



The **Regulation** and  
**Quality Improvement**  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Angels Recruitment Agency  
**Nursing Agency ID No:** 10676  
**Inspection No:** IN021100  
**Date of Inspection:** 20 March 2015  
**Inspector's Name:** Norma Munn

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**General Information**

<b>Name of agency:</b>	Angels Recruitment Agency Ltd
<b>Address:</b>	77 Creggan Road Rosemount Londonderry BT48 9DA
<b>Telephone number:</b>	028 7137 7792
<b>E mail address:</b>	mobell3@gmail.com
<b>Registered organisation/ Registered provider:</b>	Mr Daniel James Duddy
<b>Registered manager:</b>	Ms Maureen Campbell
<b>Person in Charge of the agency at the time of inspection:</b>	Mr John Jackson
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	Seven
<b>Date and type of previous inspection:</b>	7 March 2014 Annual Announced
<b>Date and time of inspection:</b>	20 March 2015 11.45am – 4.40pm
<b>Name of inspector:</b>	Norma Munn

## **Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## **Purpose of the Inspection**

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## **Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager and acting manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## **Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile**

Angels recruitment agency is a nursing agency operating from 77 Creggan Road Londonderry BT48 9DA. The service currently places seven nurses within the Northern Trust including Altnagelvin Hospital.

## **Summary of Inspection**

This is the annual announced inspection report for Angels Recruitment Agency which was undertaken on 20 March 2015 by Norma Munn from the Regulation and Quality Improvement Authority (RQIA) starting at 11.45 am and finishing at 4.40pm

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

Mr Daniel Duddy, responsible person and Mr John Jackson, currently acting manager were available throughout the inspection. They were joined later by Ms Maureen Campbell, registered manager.

At the commencement of the inspection the inspector was informed that Ms Maureen Campbell, registered manager had been on a period of extended leave since November 2014 and Mr John Jackson had been appointed acting manager. The acting manager informed the inspector that this information had been sent to RQIA on 10 November 2014. However, RQIA have no record of this notification being received. The inspector requested a notification of absence to be completed detailing further information according to Regulation 23(2). This notification was received by email following the inspection.

The previous inspection occurred on 7 March 2014 and resulted in no requirements and no recommendations.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies (2008).

In discussion it was confirmed that the agency did not supply nurses to clients in their own homes and therefore only the standards below were viewed.

### **Standard 2:**

**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

Not all policies and procedures were in place and available for inspection in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008).

Review of the absence of the registered manager and the management of records policy evidenced insufficient detail and should be reviewed in line with statutory requirements.

Policies were centrally indexed and policies reviewed had been dated and were subject to at least three yearly review.

The registered manager discussed how feedback from nurses and clients helps inform policies and procedures. However, the inspector did not review recorded evidence to support this.

The agency was judged to be 'moving towards compliance' with this standard.

### **Standard 3:**

#### **Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

Seven staff personnel files were reviewed. Systems were in place to check the registration status of nurses with the Nursing and Midwifery Council (NMC). Three personnel files were not compliant with the legislation. Issues identified were in relation to the omission of references and health checks and gaps in employment history not being explored.

Following the inspection copies of two references and a health check for one nurse were sent to RQIA. However, the references had not been dated and the health check had not been signed by the nurse.

Access NI disclosure reference numbers for each nurse were available for inspection. However, there was no evidence in all seven files reviewed of the date the Access NI check was sent, the date received, and the action taken by the agency. The inspector requested further information to confirm the dates these checks were carried out and received. This information was received following the inspection.

The agency had a management of records policy which sets out arrangements for the responsibility and disposal of data. However, the policy as discussed previously was not adequate and in line with DHSSPS guidance.

Discussion with the registered manager indicated that all nurses had received annual appraisals and supervision. However, not all records were available for inspection. Several records reviewed had not been fully completed or signed by both parties.

Discussion with the acting manager indicated that all nurses had received terms and conditions of employment. However, copies of terms and conditions issued had not been retained for inspection.

The inspector was informed that the agency did not receive any complaints since the previous inspection on 7 March 2015. The complaints record was not reviewed during this inspection.

The agency was judged to be 'not compliant' with this standard

To validate compliance levels for each of the above standards, the inspector had a discussion with the registered manager and acting manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to both the registered manager and acting manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

As a result of this inspection three requirements and seven recommendations were made. These relate to the absence of the registered manager, management of recruitment, policies and procedures and record management. These issues are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend their gratitude to Mr Daniel Duddy, registered provider, Ms Maureen Campbell, registered manager and Mr John Jackson, acting manager for their hospitality and contribution to the inspection process.



**Follow-Up on Requirements/Recommendations from Previous Inspection**

No previous requirements/recommendations were made.

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies and procedures are in place at Angels Recruitment Agency, and can be viewed on inspection or if service users request same.	Provider to complete
<b>Inspection Findings:</b>	
Several policies and procedures listed in Appendix 3 were not available on the day of the inspection. This included the following: <ul style="list-style-type: none"> <li>• Management, control and operation of the nursing agency</li> <li>• Pre-employment health checks for nurses</li> <li>• Accident and adverse incidents</li> <li>• Safeguarding of Children</li> </ul> A recommendation has been made to ensure that policies and procedures as identified in Appendix 3 are in place and in line with current legislation. The following policies were reviewed: <ul style="list-style-type: none"> <li>• Absence of the registered manager policy</li> <li>• Management of records policy</li> </ul> The policies reviewed had insufficient detail included and require be developed and reviewed in line with statutory requirements. Recommendations have been made.	Not compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Angels Recruitment Agency complete a Quality Improvement monthly return audit, to all service users. To monitor standards.	Provider to complete
<b>Inspection Findings:</b>	
The registered manager discussed how feedback from nurses and clients would help inform policy and procedures. However, there was no evidence of any feedback being received. A recommendation has been made.	Moving towards compliance

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> As required by RQIA guidelines and also minimum standards, all policies/procedures indexed and maintained.	Provider to complete
<b>Inspection Findings:</b> The policy manual was available for inspection and polices reviewed had been indexed.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All policies are reviewed 3 yearly or as required.	Provider to complete
<b>Inspection Findings:</b> Policies reviewed had been dated when issued and reviewed.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
As stated in 2:4 and updated as required, or changed to law/RQIA requirements.	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager and acting manager confirmed that policies had been reviewed at least three yearly.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Angels Recruitment Agency do not supply nursing care to patients in their own homes. However, we have submitted an application re same.	Provider to complete
<b>Inspection Findings:</b>	
The agency confirmed that they do not provide care for private patients in their own homes. An additional application is not required to supply nurses to provide nursing care to private patients in their own homes. This was not discussed during the inspection.	Not applicable

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies/procedures for the management of records are maintained in agency office in line with the Data Protection Action 1998 and the HPSS (Quality Improvement and Regulation) (NI) Order 2003 (Regulations).	Provider to complete
<b>Inspection Findings:</b>	
Review of the policy for the management of records evidenced insufficient detail and needs to be developed to include the arrangements for the creation, use, retention, storage, transfer, disposal of and access of records. A recommendation has been made.	Moving towards compliance



<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</b>	
<b>Provider's Self Assessment:</b>	
All records in Angels Recruitment Agency are available for inspection at all times.	Provider to complete
<b>Inspection Findings:</b>	
<p>Records were examined relating to the recruitment of nurses. Three out of seven personnel files reviewed were not compliant with the statutory legislation and mandatory requirements. Issues identified were in relation to the omission of references, health checks and gaps in employment history. For example, two files did not contain evidence of two references or health checks being completed and one file contained gaps in the employment history that had not been explained. A requirement has been made to ensure that the following information is in place for each nurses prior to commencement of employment:</p> <ul style="list-style-type: none"> <li>• two satisfactory written references, including one from the present or most recent employer</li> <li>• details of the persons health record</li> <li>• full employment history , with a satisfactory written explanation of any gaps in employment</li> </ul> <p>The inspector was concerned regarding one recently recruited nurse who did not have any references or a completed health check on file. This was discussed with the registered manager and acting manager and it was agreed that the nurse would not carry out any further work with the agency until satisfactory references and a health check were received. Following the inspection RQIA received a copy of the references and health check from the agency in relation the nurse. However, the references had not been dated and the health check had not been signed by the nurse. A requirement has been made.</p> <p>Discussion with the registered manager confirmed that all nurses had an Access NI check carried out prior to commencement of employment. A disclosure reference number was recorded for each nurse and held on file. However, evidence was not available of the date the Access NI check was sent, the date received, and the action</p>	Not compliant

taken by the agency. The inspector requested further information to be sent to RQIA to confirm the dates these checks were carried out. This information was received following the inspection. A recommendation has been made.

Discussion with the registered manager indicated that all nurses had received annual appraisals and supervision. However, not all records were available for inspection. Three supervision records reviewed had not been signed by both parties and four annual appraisals reviewed were not fully completed. Discussion with the acting manager indicated that all nurses had received terms and conditions of employment. However, copies of terms and conditions issued had not been retained for inspection. A recommendation has been made.

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.4 The information held on record is accurate, up to date and necessary.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All information held on record is accurate and updated. Three yearly or sooner if required.	Provider to complete
<b>Inspection Findings:</b> It is evident from the findings of the records examined that the information was not always available, accurate and up to date.	Not Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> As 3:4 and in accordance with the M+NMC guideline re record keeping.	Provider to complete
<b>Inspection Findings:</b> The agency confirmed that they do not provide care for any private patients in their own homes.	Not applicable

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All Angel Recruitment staff have seen and read the Data Protection policy and good record keeping policy, on induction course for agency. They also are regularly reminded at their Supervision and Appraisal Sessions.	Provider to complete
<b>Inspection Findings:</b>	
Discussion with the registered manager indicated that all staff had been trained in record keeping. However, records of the training that had taking place were not available for inspection. A recommendation has been made	Not compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All records within the agency are held securely for the specified 8 years and disposed of in accordance to legislation.	Provider to complete
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that records were kept in line with current legislation. However, several records were not available for inspection and the policy reviewed in relation to the management of records did not include sufficient details in relation to creation, retention, storage, use, transfer, disposal and access. As discussed in criterion 3.2 a recommendation has been made to ensure that the policy is developed to include this information.	Not Compliant

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Maureen Campbell, Registered Manager and Mr John Jackson, acting manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Norma Munn**  
**The Regulation and Quality Improvement Authority**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT2 3BT**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Unannounced Primary Inspection**  
**Angels Recruitment Agency**

**20 March 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Maureen Campbell, registered manager and Mr John Jackson, acting manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.



**Statutory Requirements**

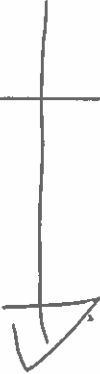
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (NI) 2008

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	23	The registered person must give notice to RQIA where the registered manager is absent for a period of 28 days or more detailing information set out in paragraphs 2 (a) to (e).	One	See attached information	Immediate and no later than 17 April 2015
2	12 (1)	The registered person must ensure that the following information is in place for each nurses prior to commencement of employment: <ul style="list-style-type: none"><li>• two satisfactory written references, including one from the present or most recent employer</li><li>• details of the persons health record</li><li>• full employment history , with a satisfactory written explanation of any gaps in employment</li></ul>	One		Immediate and no later than 17 April 2015
3	18	The registered person must review the recruitment records of all staff to ensure that full and complete recruitment records are in place.	One		Immediate and no later than 17 April 2015

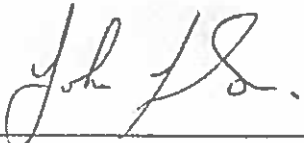

**Recommendations**

These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	2.1	The registered person should ensure that all policies and procedures as identified in Appendix 3 are in place and in line with current legislation.	One	See attached information	By 20 May 2015
2	2.1	The registered person should ensure that the policy for the absence of the registered manager is revised in accordance with statutory requirements.	One		Immediate and ongoing
3	2.2	The registered person should ensure that feedback from staff and clients is used to develop policies and procedures.	One		By 20 May 2015
4	4.4	The registered person should ensure that a record is retained of the date the Access NI check was sent, the date received, the enhanced certificate number and the action taken by the agency.	One		Immediate and ongoing
5	3.2	The registered person should ensure that the policy on the management of records includes arrangements for the creation, use, retention, storage, transfer, disposal and access in line with DHSSPS guidance.	One		By 20 May 2015

6	3.3 3.4	<p>The registered person should ensure that the following records for all nurses are accurate, up to date and available for inspection:</p> <ul style="list-style-type: none"> <li>• copies of terms and conditions</li> <li>• annual appraisals</li> <li>• supervision</li> </ul>	One	<p>See attached information</p>	By 20 May 2015
7	3.6	<p>The registered person should keep a record of training carried out to include:</p> <ul style="list-style-type: none"> <li>• the date of the training</li> <li>• the name and qualification of the trainer</li> <li>• content of the training</li> <li>• names and signatures of attendees</li> </ul>	One		By 20 May 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	J. Faulkner	28/01/15
Further information requested from provider			

## STATUTORY REQUIREMENTS

1.(23)

As discussed with Inspector and same completed, also Registration Certificate issued by R.Q.I.A and is displayed in the office.

2.(12)1

All staff files audited and fully completed as per Standard.

3.(18)

All candidates applying for employment with Angels Recruitment Agency, must adhere to the new Recruitment Policy. (copy available if you require).

*J. Faulkner*  
*28/10/15*

**RECOMMENDATIONS:**

**1.(2.1)**

**Completed and also seen by Inspector Mrs A. Murphy when Inspecting for Registration for Domiciliary Care in the Community. 4ht Sept 2015.**

**2.(2.1)**

**Same completed and copy sent to Mrs, L Munn within 7 days. Receipt of emails retained.**

**3.(2.2)**

**All staff are signing and dating when policies/procedures are read also comments column provided for feedback to assist with development on review of policies/procedures.**

**4.(4.4)**

**A. File commenced for Access NI re date sent for and date received plus certificate number.**

**B. Access NI has commenced on line completion of stage 1 and 2 of staff checks, so all records are varified easily.**

**5.(3.2)**

**Data Protection Policy up dated and retained in the Policy/Procedure file. Available copy can be sent to yourselves if needed.**

*JG Faulkner  
28/10/15*

**6.(3.3) and (3.4)**

**Copies of Terms and Conditions signed/dated and retained in staff files.**

**Appraisals completed and retained in Appraisal file with staff information.**

**Supervision Sessions Recorded and in supervision file.**

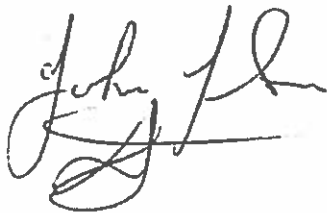
**Signatures of supervisor/supervisee and date retained in same.**

**7.(3.6)**

**All dates of training and staff name plus signatures of attendees and Trainer Name and signature retained in staff training file.**

**Contents of courses are retained in Mandatory Training file block A and B. Plus qualifications of trainer.**

Signed



John Jackson

Signed

Dan Duddy

*JSFaulkner  
28/10/15*

