

Unannounced Care Inspection Report 18 April 2016



Corkey House

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**Tel No: 028 9071 8095
Inspector: Alice McTavish**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Corkey House took place on 18 April 2016 from 09.50 to 17.30.

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

Is care safe?

No requirements or recommendations were made in regard to safe care. There were examples of best practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, also to infection prevention and control measures and to adult safeguarding.

Is care effective?

No requirements or recommendations were made in regard to effective care. There were examples of best practice found throughout the inspection in relation to maintaining written records, to audits and to communication.

Is care compassionate?

No requirements or recommendations were made in regard to compassionate care. The examples of compassionate care, as described by residents and staff and detailed within the report, provided evidence of excellent positive outcomes for residents and their families.

Is the service well led?

No requirements were made in regard to well led care. One recommendation was made. There were examples of best practice found throughout the inspection in relation to governance and quality improvement arrangements, to the management and reporting of notifiable events and to strong working relationships.

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
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Ann Anderson, 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

There were no further actions required to be taken following the most recent care inspection. No requirements or recommendations were made.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness/ Mrs Linda Wray	Registered manager: Mrs Elizabeth Ann Anderson
Person in charge of the home at the time of inspection: Mrs Elizabeth Ann Anderson	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of registered places: 35
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 33

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and returned QIP from the last care inspection and notifications to RQIA of accidents and incidents.

During the inspection the inspector met with nine residents individually and with others in groups, three care staff, the registered manager and two resident's visitors/representatives. Ten resident views, ten resident representative views and ten staff views questionnaires were left in the home for completion and return to RQIA. Three resident views questionnaires and one staff views questionnaire were returned to RQIA. The information contained within the questionnaires reflected general satisfaction with the services provided by the home. Details of the returned questionnaires were shared with the registered manager following the inspection.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- annual appraisal and staff supervision schedule
- staff competency and capability assessments
- staff training schedule/records

- staff recruitment records
- care records of three residents
- the home's Statement of Purpose and Residents Guide
- complaints and compliments records
- infection control register/associated records
- accident/incident/notifiable events register
- the home's Annual Quality Review report for 2014 (the latest available report)
- audit of returned satisfaction questionnaires, 2014
- monthly monitoring report
- fire safety risk assessment
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors
- individual written agreement
- policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 21 September 2015

The most recent inspection of Corkey House was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 23 June 2015

There were no requirements or recommendations made as a result of the last care inspection.

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.

On the day of inspection the following staff were on duty –

- 1 x manager
- 2 x senior care assistants
- 3 x care assistants
- 3 x domestic staff
- 1 x laundress
- 1 x cook
- 2 x kitchen assistants
- 1 x administrator
- 1 x handyman

Two senior care staff, three care assistants and one kitchen assistant were due to be on duty later in the day. One acting senior care assistant and two care assistants were scheduled to be on overnight duty.

A review of completed induction records and discussion with the registered manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of one returned staff views questionnaire confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The registered manager advised that the organisation had also supported two senior care assistants to undertake QCF level 5 studies and three care assistants to undertake QCF level 3 studies. In addition, four care assistants had recently completed the Dementia Care award from the University of Sterling.

A schedule for annual staff appraisals and staff supervision was maintained and was available for 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. A review of a sample of staff competency and capability assessments evidenced that these were completed annually. The registered manager confirmed that such assessments would be completed more frequently, if any issues of staff competency or capability were to arise.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager received written confirmation, prior to the commencement of employment, that all documentation, including Enhanced AccessNI disclosures, was in order.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The Presbyterian Board of Social Witness refunded the payments made by staff for annual registration with their professional body; the registered manager cited this as a further motivation for staff to avoid lapses in registration.

The home's adult safeguarding policies and procedures, dated 2013 and due for review in September 2016, were found to be inconsistent with the most up to date regional guidance. A recommendation was made, under section 4.6 of this report, that this policy should be reviewed and implemented. The home's existing adult safeguarding policies and procedures contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that the new adult safeguarding procedures, including the establishment of a safeguarding champion, would be implemented.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. 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 to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges and bathrooms. Residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Equipment used for residents was clean and in good condition. 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 action plans were in place to reduce the risk where possible.

Review of the home's infection prevention and control (IPC) policy and procedure identified that these were inconsistent with the most up to date regional guidance. One recommendation was made under section 4.6 which related to several aspects of policy and procedures, namely that the home's policies should be systematically reviewed every three years or more frequently should changes occur, also that adult safeguarding and infection prevention and control policies should be reviewed and implemented in line with the most up to date regional guidance.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed within the home. There were information notices and leaflets available on IPC for residents, their representatives and staff.

The registered manager confirmed that 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 needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. 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 registered manager confirmed that a keypad entry system was used on the front door of the home, however, residents who were assessed as safe to leave the building unaccompanied were provided with the door code.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. 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 the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 30 April 2015, identified that any recommendations arising were in the process of being addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at least twice annually. The last fire drill was completed on 8 March 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that there was annual maintenance of emergency lighting, fire alarm system and fire doors. There were weekly checks in place for the fire alarm break glass system and fortnightly checks for the emergency lighting. The home had guidance on fire risks associated with bedding and sleepwear. Individual residents also had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area of improvement was identified within this domain in relation to policies and procedures. This is further described under section 4.6 (Is the service well led?) and forms part of a recommendation.

Number of requirements:	0	Number of recommendations:	0
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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 resident care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that they had an understanding of person centred practice and that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The registered manager confirmed that 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 care reviews, accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with 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 and representatives. A review of care records and of 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 who required specialist supports. Inspection of the premises identified that a poster was displayed giving information on the availability of Alzheimer’s Advocacy services within the home.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home’s policies and procedures confirmed that appropriate policies were in place. Discussion with staff, residents and representatives confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner. Residents confirmed that staff responded promptly to calls for assistance.

The registered manager, residents and representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents and residents’ representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The registered manager confirmed that 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. 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.

Residents were consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually and the findings from the consultation were collated into a summary report. A copy of the report was available in the reception area for residents and other interested parties. An action plan was developed and implemented where improvements were required. A suggestion box was also available where additional comments could be made by residents or visitors.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Residents provided the following comments;

- “The staff are good to me. The home is comfortable and the food is good.”
- “The meals are first class. You couldn’t ask for better!”
- “I’m very well looked after here. The staff are very kind and they treat me well. I can’t think of anything that they could do to make it any better here.”
- “The staff are very attentive. They couldn’t be better. They are always around to check you and see if you are all right. They know what we need and how to help you with it.”
- “They (staff) are very good.”
- “They are very kind, lovely girls here. Nothing is a bother to them when you ask for anything.”
- “There’s no place like it. You couldn’t get better!”
- “I really like it here; they (staff) are second to none, they provide great care and treat me exceptionally well.”

A resident commented in the returned resident views questionnaire;

- “I have only praise and admiration for all the staff who are always on hand when needed, with a smile and helping hand. I have no complaint as how I am treated. I am free to come and go as I wish. We are like one big happy family and are treated as such.”

Residents’ representatives provided the following comments;

- “I believe this is a good place. My (relative) has been here for almost a year. I am always made welcome when I visit. The staff are lovely and they know what my (relative) needs. I have no complaints at all.”
- “I am extremely happy with the care given to my (relative) here. It took a while for my (relative) to settle in but the staff were brilliant and helped in so many ways. Now he has become familiar with the staff members and is always telling us, his family, how happy he is to be here. We are delighted that he is so happy. I have absolutely no complaints. If I needed to speak with someone about an issue or concern, I would approach any of the senior staff or the manager, who I think are wonderful!”

There was evidence that the attitude and approach of the home's management and staff team provided outstandingly compassionate care to residents and to residents' families.

The home had a Charter of Rights for residents on prominent display in the reception area. This set out the philosophy of the organisation and staff were able to describe the values of the home.

A resident described how a staff member, who was not involved directly in the delivery of care, had brought him a souvenir gift from holiday and how another staff member had arranged to take him to get his new specialist footwear. Staff described how a resident, who had an interest in horse racing, was assisted to lay a bet on the Grand National. This was done in the staff member's own time and was greatly appreciated by the resident.

A member of care staff described how a very elderly resident, who had lived in the home for many years, had recently died. Some younger staff members, who had not had direct experience of dealing with dying and death, lacked confidence in their ability to deal with this situation and were somewhat fearful of doing so. Out of fondness for the resident, and with the support of more experienced staff members, they had willingly and gladly provided care to the resident and support to the family of the resident. These staff members had derived great satisfaction from rising to this challenge and had been gratified that the resident's family were hugely appreciative of their efforts.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the health and social care needs of residents in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

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. It was identified, however, that policies and procedures were not systematically reviewed every three years. A recommendation was made in this regard and included that the home's adult safeguarding and infection prevention and control policies should be reviewed and implemented in line with the most up to date regional guidance. The recommendation also included that the home should develop a policy in regard to consent.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters in the reception area and in each resident's room. It was also noted that the process of making a complaint was discussed at during a residents meeting. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. 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. This was achieved by addressing the cause of any complaint and ensuring that this does not recur.

The registered manager confirmed that 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice, for example, if a resident had a series of falls and inappropriate footwear was a contributing factor, alternative footwear would be supplied by families and staff advised to encourage residents to wear more suitable footwear.

There were management and governance systems in place to drive quality improvement; these included regular audits and satisfaction questionnaires. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available in the home's reception area for residents, their representatives, staff, trust representatives and RQIA.

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 within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. A chart was displayed on the notice board in the reception area advising residents of the staffing structure of the home. Discussion with the registered person identified that she had understanding of her 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.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home by way of a diagram which was displayed in the home's reception area. Residents were aware of who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. There were arrangements in place for managing identified lack of competency and poor performance for all staff. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

A staff member reported satisfaction with the working arrangements and stated;

- “I am very pleased that the organisation is investing in the workforce by sponsoring team members to do NVQ level 3 training. There is a positive attitude here and we ensure that the care comes from the heart, that makes this an enjoyable place to come into. The staff are proud of the workplace and the good standard of care. Care staff have come up with ideas about how improvements and have taken these to the senior care staff who fully supported such ideas. There is a great relationship between care assistants and the senior care assistants and we are confident that resident welfare is a priority. I get great satisfaction from working in Corkey House.”

Another staff member stated;

- “I believe the residents are treated very well. This is a brilliant home and the staff work well as a team. I am able to go to any of the senior care assistants or to the manager if there is anything I want to discuss. We treat everyone here as we would want to be treated ourselves.”

The registered manager reported that The Presbyterian Board of Social Witness was keen to recognise and value the contribution of staff; the organisation marks 20 years of staff service by payment of a cash award.

Areas for improvement

One area of improvement within this domain was identified during the inspection. This related to review of adult safeguarding and infection prevention and control policies in line with the most up to date regional guidance and implemented into practice, to the development of a policy in regard to consent and to systematic three year review of all policies.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ann Anderson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 21.1

Stated: First time

To be completed by:
31 August 2016

The registered person should ensure the following;

- adequate arrangements are put in place to systematically review policies and procedures every three years, or more frequently should changes occur
- the home's adult safeguarding policy is reviewed and implemented in line with the most up to date regional guidance
- the home's infection prevention and control policy is reviewed and implemented in line with the most up to date regional guidance
- a policy on consent is developed

Response by registered person detailing the actions taken:
The Policies/Procedures are currently being updated and will be completed by 1st July 2016.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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