

# Inspection Report

10 July 2023



## Nursdoc Limited

Type of service: Nursing Agency  
Address: Ground Floor, NWS House, 1E High Street, Purley,  
Surrey, CR8 2AF  
Telephone number: 033 0555 5000

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Nursdoc Limited   | <b>Registered Manager:</b><br>Mrs Leanne Marguerite Harris |
| <b>Responsible Individual:</b><br>Mr Marc Stiff   | <b>Date registered:</b><br>21 March 2022                   |
| <b>Person in charge at the time of inspection:</b><br>Mrs Leanne Marguerite Harris  |  |
| <b>Brief description of the agency operates:</b><br><br>Nursdoc Limited is registered with RQIA as a Nursing Agency and currently supplies registered nurses to various care homes within Northern Ireland. The agency operates from an office located in Surrey.<br><br>Nursdoc Limited also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies. |  |

## 2.0 Inspection summary

An announced inspection was undertaken on 10 July 2023 10.00 a.m. and 4.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas including but not limited to: staff selection and recruitment; professional registrations; staff induction and training; adult safeguarding arrangements; and the reporting and recording of accidents / incidents.

Enforcement action resulted from the findings of this inspection. RQIA was concerned that the quality of services provided by the agency had fallen below the standard expected due to the lack of robust managerial and governance arrangements.

A serious concerns meeting was held on 27 July 2023 with the Responsible Individual and Registered Manager to discuss these shortfalls.

During the meeting the Responsible Individual provided a full account of the actions taken/ to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed. It was further agreed that a number of agreed actions would be confirmed to RQIA within a specified period.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the following areas: fitness of the nurses; inadequate selection and recruitment arrangements; lack of managerial oversight of the recruitment process and professional registrations; inadequate quality monitoring arrangements and the lack of feedback on nurses' practice; and accuracy of records. The Registered Manager also required training in relation to her role as the Adult Safeguarding Champion (ASC).

In addition, seven areas for improvement previously identified were not met and have been stated for the second time.

For the purposes of the inspection report, the term 'service user' describes the hospitals or care homes, the agency's nurses are supplied to work in.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

### **4.0 What people told us about the agency?**

As part of the inspection process we received feedback from a number of service users who used nurses supplied by the agency.

The information provided indicated that there were no concerns relating to the nurses supplied or the responsiveness of the agency.

No responses were received to the electronic survey.

## 5.0 The inspection

### 5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 18 January 2022                                       |  |                          |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005      |  | Validation of compliance |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Regulation 4 (1)<br><br><b>Stated:</b> First time      | The registered person shall ensure the Statement of Purpose is reviewed to include all areas outlined in the Nursing Agency Minimum Standards, including updating the address of the Patient/Client Council.   | Not met                  |
|   | <b>Action taken as confirmed during the inspection:</b><br>Whilst the majority of the Statement of Purpose was in keeping with the Regulations and Standards, it still required to be updated to include the ethos and philosophy of care. This area for improvement was partially met and has been stated for the second time.    |                          |
| <b>Area for Improvement 2</b><br><br><b>Ref:</b> Regulation 15 (2) (e)<br><br><b>Stated:</b> First time | The registered person shall ensure that the Staff Handbook is reviewed and updated as outlined in the report to include RQIA mandatory training requirements and to state that any legislation and guidance relates specifically to N.I.   | Not met                  |
|   | <b>Action taken as confirmed during the inspection:</b><br>Whilst the Staff Handbook referenced the N.I. regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015, it included incorrect definitions and types of abuse. This area for improvement was not met and has been stated for the second time. |                          |

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| <b>Area for Improvement 3</b><br><br><b>Ref:</b> Regulation 24 (a)(b)(c)(d)(f)(g)(h)<br><br><b>Stated:</b> First time | The registered person shall ensure that a policy is developed in relation to the agency's requirement to notify RQIA of specified events, as outlined in the regulations (Notice of Changes).  | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                                 |
| <b>Area for Improvement 4</b><br><br><b>Ref:</b> Regulation 18 (b)<br><br><b>Stated:</b> First time                   | The registered person shall ensure that the Management of Records Policy includes the timeframe for the retention of records as outlined in The Nursing Agencies Regulations (Northern Ireland) 2005   | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                                 |
| <b>Area for Improvement 5</b><br><br><b>Ref:</b> Regulation 14 (2) (a)<br><br><b>Stated:</b> First time               | The registered person shall ensure that the policy on Supervision is reviewed to reflect good practice in this area.   | <b>Not Met</b>                  |
|   | <b>Action taken as confirmed during the inspection:</b><br>Review of the policy did not identify the frequency of supervision. The policy also lacked clarity on the differences between supervisions and appraisals. This area for improvement was not met and has been stated for the second time. |                                 |
| <b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>                         |  | <b>Validation of compliance</b> |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Standard 1.10<br><br><b>Stated:</b> First time                       | The registered person shall ensure the service user guide is reviewed and includes the arrangements for the inspection of the agency, how to access RQIA inspection reports, how to access services and general terms and conditions.  | <b>Met</b>                      |
|   | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                                 |

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| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>Stated:</b> First time</p>  | <p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with the regional policies and procedures as they apply in N.I.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Whilst the adult safeguarding policy referenced the N.I. regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015, it included incorrect definitions and types of abuse. This area for improvement was not met and has been stated for the second time.</p>   | <p><b>Not met</b></p> |
| <p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 1.13</p> <p><b>Stated:</b> First time</p> | <p>The registered person shall ensure that the quality monitoring policy and procedure includes the annual quality review of the service and the involvement of key stakeholders.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Whilst the quality monitoring policy referenced the annual quality process, it incorrectly stated that an internal review would be undertaken and presented to stakeholders, rather than it being a process that would include service users' feedback on the quality of service provided. This area for improvement was not met and has been stated for the second time.</p> | <p><b>Not met</b></p> |
| <p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 2</p> <p><b>Stated:</b> First time</p>    | <p>The registered person shall ensure that policies and procedures that direct the quality of services provided by the nursing agency are reviewed as outlined in the report. This refers specifically to:</p> <ul style="list-style-type: none"> <li>• the Incident/accident policy and procedure and reporting notifiable events</li> <li>• the complaints policy and procedure</li> </ul> <p>All policies must be noted to belong to the company to be registered.</p>   | <p><b>Met</b></p>     |

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|   | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                |
| <b>Area for Improvement 5</b><br><br><b>Ref:</b> Standard 4.1<br><br><b>Stated:</b> First time  | The registered person shall ensure that the policy and procedure for staff recruitment is reviewed as outlined in the report and complies with legislative requirements and DoH guidance.<br><br><b>Action taken as confirmed during the inspection:</b><br>Given the concerns identified during the inspection regarding the selection and recruitment process identified during inspection, it was evident that the policy relating to recruitment required to be further updated. The specific deficits in the policy that require to be addressed includes the need for reasons for leaving previous employments to be recorded, registered nurse oversight of the interview process and clarity regarding the AccessNI check needing to be undertaken by Nursdoc Limited. Management of references and full employment histories also required to be included. This area for improvement has been stated for the second time. | <b>Not met</b> |
| <b>Area for Improvement 6</b><br><br><b>Ref:</b> Standard 1.15<br><br><b>Stated:</b> First time | The registered person shall ensure that the policy relating to the management of alerts is further developed to include the process for managing, recording and checking of CNO alerts.<br><br><b>Action taken as confirmed during the inspection:</b><br>Given that the CNO alert process has been stood down, this area for improvement is no longer relevant.   | <b>Met</b>     |
| <b>Area for Improvement 7</b><br><br><b>Ref:</b> Standard 1.16                                  | The registered person shall ensure that the policy on professional registrations is further developed to reflect that the Nursing and Midwifery Council (NMC) live register is to be checked on a monthly basis.   | <b>Met</b>     |



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| <b>Stated:</b> First time  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                |
| <b>Area for Improvement 8</b><br><br><b>Ref:</b> Standard 6.3<br><br><b>Stated:</b> First time | <p>The registered person shall ensure that the policy on training is further developed to include the frequency of mandatory training updates and ensure that any legislation and guidance noted relates specifically to N.I.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>Review of the policy on training identified that there required to be further changes made to ensure that it was reflective of all mandatory training requirements and the frequency of training. In addition, the adult safeguarding definitions and types of abuse included within the training policy were not reflective of Northern Ireland policy. This area for improvement was not fully met and has been stated for the second time.</p> | <b>Not met</b> |

## 5.2 Inspection findings

### 5.2.1 What systems are in place for staff recruitment and are they robust?

The inspection highlighted that there were inadequate selection and recruitment arrangements in place so as to ensure nursing staff supplied by the agency possess the requisite qualifications, knowledge, skills and/or competencies which were necessary for the work they were required to perform within various clinical settings.

It was evident that the selection and recruitment process is not effectively managed and/or approved by nursing staff in keeping with Regulation and relies unduly upon a vetting process which is conducted by staff who are not on the NMC register. The vetting procedure would not have constituted a clinical based interview. In addition, it was evident that the agency does not effectively validate each nurse's competency and area of expertise as part of the application process.

The inspection further highlighted that an AccessNI check that had been undertaken by another organisation, rather than by Nursdoc Limited.

Review of records for two nurses evidenced that references had not been sought or obtained from their current or most recent employer in keeping with Regulation and had been accepted from individuals who had no line management responsibility for the applicants in question.



It was also noted that full employment histories were not consistently recorded in keeping with best practice. Whilst there was evidence the nurses had previous experience working in a number of different speciality areas, the employment histories had not been sufficiently scrutinised. For example, where the AccessNI check had been undertaken by another organisation the nurse had previously worked for, rather than by Nursdoc Limited; this previous employer was not included in the nurse's employment history. In addition, full employment histories were not consistently recorded back to school leaving age.

These shortfalls have the potential to place patients at risk of harm.

This was discussed during the serious concerns meeting on 27 July 2023 with the Responsible Individual and Registered Manager, who acknowledged the importance of robust selection and recruitment arrangements; assurances were provided that the agency would interview the nurses going forward. It was agreed that selection and recruitment training will be sought and provided for all staff who are involved in the selection and recruitment process. It was further agreed that RQIA will be forwarded a copy of the completed recruitment audit undertaken, together with the corresponding action plan to address all identified deficits. The Responsible Individual also agreed to submit the nurse interview templates and competency assessments to RQIA prior to recommencement of the supply of nursing staff.

Five areas for improvement have been identified in this regard.

### **5.2.2 What are the arrangements to ensure robust managerial oversight and governance?**

Serious concerns were identified regarding a lack of effective quality assurance of service provision by the Responsible Individual.

As previously discussed, the inspection highlighted that the Registered Manager had inadequate oversight of and/or involvement in current selection and recruitment arrangements; as such, RQIA was not assured that governance arrangements are sufficiently robust so as to ensure that nursing staff supplied by the agency possess the requisite qualifications, knowledge, skills and/or competencies for the work they are required to perform within various clinical settings. It was evident that the agency relied solely upon service users to make a determination regarding the competency of nursing staff supplied to them.

While arrangements were in place to monitor the registration status of nurses with the NMC, this was noted to be too infrequent and not in keeping with best practice.

In addition, review of records highlighted deficits in relation to ensuring that nurses supplied by the agency were appropriately trained for that role. Training records were not up to date. In addition, we were unable to verify that the nurses had undertaken the practical elements of moving and handling and basic life support training. The training policy did not include medicines administration. In addition, the training programme ought to have included training modules that were relevant to care home settings, such as falls prevention, wound care, end of life care and Dysphagia.

Also, discussion with the Registered Manager evidenced a lack of understanding in regard to their responsibility under Regulation to ensure that arrangements are in place for the formal supervision of staff by Nursdoc limited rather than by service users.

There was also no evidence that feedback from service users concerning nurses' practice had been sought or received.

During the inspection, incorrect information was provided to the Inspector concerning the number of nurses supplied by the agency and service users to whom nurses were supplied;

There was no evidence that monthly quality monitoring had been undertaken in keeping with Regulation. This is particularly concerning given that the agency's own Quality Assurance policy states that monthly monitoring visits should be undertaken. It was also disappointing to note that seven areas for improvement which were identified at the pre-registration inspection on 18 January 2022 were not met during the inspection on 10 July 2023 and have been restated for a second time. These findings do not assure RQIA that robust managerial arrangements are in place so as to proactively identify deficits and drive necessary improvements in a sustained manner.

It was evidenced that while the Registered Manager was the identified ASC for the agency, she had not undertaken training commensurate with this role and was unable to describe her role and responsibilities as the ASC. The agency's Staff Handbook and policy on adult safeguarding did not accurately reflect the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015, despite these matters having been previously identified during the aforementioned pre-registration inspection.

This was discussed during the serious concerns meeting on 27 July 2023; with the Responsible Individual and Registered Manager who acknowledged the importance of robust managerial and governance oversight. It was agreed that evidence would be submitted to RQIA within a designated timescale that Adult Safeguarding training was arranged for the Registered and Deputy Managers. It was further agreed that the service user feedback which was not available during the inspection would be submitted to RQIA.

Six areas for improvement have been identified in this regard.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards (2008)

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 12*         | 6*        |

\* the total number of areas for improvement includes seven that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with the Responsible Individual and Registered Manager, as part of the inspection process and at the Serious Concerns meeting held on 27 July 2023. The timescales for completion commence from the date of inspection.

A completed Quality Improvement Plan from the inspection of this service is not available as the service is no longer registered with the RQIA.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk).

| Quality Improvement Plan   |  |
|--|--|
| Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005   |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 4 (1)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>Immediate from the date of the inspection                   | <p>The registered person shall ensure the Statement of Purpose is reviewed to include all areas outlined in the Nursing Agency Minimum Standards, including updating the address of the Patient/Client Council.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>                             |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Regulation 15 (2) (e)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>Immediate from the date of the inspection              | <p>The registered person shall ensure that the Staff Handbook is reviewed and updated as outlined in the report to include RQIA mandatory training requirements and to state that any legislation and guidance relates specifically to N.I.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Regulation 14 (2)<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b><br>Immediate from the date of the inspection<br>DD Month Year | <p>The registered person shall ensure that the policy on Supervision is reviewed to reflect good practice in this area.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>   |

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| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 12 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p>    | <p>The registered person shall ensure that a robust clinical based interview process is developed and implemented, to ensure that nurses experience and training is appropriately matched to the setting they are being supplied to; accurate and detailed records of nurses' selection and recruitment interviews and competency assessments must be maintained and available at all times; Nurse selection must be overseen by a registered nurse.</p> <p>Ref: 5.2.1</p> |
|  | <p><b>Response by registered person detailing the actions taken:</b></p>   |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 12(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p>     | <p>The registered person shall ensure that enhanced criminal records checks (AccessNI) are undertaken by Nursdoc, before supplying nurses to the various healthcare settings.</p> <p>Ref: 5.2.1</p>  |
|  | <p><b>Response by registered person detailing the actions taken:</b></p>   |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 12 (1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p> | <p>The registered person shall ensure that references are sought and received from the nurses' current or most recent employer in keeping with Regulation; and verification of the source of the reference should also be retained.</p> <p>Ref: 5.2.1</p>  |
|  | <p><b>Response by registered person detailing the actions taken:</b></p>   |
| <p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 12 (1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p> | <p>As part of the recruitment process, the registered person shall ensure that employment histories are obtained going back to school leaving age. Employment histories should also be cross referenced against any references provided, to ensure that any discrepancies are identified and acted upon.</p> <p>Ref: 5.2.1</p>   |
|  | <p><b>Response by registered person detailing the actions taken:</b></p>   |

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| <p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 12 (1)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p>  | <p>The registered person shall put in place a system to monitor the registration status of nurses with the Nursing and Midwifery Council (NMC), in keeping with good practice; records of the checks must be retained for inspection purposes.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>   |
| <p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 12 (1)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p>  | <p>The registered person shall ensure that training records are up to date; this relates specifically to the training matrix which should include all mandatory training elements, including both theoretical and practical training dates; and the training matrix should record any other training that the agency deems to be setting specific.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> |
| <p><b>Area for improvement 10</b></p> <p><b>Ref:</b> Regulation 14 (3)(i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p> | <p>The registered person shall ensure that a system is developed and implemented relating to seeking and recording feedback from service users relating to nurses' practice.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>   |
| <p><b>Area for improvement 11</b></p> <p><b>Ref:</b> Regulation 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of</p>                        | <p>The registered person shall ensure that records are retained accurate and up to date; this relates specifically to the Alphabetical List of Nurses and Service users; and these records should only pertain to the provision of nurses and not health care assistants.</p> <p>Ref: 5.2.2</p>   |

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| the inspection.  | <b>Response by registered person detailing the actions taken:</b>  |
| <b>Area for improvement 12</b><br><br><b>Ref:</b> Regulation 20 (1)(2)(3)(4)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b> Immediate from the date of the inspection. | The registered person shall ensure that monthly quality monitoring visits are undertaken in keeping with Regulation; and focus particularly but not exclusively on the areas for improvement identified in any Quality Improvement Plan issued by RQIA.<br><br>Ref: 5.2.2<br><br><b>Response by registered person detailing the actions taken:</b> |
| <b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>  |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 9.1<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b> Immediate from the date of the inspection.               | The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with the regional policies and procedures as they apply in N.I.<br><br>Ref: 5.1<br><br><b>Response by registered person detailing the actions taken:</b>   |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 1.13<br><br><b>Stated:</b> Second time<br><br><b>To be completed by:</b> Immediate from the date of the inspection.              | The registered person shall ensure that the quality monitoring policy and procedure includes the annual quality review of the service and the involvement of key stakeholders.<br><br>Ref: 5.1<br><br><b>Response by registered person detailing the actions taken:</b>  |



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|---|--|
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p> | <p>The registered person shall ensure that the policy and procedure for staff recruitment is reviewed as outlined in the report and complies with legislative requirements and DoH guidance.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>                                  |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p> | <p>The registered person shall ensure that the policy on training is further developed to include the frequency of mandatory training updates and ensure that any legislation and guidance noted relates specifically to N.I.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> |
| <p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p>  | <p>The registered person shall ensure that training in relation to selection and recruitment is provided to all staff involved in the recruitment process; and records of completion retained.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p>                              |
| <p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate from the date of the inspection.</p>    | <p>The registered person shall ensure that the registered manager undertakes training in respect of the ASC role; and that records of completion are retained.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p>  |

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)