<b>Registered Manager:</b> Mrs Elizabeth Doran
<b>Person in charge at the time of inspection:</b> Mrs Elizabeth Doran	<b>Date manager registered:</b> 4 November 2013
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.  Residential Care (RC) I – Old age not falling within any other category.	<b>Number of registered places:</b> 48 comprising:  A maximum of 13 patients in category NH-DE and maximum of 2 patients in category NH-LD/LD(E). There shall be a maximum of 1 named resident receiving residential care in category RC-I.

### 4.0 Inspection summary

An unannounced inspection took place on 31 January 2018 from 09:30 to 16:30 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 Our Mother of Mercy 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 staffing arrangements, recruitment practice, accident management, communication between residents, staff and other key stakeholders, governance arrangements on the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified under regulation in relation to monitoring of nursing staff registrations, access to rooms containing hazards and review of patient care records when readmitted to the home from hospital. Areas for improvement were identified under standards in relation to records pertaining to fire drills, one patient dignity issue, action planning within monthly monitoring reports and unsecure wardrobes.

Patients were positive in their feedback of the care provided in the home. Patient comments can be reviewed in section 6.6. 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
<b>Total number of areas for improvement</b>	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Doran, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 7 September 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 7 September 2017. 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 which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients, four staff and two patients' representatives. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the reception desk of the home and invited visitors/relatives to speak with the inspectors.

The following records were examined during the inspection:

- duty rota for week commencing 8 January 2018
- 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
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- 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 insurance
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 7 September 2017**

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 7 September 2017

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 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)  <b>Stated:</b> Second time	The registered person should ensure that supplementary care records are regularly monitored by registered nursing staff to ensure they are correctly completed and are contemporaneously recorded following care delivery.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that completed supplementary documentation had been reviewed and monitored by registered nursing staff.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)  <b>Stated:</b> Second time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one patient's wound management records evidenced that these records had been maintained appropriately.	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (1) (2) (a) (b)  <b>Stated:</b> Second time	The registered person must ensure that patients' care plans were developed following identification of assessed needs; reviewed regularly and updated accordingly to meet the current needs of patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of three patients' care records evidenced that the nursing process was followed from admission and that these assessments and care plans were reviewed regularly. However, a separate area for improvement was identified in relation to	



	patients care records when the patient was transferred back to the home from hospital. See section 6.5 for further information.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 14 (2) (a) (c) <b>Stated:</b> First time	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of the environment evidenced that chemicals were not accessible to patients in any part of the home.</p>	<b>Met</b>
<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 43 Criteria (2) <b>Stated:</b> First time	<p>The registered person shall ensure that patients' chairs in the home are reviewed and repaired/replaced accordingly so that they may be cleaned effectively.</p> <p><b>Action taken as confirmed during the inspection:</b>  During a review of the environment there was evidence that chairs reviewed at the previous inspection had been replaced.</p>	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	<p>The registered person shall review the practice of routine administration of medications during mealtimes.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of the mealtime experience evidenced that medications were not inappropriately administered during this time.</p>	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time	<p>The registered person shall ensure that action plans developed to address shortfalls identified during auditing are reviewed to ensure that the actions have been completed.</p> <p><b>Action taken as confirmed during the inspection:</b>  A review of auditing records evidenced development and review of action plans to address shortfalls identified during audit.</p>	<b>Met</b>

## 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.**

Discussion with patients, patients' representatives and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Staff recruitment information was available for inspection and 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 and records were maintained.

Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training. Staff consulted confirmed that training provided was relevant to assist them in fulfilling their role, function and responsibility.

The registered person and the registered manager identified a shortfall in relation to monitoring the registration status of nursing staff in accordance with Nursing and Midwifery Council (NMC). The shortfall had been appropriately managed; however, an area for improvement was made to ensure a more robust system of monitoring. The registration status of care staff were appropriately managed in accordance with Northern Ireland Social Care Council (NISCC).

The registered 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. Records pertaining to safeguarding had been updated appropriately and the safeguarding policy was up to date and relevant. A safeguarding champion had been identified.

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 these had been completed appropriately and RQIA had been notified of accidents as required.

A review of the home's environment was undertaken and included observations of an identified selection of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, fresh smelling and clean throughout.



During the review of the environment, a room containing hazards was observed accessible to patients. This was discussed with the registered manager and identified as an area for improvement to ensure patients were not exposed to preventable hazards.

A further area for improvement was identified in respect of the inappropriate storage of a hoist, which infringed on patient dignity, when a shower room was in use. This was discussed with the registered manager and identified as an area for improvement.

Two wardrobes in patients’ bedrooms were observed to be unsteady and had not been secured to the wall. This was discussed with the registered manager and an area for improvement was identified to ensure all wardrobes in the home were reviewed to ensure that they have safely been secured to walls.

Fire exits and corridors were observed to be clear of clutter and obstruction. There were records of recent weekly fire drills which had occurred in the home along with accompanying reports of any positive or negative staff responses to the drill and a list of staff attendees. However, there was no oversight evident to ensure that all staff members employed in the home had the opportunity to participate in a fire drill. A fire risk assessment of the home had been appropriately conducted on 17 August 2017.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, accident management and the home’s general environment.

**Areas for improvement**

Areas were identified for improvement under regulation in relation to monitoring registrations of nursing staff and access to rooms containing hazards.

Areas were identified for improvement under care standards in relation to patient dignity, records pertaining to fire drills and safety in regard to wardrobes.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

**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 and that these risk assessments informed the care planning process. There was evidence of regular review of care plans. However, evidence was not available within one patient’s records reviewed that all assessments and care plans had been reviewed when the patient returned to the home following a period of time in hospital. This was discussed with the registered manager and identified as an area for improvement.

Supplementary care charts such as repositioning, bowel management and food and fluid intake records evidenced that these records were maintained in accordance with best practice guidance, care standards and legislation.

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. Staff confirmed that sufficient information was handed over in order to meet the needs/changing needs of patients in their care.

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

Staff confirmed that staff meetings were conducted regularly and that the minutes were made available. Staff also confirmed that there was effective teamwork and that if they had any concerns, they could raise these with their line manager and/or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

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

### Areas of good practice

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

### Areas for improvement

An area was identified for improvement under regulation in relation to the review of patients' assessments and care plans following time spent in hospital.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 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. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. 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.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the 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 when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. One patient commented, 'the food is lovely'. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Patients appeared to enjoy the mealtime experience.

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

Discussion with the registered manager confirmed that the home aimed to host relatives meeting twice yearly. There was evidence of a relatives meeting having been conducted on 8 June 2017. The registered manager also confirmed that they aimed for quarterly patients' meetings.

Four staff members were consulted to determine their views on the quality of care within Our Mother of Mercy.

Some staff comments were as follows:

- "It's grand here. I get into my routine."
- "I love it here."
- "I love my job and love working with the patients."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Ten patients were consulted during the inspection. Ten patient questionnaires were left in the home for completion. One confirmed patient questionnaire was returned.

Some patient comments were as follows:

- "It's good, nice and clean."
- "I love it here now."
- "It's alright. The staff are nice."
- "It's very nice. I like it here."
- "This is a marvellous place."

Two patient representatives were consulted during the inspection. Ten relative questionnaires were left in the home for completion. One confirmed relative questionnaire was returned within the timeframe for inclusion in the report.

Some relative comments were as follows:

- "This place is brilliant. You won't find a thing wrong here."
- "The home is brilliant. I am very satisfied that my father is being taken care off well here."

Five questionnaires were returned which did not indicate if they were from patients or relatives. All five respondents indicated that they were very satisfied that the home was providing safe, effective, compassionate care and that the home was well led.

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be 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, privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

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

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

An application had been submitted to RQIA and approved in respect of a change of the Registered Person in Our Mother of Mercy. Mr Cathal O’Neill was approved as the new Registered Person from 28 November 2017. Staff confirmed that the new registered person had had a positive impact in the home and was regularly available in the home.

Discussion with the registered manager and review of the home’s complaints records 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 throughout the home.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

- “Thank you for the care and kindness shown to..... We hope you continue to care, offer kindness and keep smiling in the days ahead.”
- “Thank you all so very much for looking after ... and being so kind to me.”
- “We would like to thank you all for all the wonderful kind care and attention given to ... during her time with you.”

Discussion with the registered 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 relation to accidents; incidents; complaints; care plans; medication; staff training and infection prevention and control. Shortfalls had been identified within the auditing records and action plans were developed in response to the shortfalls found. There was evidence that the action plans had been reviewed to ensure completion.

Staff consulted confirmed that when they raised a concern, the home's management would take their concerns seriously.

Discussion with the registered 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 from Northern Ireland Adverse Incident Centre were reviewed and where appropriate, made available to key staff in a timely manner. A file was maintained.

Governance records verified that a legionella risk assessment had been conducted in the home on 20 October 2016 and was due for review during October 2018.

There was documentary evidence available of examination for all hoists and slings in use within the home in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER). Dates of examination, findings, actions taken and dates next due were recorded.

A 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. It was observed that an action plan and review of action plan had not been included within the monitoring report. This was discussed with the registered manager and identified as an area for improvement.

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

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance risk management, management of complaints and maintaining good working relationships.

### **Areas for improvement**

An area was identified for improvement under standards in relation to the inclusion of an action plan and review of action plan within Regulation 29 monthly monitoring reports.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Doran, registered 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 21 (5) (d) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that a more robust system is in place to monitor the registration status of nursing staff in accordance with NMC.  Ref: Section 6.4  <b>Response by registered person detailing the actions taken:</b> The NMC register will be checked each month by reception staff and signed by the nurse manager or the clinical lead.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that doors leading to rooms which have the potential to contain a hazard to patients remain locked at all times when not in official use.  Ref: Sections 6.4  <b>Response by registered person detailing the actions taken:</b> Nurses have been instructed to ensure doors are locked when leaving these rooms.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16  <b>Stated:</b> First time  <b>To be completed by:</b> 14 February 2018	The registered person shall ensure that when a patient returns from hospital, that there is evidence within the patient care records that the patient assessments and care plans have been reviewed on readmission to home  Ref: Section 6.5  <b>Response by registered person detailing the actions taken:</b> Nurses have been instructed to ensure when a patient returns from hospital all assessments and care plans are reviewed and updated.
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015).</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6 Criteria (1)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that practices in the home do not infringe on the dignity of patients in the home. This in relation to the storage of the identified hoist when the shower is in use.  Ref: Section 6.4  <b>Response by registered person detailing the actions taken:</b> Staff have been instructed to store the hoist in an appropriate place without blocking fire exits.

<p><b>Area for improvement 2</b></p> <p>Ref: Standard 44</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p>	<p>The registered person shall ensure that wardrobes in patients' bedrooms are secured to walls to prevent accident or injury.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All wardrobes have been checked and all are secured to the walls.</p>
<p><b>Area for improvement 3</b></p> <p>Ref: Standard 48 Criteria (8)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that records pertaining to fire drills includes a system to ensure that all staff employed in the home have participated in one fire drill per year at minimum.</p> <p>Ref: Section 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> A list is now available of staff who have attended fire drills. We will put in place a register to record all fire drills on an annual basis.</p>
<p><b>Area for improvement 4</b></p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall review the monthly monitoring report for suitability of the inclusion of an action plan and review of action plan when shortfalls are identified.</p> <p>Ref: Section 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Action items identified on the Regulation 29 visit reports. These actions are identified under the relevant headings. We will now ensure all action points are reinstated separately in section 14 of the Regulation 29 report.</p>

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



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