

# Unannounced Care Inspection Report 24 March 2017



## Breffni House

Type of service: Residential care home  
Address: 27-33 Wandsworth Gardens, Belfast, BT4 3NL  
Tel no: 028 9065 6075  
Inspector: Patricia Galbraith

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Breffni House took place on 24 March 2017 from 09.40 to 15.45.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

There were requirements made in two areas in this domain relating to staff induction, and completion of staff recruitment files. One recommendation was made in regard to the recruitment and selection policy, adult safe guarding policy and infection prevention and control policy which all needed to be up dated. One recommendation was also made in regard to a number of armchairs in the main lounge which need refurbished or replaced.

### **Is care effective?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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

No requirements or recommendations were made in relation to this domain.

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

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

No new areas for improvement were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

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

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

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 14 November 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Breffni House Ltd	<b>Registered manager:</b> Sally-Anne Stacey
<b>Person in charge of the home at the time of inspection:</b> Sally-Anne Stacey registered manager	<b>Date manager registered:</b> 25 February 2014
<b>Categories of care:</b> I - Old age not falling within any other category DE - Dementia PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 22

## 3.0 Methods/processes

Prior to inspection we analysed the following records: previous inspection report, previous QIP, returned quality improvement plan and accident and incidents register.

During the inspection the inspector met with 10 residents, four staff, registered provider and two resident's visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments

- Staff training schedule/records
- Three Staff recruitment files
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Sample of policies and procedures

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 14 November 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 August 2018

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27.- (4) (c) (e) & Schedule 4 .5 <b>Stated:</b> First time <b>To be completed by:</b> 28 September 2016	The registered person shall ensure fire training weekly fire checks and individual PEEP are completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Weekly fire checks, fire training and individual PEEP's had been completed.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 16.- (b) <b>Stated:</b> First time <b>To be completed by:</b> 28 September 2016	The registered person shall ensure care records are kept under review and accurately reflect resident's needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified records had been up dated.	
<b>Requirement 3</b> <b>Ref:</b> Regulation 29.- (4) (c) (e) & Schedule 4 .5 <b>Stated:</b> First time <b>To be completed by:</b> 28 September 2016	The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> Not all reports of monthly monitoring visits had been completed. This requirement has been stated for a second time in the quality improvement plan appended to this report.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> Second time <b>To be completed by:</b> 28 September 2016	The registered person must update the policy on death and dying and provide more detail.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy on death and dying had been up dated.	

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of induction records and discussion with the registered manager showed there was not an induction programme for all staff disciplines. A requirement was made in this regard.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager and review of three staff personnel files showed that two staff were not recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. A requirement was made in this regard. Review of the homes recruitment and selection policy was not in date. A recommendation was made in this regard.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

It was noted that the adult safeguarding policy and procedure was not in date. A recommendation was made regarding this. A safeguarding champion had been established and the registered manager plans to go on relevant training for this role.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of three care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure showed it was not in date. A recommendation was made in this regard. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with homes policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated. A number of residents' rooms had been redecorated. A number of armchairs in the main longue were worn looking some were stained these should be refurbished or replaced. A recommendation was made in this regard.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 7 December 2016 and all recommendations were noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The last fire drill was completed on 13 September 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### Areas for improvement

There were a number of areas in this domain which required improvement. Two requirements were made relating to staff induction, and completion of staff recruitment files. One recommendation was made in regard to recruitment and selection policy, adult safe guarding policy and infection prevention and control policy which all needed to be up dated. A recommendation was also made in regard to a number of armchairs in the main lounge which need refurbished or replaced.

<b>Number of requirements</b>	2	<b>Number of recommendations</b>	2
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. For example a number of residents like to have their meals in their room and this is accommodated.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

One completed questionnaire was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example, care plan in place for management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example staff would knock on residents' room door before entering.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents' meetings.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. Relatives and residents had completed satisfaction questionnaires and the registered manger confirmed the findings are to be correlated and made available to all parties.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example there have been regular musical events in the home incorporating an eclectic taste in music. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example on the day of the inspection one resident was going out shopping with their relative.

One completed questionnaires was returned to RQIA from a resident. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Residents/resident's representative commented:

- "Staff are all good"
- "Staff always get what I want"
- "I can get out and about to get out in the sun"
- "The staff are great to my relative"

### Areas for improvement

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

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the

Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. The registered manager confirmed she keeps a file in the office and all staff have access to it.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were all provided with mandatory training.

As already stated in the report the monthly monitoring visits had not been undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. This has been stated for a second time in the quality improvement plan appended to this report.

There was evidence of managerial staff being provided with additional training in governance and leadership. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the registered provider/s identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered provider visits the home regularly and is contactable by phone and email.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place this was not in date therefore a recommendation was made. Discussion with staff established that they were knowledgeable regarding the whistleblowing policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

One completed questionnaire was returned to RQIA from service user. The respondent described their level of satisfaction with this aspect of the service as very satisfied.

One resident and staff members commented:

- “The manager’s door is always opened”
- “We get all the training we need”
- “The manager always has time to talk to us” (residents)

### Areas for improvement

There were no new areas for improvement in relation to this domain.

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

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20.- (1)(c) Standard 23.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2017	<p>The registered provider shall ensure that the persons employed to work at the home receive a structured induction appropriate to their role.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>All staff should receive a recorded and structured induction program, through a super-numery introduction to the home. A formal record will be introduced for ancillary staff.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 21(1) (b) schedule2 (1-7)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 April 2017	<p>The registered provider shall ensure staff files are reviewed to ensure recruitment records are complete to meet regulations.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Audit completed and all current staff have the required recruitment records in place</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 29.-(4) (c) (e) & Schedule 4 .5  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 March 2017	<p>The registered person shall ensure that reports of visits undertaken under regulation 29 are completed in line with legislation.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Reports completed March and April and on going</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21 .5  <b>Stated:</b> First time  <b>To be completed by:</b> 21June 2017	<p>The registered provider must confirm that the homes policy and procedures comply with standard 21.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>The policies discussed at the verbal feedback are being reviewed and updated as required</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2017	<p>The registered provider should ensure the identified armchairs are repaired / replaced.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>Replaced 4 armchairs in the lounge and introduced 6 new visitors chairs</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 @RQIANews