



The Regulation and  
Quality Improvement  
Authority

Colin Care  
RQIA ID: 10731  
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03 FEB 2016  
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**Unannounced Care Inspection  
of  
Colin Care**

**17 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 17 November 2015 from 09.15 to 16.15 hours. Overall on the day of the inspection it was found that improvements were necessary in order for care to be safe, effective and compassionate. The outcome of the inspection found areas of concern which were addressed through a serious concerns meeting on Monday 30 November 2015 and the quality improvement plan (QIP) within this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

As a result of the findings of this inspection, RQIA wrote to the registered person to advise of RQIA's intention to issue a Failure to Comply Notice in respect of Regulation 23(1)(5). RQIA also advised the registered person in writing of serious concerns relating to recruitment practices, staff training and supervision.

During a meeting at RQIA offices on 30 November 2015, the registered person presented an action plan and described actions taken and to be taken to secure compliance with the relevant regulations.

On this basis, RQIA did not issue a failure to comply notice in respect of Regulation 23 (1) (5). RQIA have advised the registered person of their responsibility to submit to RQIA on a monthly basis, reports of quality monitoring undertaken in accordance with Regulation 23(2) (3).

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>7</b>	<b>3</b>

The details of the QIP within this report were discussed with the registered person Annie Armstrong, the acting manager Mrs Phyllis McQuillan and the agency's commercial manager as part of the inspection process and also during the meeting at RQIA offices on 30 November 2015. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Colin Care/Mrs Annie Armstrong	<b>Registered Manager:</b> Mrs Philomena (Phyllis) McQuillan (acting manager)
<b>Person in charge of the agency at the time of Inspection:</b> Mrs Philomena (Phyllis) McQuillan (acting manager)	<b>Date Manager Registered:</b> 28 September 2015 (acting)
<b>Number of service users in receipt of a service on the day of Inspection:</b> 135	

Colin Care is a domiciliary care agency based on the Colin Road, Belfast, with 53 staff providing community based domiciliary care services to 135 frail elderly, physical disability and learning disability adult service users living in the Belfast HSC Trust and the South Eastern HSC Trust areas. Services provided are mainly associated with personal care tasks, overnight sitting and domestic tasks.

## 3. Inspection Focus

The inspection took place following matters of concern raised by the Belfast Health and Social Care Trust (BHSCT). Matters for review included recruitment practices, quality monitoring of service users, supervision, quality monitoring and training of staff. Overall management and governance arrangements within the agency regarding consistency and quality of service delivery and monthly quality monitoring by the registered person were also highlighted as matters requiring review.

## 4. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2014/2015
- User Consultation Officer (UCO) report.

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

- Discussion with the registered person, acting manager and commercial manager.
- Consultation with nine staff
- Two staff questionnaires returned
- Examination of records
- File audits

- Evaluation and feedback.

The following records were examined during the inspection:

- Five staff training records
- Induction policy
- Staff development and training policy
- Policy on management and supervision of staff
- Five staff quality monitoring, supervision and appraisal records
- Staff handbook
- Two service user records regarding restraint
- Three staff recruitment records
- Three complaints records
- Three monthly monitoring reports
- Three service user quality monitoring records
- Three management team meeting minutes
- One staff meeting record
- Action plan for BHSCT.

Prior to the inspection the User Consultation Officer (UCO) spoke with three service users and six relatives, either in their own home or by telephone, on 13 November 2015 to obtain their views of the service. The service users interviewed live in Belfast and receive assistance with personal care and a sitting service. Their feedback is detailed within the report.

During the inspection the inspector met with nine care staff and their feedback is contained within the body of this report.

Ten staff questionnaires were provided to the acting manager on the day of inspection. They were requested to forward these to a random sample of care staff, to find out their views regarding the service. Two staff questionnaires were received following the inspection with one staff member raising several areas for review including training in the areas of communication and mental health/dementia. The staff member also highlighted areas of concern around service users' assessed needs, support from multi-disciplinary teams within the trust and time allocated to service user packages. All matters were discussed with the acting manager post inspection on 27 November 2015 (via telephone) and the inspector suggested that these were discussed and reviewed with the staff team.

#### **Service user feedback during UCO visits/contacts**

##### **Is care safe?**

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The UCO reviewed six of the agency's log books; one of which was not being consistently completed. It was also noted that three service users were experiencing a variation in call times. Three service users were able to provide the UCO with their care plans and risk assessments; however it was noted that two contained out of date information.

**Is care effective?**

The UCO was informed by all of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise.

Questionnaires are sent out by the agency to obtain the views of the service from service users or their representatives. A number of the people interviewed were also able to confirm that management visits and observation of staff practice had taken place in their home.

The UCO was informed by the service users and relatives interviewed that there were concerns regarding the carer's timekeeping and there were mixed results regarding the service users usually being contacted by the agency if their carer has been significantly delayed. The people interviewed also advised that they had not experienced any missed calls recently from the agency.

**Is care compassionate?**

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from Colin Care. Great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; however some of the people interviewed advised that consistency can vary.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "The girls are polite, friendly and cheery."
- "Carers are brilliant."
- "We have no bother with them."
- "Couldn't praise Colin Care enough."
- "There have been a lot of carers leaving recently."
- "I would prefer the times to be more consistent."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included stroke, dementia, and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan, either at service commencement or during reviews. They are also given the opportunity to comment on the quality of service either during home visits or annual surveys for the agency.

**Staff feedback during inspection**

During the inspection the inspector met with nine care staff to discuss their role within the service. Staff confirmed issues have arisen over the past six months and since the previous inspection regarding frequent changes in rota's, inconsistency in call times, staff expected to be with several service users at the same time despite service users living in different areas,

lack of staff quality monitoring, supervision, training and staff meetings. Staff confirmed the recent changes in management structures are now addressing all matters and staff feel the quality of service provision is now improving again.

Staff discussed with the inspector the importance of these processes to ensure services provided are of a good quality. Staff discussed their roles and responsibilities in recording and reporting where calls are running late or may be missed. They discussed communicating such matters with service users but not always with the office management and this was addressed during inspector discussions with staff and management.

Staff spoke regarding how they meet the needs of individual service users and would offer varied call times at service users request provided this change did not impinge on other service user call times. The inspector again highlighted the need to record and report such changes to the agency management staff.

Staff presented different scenarios regarding how they treat service users with dignity and respect and highlighted how they enjoy their role as care workers within the agency. Staff discussed that care plans and risk assessments are not always up to date in service users' homes and highlighted that management communicate effectively with them in respect of new service users and changes in current service users' needs. Staff also confirmed staff meetings have recently recommenced.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 20 February 2015. The completed QIP was returned and approved by the inspector.

### 5.2 Review of Requirements and Recommendations from the last care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> Ref: Regulation 11(1)(3) Regulation 13(b) Regulation 16(2)(a)	The registered person and manager/acting manager are required to ensure implementation of mandatory and additional training across all staff groups (including manager, team leaders and care staff) to include supervisions and appraisal training for the registered manager and team leaders as appropriate. Competency assessments are also required for all mandatory areas.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b>  Discussions during inspection with the registered person Annie Armstrong, acting manager Phyllis McQuillan and commercial manager confirmed that staff training was not currently up to date with regulations, standards and RQIA mandatory training guidelines (2012) as required at the previous	

	<p>inspection under requirement one.</p> <p>Review of a new overview schedule recently implemented for staff training clearly outlined the mandatory training completed by staff and those areas which are currently out of date with the required timeframes.</p> <p>Review of five staff training records for the registered acting manager Phyllis McQuillan, two team leaders and two care staff evidenced a significant number of gaps in training. Within the evidence reviewed not all information in accordance with Regulation 16(2)(a), Standard 12.7 and Standard 12.9 was available regarding names and signatures of staff attendance at training, content of training, trainer qualifications and staff competency assessments. The concerns highlighted during inspection were discussed with Colin Care members during the meeting on 30 November 2015. Assurances were provided that all matters were currently being addressed and timeframes for compliance were presented during the meeting.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 16(4)</p>	<p>The registered person and manager/acting manager are required to review the staff supervision procedures and ensure consistent implementation of the process for all staff.</p> <p>(Minimum standard 13)</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the staff supervision policy titled 'Policy on management and supervision of staff' dated September 2015 outlined a clear policy with timeframes for staff spot checks/supervision twice annual for care staff and team leaders and once annual appraisal with six month interim review.</p> <p>Review of three care staff records and two team leaders' evidenced partial compliance with the agency policy and procedure timeframes. Care staff records reviewed had only received one spot check/quality monitoring completed in 2015 as opposed to twice annual. Team leaders had not received quality checks or supervision during 2015 as they had been office based during this time. These concerns were discussed during the meeting on 30 November 2015. Assurances were provided that all matters were currently being addressed and timeframes for compliance were presented during</p>	<p><b>Partially Met</b></p>

	the meeting.	
<b>Requirement 3</b> Ref: Regulation 17	<p>The registered person and manager/acting manager are required to include relevant information into the staff handbook.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the staff handbook confirmed the required areas of service users' monies and restraint information had not been updated following the previous inspection. The inspector recommended review of the restraint policy currently held by the agency to detail areas of restraint such as bed rails and lap bands and staff management of such areas.</p>	<b>Met</b>
<b>Requirement 4</b> Ref: Regulation 15(10)	<p>The registered person and manager/acting manager are required to ensure service user care plans and/or risk assessments clearly detail service user restraint.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the acting manager confirmed this requirement has not been taken forward since the previous inspection given that there was an interim manager who held responsibility for this area. The acting manager has begun a process of identifying all service users with a form of restraint but to date care plans and risk assessments have not been updated.</p>	<b>Not Met</b>
<b>Requirement 5</b> Ref: Regulation 13 and Schedule 3	<p>The registered person and manager/acting manager are required to ensure staff recruitment processes are fully compliant with Regulation 13 and Schedule 3.</p> <p>(Minimum standard 11)</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three recently recruited care staff files confirmed a number of gaps within the required recruitment process. Gaps in employment, appropriate references from most recent employers and registered person/manager statement regarding fitness to practice were found to be missing.</p> <p>One individual recruited into the agency 2015 had not received any form of recruitment process. This was confirmed during the BHSCT review of the</p>	<b>Partially Met</b>



	<p>service prior to the RQIA inspection. The registered person and acting manager confirmed this staff member is presently office based and a complete recruitment process is currently underway. These concerns were discussed during the meeting on 30 November 2015 and assurances were provided that all matters were currently being addressed within specified timeframes.</p>	
<p><b>Requirement 6</b> Ref: Regulation 22</p>	<p>The registered person and manager/acting manager are required to ensure all complaints procedures are adhered to in compliance with regulation 22.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>All complaints reviewed during inspection had been received via the BHSCT quality department and not directly from service users/representatives. The registered person, acting manager and commercial manager confirmed that any matters of dissatisfaction would be resolved locally and not considered as complaints. The inspector confirmed that all areas of dissatisfaction must be considered in accordance with the agency's complaints process and records regarding resolution of any such matters are required to be recorded and retained for future review in accordance with Regulation 22.</p> <p>Review of three complaints (via the BHSCT quality process) since the previous inspection in February 2015 did not present full information regarding review of the matters, discussions with staff involved, follow up staff training were necessary or service users satisfaction with the outcome.</p>	
		<b>Not Met</b>

Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b> Ref: Standard 8.11</p>	<p>The registered person and manager/acting manager are recommended to review their current monthly monitoring process to ensure compliance with standard 8.11.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of monthly monitoring reports for July, August and September 2015 evidence use of the RQIA template for quality monitoring. The quality monitoring of the agency has been undertaken by the agency's commercial manager since the</p>	<b>Not Met</b>

	<p>previous inspection with little evidence of involvement or review by the registered person. The quality of the monthly evaluation of service provision undertaken could not be evidenced as the matters being highlighted by staff and commissioners regarding service quality, staff rota's and other matters were not being systematically addressed to ensure satisfactory resolution.</p>	
<p><b>Recommendation 2</b> Ref: Standard 8.12</p>	<p>The registered person and manager/acting manager are recommended to review their current annual quality review process and report to ensure compliance with standard 8.12.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>As the current inspection is taking place within the same calendar year as the previous inspection (February 2015) the annual quality report has not taken place to date. The surveys to all stakeholders are due for issue over the coming month.</p> <p>The acting manager who is also the quality manager within the agency confirmed a review of the surveys to be issued to all stakeholders has taken place as recommended at the previous inspection. The acting manager also confirmed the 2015 report will include evaluation of staff training during the year.</p>	<p><b>Partially Met</b></p>

### 5.3 Additional Areas Examined

#### Service User Quality Monitoring

Discussion with the acting manager confirmed that service user quality monitoring had not taken place since January 2015 and only recently recommenced again in October 2015.

The inspector confirmed 17 out of 135 service user quality visits and 7 out of 53 staff quality visits have taken place during October and November 2015 to date. Review of three service user quality visit reports during inspection supported service users being satisfied with the service they receive and this was confirmed by the acting manager and commercial manager during inspection discussions. This was not fully reflective of the feedback received from the BHSCCT quality team review and from the RQIA's UCO prior to inspection and this was discussed during inspection. The inspector also highlighted the UCO feedback regarding a significant number of files in service users' homes found to be out of date in respect of care plan and risk assessment information. The acting manager confirmed all files were being reviewed as part of the current quality monitoring process.

**Management Team Meetings**

Weekly management meetings take place and include all members of the agency management team with exception to the registered person. During the meeting at RQIA on 30 November the registered person confirmed her attendance at all future meetings in order to quality assure the current improvement activities.

**Agency Action Plan for BHSC**

The action plan drawn up by the agency in response to the recent BHSC review of service provision identified similar matters reviewed during the RQIA inspection.

**Recruitment of a registered manager**

Discussions during inspection confirmed the agency is currently planning to advertise the position for registered manager.

**Reportable Incidents to RQIA**

The agency has not made any reportable incidents to RQIA since the previous inspection.

**6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered person Annie Armstrong, acting manager Phyllis McQuillan and the agency commercial 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.

**6.1 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

**6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) (paperlite) 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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 16(2)(a)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 17 January 2016	<p>The registered person shall ensure that each employee of the agency-</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Schedule of Mandatory Training has been drawn up and all Mandatory Training, where appropriate, has been completed.            All staff performance reviews have been completed.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 16(4)  <b>Stated:</b> Second time  <b>To be Completed by:</b> 17 January 2016	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            All staff supervisions will be completed by 31<sup>st</sup> January 2016.</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 15(2)  <b>Stated:</b> First time  <b>To be Completed by:</b> 17 February 2016	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) Specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers but is not limited to the agency's care plans clearly detailing the circumstances in which restraint is to be implemented.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            All Service User Formal Reviews have been completed, during which a review has taken place of the Service User plan, including, where appropriate, issues relating to restraint. Risk Assessments have been reviewed and where necessary updated.</p>

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> With immediate effect and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <ul style="list-style-type: none"> <li>(a) he is of integrity and good character;</li> <li>(b) he has the experience and skills necessary for the work he is to perform;</li> <li>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency have reviewed the NISCC Regulations relating to recruitment. The Agency has a revised checklist detailing the documentation and investigation required before recruitment.</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 22(6)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All complaints are recorded in the Agencies complaints register and reported to the relative authority when appropriate. The complaints are and will be investigated fully with corrective measures (training) put in place up to and including disciplinary action.</p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 23(1)(5)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate and ongoing from the date of inspection.</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency contacts Service Users or their relatives, staff and Referring Professionals on a monthly basis in order to establish the quality of care being provided and establish potential improvements. This report is submitted and discussed with the Responsible Person.</p> <p>The Agency will carry out an Annual Service Users, Staff and Referring Professional Survey in January 2016.</p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 23(2)(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Within one month of RQIA request for the report.</p>	<p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> <li>(a) arranges the provision of good quality services for service users;</li> <li>(b) takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> <li>(i) what services to offer them, and</li> <li>(ii) the manner in which such services are to be provided; and</li> </ul> </li> <li>(c) has responded to recommendations made or requirements</li> </ul>

	<p>imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency has submitted to RQIA three monthly Supervision Reports for November &amp; December 2015 and January 2016.</p>

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be Completed by: 17 February 2016</p>	<p>The registered person and manager/acting manager are recommended to review their current annual quality review process and report to ensure compliance with standard 8.12.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency has reviewed its annual quality review survey. The questions have been redrafted to suit the targeted audience of Service Users, Staff and Referring Professionals.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing from the date of inspection. To be completed for all service users by 17 January 2016</p>	<p>The agreement between the service user and the service provider specifies the care and services to be provided (the care plan)</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency agrees with the Service User, the services detailed by the referring professional and outlines in writing in a Service Users Agreement the number of staff that will be provided, confirmation of appropriately trained staff, confirmation of service times and length of service, introduction and names of all care workers likely to attend.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 9</p> <p>Stated: First time</p> <p>To be Completed by: 17 February 2016</p>	<p>Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements (regarding Restraint)</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Agency has undertaken Risk Assessments with all its Service Users ensuring that all restraint procedures and documentation is in place.</p>

Registered Manager Completing QIP	<i>P. McQuillan</i>	Date Completed	<i>24/1/16</i>
Registered Person Approving QIP	<i>Amie Grant</i>	Date Approved	<i>24/01/16</i>
RQIA Inspector Assessing Response	<i>A Jackson</i>	Date Approved	<i>01/02/16</i>

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