



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 January 2017



Clearwater House

Type of Service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Clearwater House took place on 16 January 2017 from 10.00 to 17.30. Following the inspection one of the inspectors visited the agency's personnel department to view recruitment records.

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

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place effective recruitment, induction systems and has processes in place to ensure at all times there are appropriate skilled and experienced staff to meet the needs of the service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. Service users indicated that they felt care provided to them was safe. Following the inspection the registered person attended a meeting with RQIA to discuss areas of concern identified during the inspection in relation to staff training. Four areas for quality improvement were identified during the inspection in relation to the agency's recruitment policy; staff induction and training records.

Is care effective?

It was identified that the agency responds appropriately to meet the needs of individual service users through the comprehensive assessment of need and the development and review of individualised care plans in conjunction with HSCT representatives. The agency has in place systems for reviewing and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. However it was of concern to note that the process in place had failed to identify areas of concern as highlighted by the inspectors during the inspection. There are systems in place to promote effective communication with service users and stakeholders. One area for quality improvement was identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspectors found that an ethos of respect, dignity, independence, equality and choice was embedded throughout staff attitudes and in the provision of individualised care and support. It was noted from observations made and discussion with staff, service users and relatives that agency staff value the opinions and choices of service users and where appropriate their representatives. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a more meaningful and fulfilling life. No areas for quality improvement were identified during the inspection.

Is the service well led?

Evidence of positive outcomes for service users, was evident on inspection. There is evidence of management and governance systems in place to meet the needs of service users. Agency staff indicated that they have a clear understanding of their roles and responsibilities within the

management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during the inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with John Calvert, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of the inspection undertaken on 16 January 2017, the Regulation and Quality Improvement Authority (RQIA) had concerns that the quality of care and service within Clearwater House falls below the minimum standard expected with respect to training, records and quality monitoring.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person requesting that they attend a meeting to discuss the identified concerns.

The registered person attended a meeting on 31 January 2017; at that meeting the registered person provided a full account of the actions taken to date and that would be taken to ensure the minimum improvements necessary to achieve compliance with the regulations identified.

RQIA will continue to monitor the quality of service provided in Clearwater House and may carry out an inspection to assess compliance with the Regulations.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 June 2016.

2.0 Service details

Registered organisation/registered person: Threshold (Richmond Fellowship NI Ltd)/Raman Kapur	Registered manager: John Calvert
Person in charge of the service at the time of inspection: John Calvert	Date manager registered: 30 November 2015

3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Consultation with the organisations' personnel and training staff
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

Following the inspection, one of the inspectors visited that organisations' personnel department and viewed a number of recruitment records.

The following records were viewed during the inspection:

- Care records for three service users
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' community meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Induction Policy
- Recruitment and Selection Policy
- Supervision Policy
- Safeguarding Vulnerable Adults Policy

- Risk Assessment Policy
- Data Protection Policy
- Record Keeping Policy
- Complaints Procedure
- Incident Policy
- Whistleblowing Policy
- Statement of Purpose
- Service User Guide

During the inspection the inspectors spoke with the registered manager, three service users and four staff members; the inspectors had the opportunity to meet with a relative of one of the service users.

During the inspection questionnaires were provided for completion by staff and service users; no questionnaires were returned to RQIA.

Feedback received by the inspectors during the course of the inspection is reflected throughout this report.

4.0 The inspection

Clearwater House, located in Belfast, is a supported living type domiciliary care agency provided by Threshold (Richmond Fellowship NI Ltd). The agency provides personal, domestic, social and financial support to service users with enduring mental ill-health issues. The support focuses upon the promotion of good mental health and independence, with the aim of each individual moving towards independent living.

The ethos of the agency’s service provision is developed around the model of a therapeutic community; service users are supported by the agency for an initial period of two years. With support from staff, service users are encouraged to live as independently as possible.

The service users are currently residing in temporary accommodation whilst the previous accommodation is remodelled.

The inspectors would like to thank the registered manager, service users, agency staff, training and personnel staff for their support and co-operation throughout the inspection process

4.1 Review of requirements and recommendations from the last care inspection dated 25 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15(9) Stated: Second time	The registered person must develop policies and procedures in relation to arrangements for staff accessing food and drink whilst on duty in a service user’s home.	Met

	<p>Action taken as confirmed during the inspection: The inspectors viewed the agency's policy relating to arrangements for staff accessing food and drink whilst on duty in a service user's home. It was identified that the agency contributes to the household budget to cover the costs of staff meals.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 9.5 Stated: First time</p>	<p>It is recommended that the registered person ensures that policies and procedures in place are subject to a systematic three yearly review and that policies and procedures are dated when issued, reviewed or revised.</p> <p>This recommendation relates to the agency's recruitment, induction and supervision and appraisal policies and procedures.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspectors noted that the agency has recruitment, induction and supervision and appraisal policies in place.</p>	
<p>Recommendation 2 Ref: Standard 8.11 Stated: First time</p>	<p>It is recommended that registered person ensures that the agency's monthly monitoring report records the views of service users representatives were appropriate and details the persons engaged with.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspectors reviewed the agency's monthly monitoring report records and noted that the comments of service users' representatives are recorded.</p>	

4.2 Is care safe?

During the inspection the inspectors reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that required staff pre-employment checks are completed; it was identified that the policy needs to be updated to reflect checks required as outlined within the minimum standards. The manager could describe the process in place for ensuring that staff are not provided until all required checks have been satisfactorily completed.

Following the inspection one of the inspectors visited that agency's human resources department and reviewed a number of staff recruitment records. It was identified that a comprehensive list detailing checks completed and all relevant recruitment documentation is retained by the agency's human resources department. Records viewed and discussions with staff indicated that the agency has in place a robust system for recruiting staff.

The agency's training and development policy outlines the induction programme; from discussions with the manager and staff it was identified that staff are required to complete a six month induction programme which includes an initial two week induction. It was identified that the initial induction programme involves staff shadowing other staff employed by the agency; in addition staff are required to complete an induction workbook. It was noted that records relating to staff induction were maintained in a disorganised manner which did not facilitate evidence of a clear record of the commencement and completion of induction.

The agency has a process for the induction of short notice/emergency staff and for verifying their identity prior to supply. The inspectors viewed staff profiles provided to the agency in advance of the persons being supplied. It was identified that staff profiles were required to be updated to record when training updates were due. Details of the induction and orientation provided by the agency are retained and were viewed by the inspectors. The inspector noted that one person accessed from another domiciliary care agency was blocked booked for a number of months to provide continuity for service users.

It was noted that staff are provided with a staff handbook and can access the agency's policies and procedures in the agency's office. Staff could describe how their induction programme had equipped them to fulfil the requirements of their job role.

The agency's staff rota information which was viewed by the inspectors reflected staffing levels as described by the manager and staff. Discussions with the registered manager, staff and service users indicated that the agency endeavours to ensure that there are at all times appropriate skilled staff to meet the needs of service users. Staff could describe the measures implemented to ensure that additional staff were accessed when required. The manager discussed with the inspectors that challenges faced due to recent staff changes and the relocation of the agency's office to temporary accommodation.

The agency's supervision and appraisal policies outline the frequencies and processes to be followed. The inspectors viewed records of staff supervision and appraisal maintained by the agency; it was noted that staff have been provided with supervision and appraisal. From records viewed it was noted that staff did not consistently receive supervision in line with the timescales outlined within the agency's policies. However staff could describe the additional support provided on a weekly basis such as weekly clinical supervision facilitated by a psychotherapist and weekly staff dynamic sessions lead by an external facilitator. Staff who spoke to the inspectors felt that supervision and appraisal were beneficial to their job roles.

During the inspection the inspectors discussed with the registered manager the procedure for ensuring that staff had received appropriate training for their job roles and requested to view the agency's staff training records.

It was identified from information provided that the agency did not have in place accurate details of training or a process for maintaining records of the training completed by the agency's staff available within the agency's office. The inspectors viewed a document which listed a range of training areas; it was noted that initials were recorded beside each training area. However it noted that a list of abbreviations used was not provided and therefore it was difficult to identify

the staff members who had received training. The inspectors noted that the list did not provide evidence that staff had completed the required training and the training dates for a number of staff were noted to not be included in the list.

The registered manager was unable to provide assurances or satisfactory evidence that staff had completed the required training. It was noted by the inspectors that the information available on the date of inspection was not retained in manner that would assist the manager in identifying when staff had received or were required to complete training.

The registered manager stated that details of staff training were retained by the organisation's training officer at the organisation's head office; the inspectors requested that the relevant information be made available. The registered manager following consultation with personnel in the training department was unable to provide details of staff training dates on the date of inspection. On 17 January 2017 a list of staff training was forwarded to the inspector; it was identified that the list did not include details of all staff currently employed by the agency. It was of concern to note that following further discussions with the registered manager in relation to the information provided that they stated the record may not be an accurate reflection of all the training that had been completed by the agency's staff to date.

RQIA discussed these concerns with the registered person at a meeting on 31 January 2017; at the meeting the registered person provided a full account of the actions taken to date and that would be taken to ensure the minimum improvements necessary to achieve compliance with the regulations identified.

The inspectors reviewed the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance.

The inspectors reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From records viewed and discussions with the registered manager it was identified that the agency has made a number of referrals to the HSC Trust in relation to safeguarding vulnerable adults. Records viewed indicated that the agency had acted in accordance with their policy and procedures; the inspectors discussed the benefits of ensuring that information relating to the outcome of any referral or subsequent investigation is retained with referral documentation. It was noted that safeguarding referrals are audited by the person completing the agency's monthly quality monitoring visit.

Staff who spoke to the inspectors demonstrated that they had a clear understanding of safeguarding issues and could describe the procedure for identifying and reporting concerns. In addition staff had knowledge of the agency's whistleblowing policy.

The manager and staff stated that they had receive training in relation to safeguarding vulnerable; however the manager was unable to provide evidence during the inspection to support this. It was identified from training records provided following the inspection did not accurately record dates staff had completed training and the inspectors were concerned to note that records received indicated that a staff member who had been employed for a number of months had not received relevant safeguarding training. At the meeting with RQIA the registered person provided evidence that all staff employed by the agency had received appropriate training.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's risk assessment and support planning policy outlines the processes for assessing and reviewing risk; it was noted from discussion with staff that risk assessments and management plans are completed in conjunction with service users, HSCT representatives, and where appropriate their relatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed four weekly or more frequently if required. The inspectors noted that governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive. Documentation viewed evidenced that service users receive a six monthly review involving their HSCT representative.

The agency's registered premises are located within the same building as the service users' homes.

Service user comments

- 'I have freedom; I can come and go as I please.'
- 'I am very happy here.'
- 'Staff are great.'
- 'I feel safe.'

Staff comments

- 'I am happy working here; we have a good team.'
- 'I got induction; the manager signs off the final check.'
- 'We get supervision either every two weeks or monthly due to the pressures of the job.'
- 'We had extra cover at night for a while due to a number of issues and risks.'
- 'We get weekly clinical supervision and staff dynamics.'
- 'We get enough training.'

Areas for Improvement

Four areas for improvement were identified during the inspection in relation to the agency's recruitment policy; staff induction, supervision/appraisal and training records.

Number of requirements	2	Number of recommendations	2
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4.3 Is care effective?

The inspectors reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection and record keeping policies outline the systems and processes in place for the creation, storage, retention and disposal of records. From a range of records viewed by the inspectors it was identified that records relating to staff supervision were required to be stored in a more secure manner.

Service users who met with the inspectors stated that that they are encouraged to be involved in the development of their care and support plans and that staff discuss their care and support with them on a regular basis.

It was noted from discussions with staff and documentation viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency's processes in relation to the review of the quality of the service being provided includes a monthly quality monitoring visit completed by a manager from within the organisation. Records viewed included comments made by service users, their relatives, staff and where appropriate relevant professionals. The information indicates that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, training, agency documentation and financial management arrangements are completed. The inspectors noted that the record dated 24 November 2016 detailed that 'training file up to date.' During the meeting with RQIA on 31 January 2017 RQIA highlighted their concerns that the process in place had failed to identify the areas of concern they had identified in relation to staff training. RQIA requested that the registered person forwards to RQIA copies of monthly quality monitoring reports for an initial period of three months.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The inspectors viewed minutes of weekly service user and staff meetings and noted that the comments and views of service users and staff are included.

The agency facilitates weekly tenants' meetings; service users stated that they are encouraged to attend. It was noted that the agency maintains a record of all compliments and complaints and that service users and their representatives are provided with a copy of the complaints procedure. Service users and relatives who spoke to the inspectors could describe the procedure for making a complaint and raising issues or concerns with staff.

Discussions with the manager and staff indicated that the agency seeks to maintain effective working relationships with the HSCT and other stakeholders; they could describe examples of ongoing liaison with HSCT professionals.

Service users' comments

- 'I like the staff; they help me.'

Staff comments

- 'We are in liaison daily with the Trust staff.'
- 'Service users have a keyworker; they meet regularly.'

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's quality monitoring process.

Number of requirements	1	Number of recommendations	0
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4.4 Is care compassionate?

During the inspection the inspectors sought to assess the agency's ability to treat service users with dignity, respect and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, relatives and staff, and observations of staff interactions made during the inspection indicated that the promotion of values such as dignity, choice, independence and respect were embedded in the culture and ethos of the organisation. The inspectors noted that the agency provided service users with a range of information which was noted to include human rights information and the agency's complaints and confidentiality policies.

Staff could describe how they ensure that the views and choices of service users are central to the care and support provided; they could provide examples of supporting service users to take positive risks to enable service users to live a more meaningful life. Staff could describe the processes used to ensure that service users are involved in discussions and decisions relating to their care and support such as weekly community meetings and one to one keyworker sessions.

Discussions with service users, relatives, staff, and observations made of staff interaction with service users during the inspection indicated that care and support is provided in a person centred and individualised manner. Care plans viewed were written in an individualised manner; service users stated that they are involved in making decisions regarding the care and support they receive. Records of weekly community meetings reflected the involvement of service users.

The inspectors noted that comments made by service users and where appropriate their representatives were recorded throughout a range of the agency's documentation. Processes to record and respond to service users and their representatives are maintained through the agency's complaints and compliments processes, monthly quality monitoring visits, review meetings involving the HSCT representatives, keyworker meetings and weekly community meetings.

Service users stated that they can make choices about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Service users' comments

- 'I can talk to staff; they listen.'
- 'The manager and staff are approachable.'
- 'This is better than being on my own.'
- 'I am planning to move on; staff help me with this.'

Staff comments

- 'We encourage service users to attend the community meeting.'
- 'Service users have choice; they can do what they want; we support them to make good choices.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspectors reviewed management and governance systems in place within the agency to meet the needs of service users. It was identified that the agency has in place a range of policies and procedures in accordance with those denoted within the minimum standards. The inspectors noted that the agency's policies and procedures are retained in paper format stored within the agency's office. Staff could describe the process for accessing the agency's policies and procedures if required. It was noted that a number of the agency's key policies are included in the agency's staff handbook.

It was identified that staff can access relevant policies and procedures and that the person completing the monthly quality monitoring audit reviews the agency's complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints. Records viewed and discussions with the registered manager and staff indicated complaints had been handled in accordance with the agency's procedures. Staff could describe the process for managing complaints.

Staff could describe the importance of implementing systems for improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability and roles and responsibilities of staff. Staff stated that they are provided with a job description.

Staff could describe the responsibilities of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff could describe the process for accessing additional support or guidance including gaining advice and support out of office hours. Staff stated that following the identification of risks to staff and service users and the enhanced support required by service users the agency provided additional staff for a period of time.

The manager and staff could describe the process for and the benefits of promoting and establishing effective collaborative working relationships with HSCT representatives and other stakeholders.

Discussions with the registered manager and staff provided assurances that there are effective working relationships maintained by the registered person and senior managers with agency staff. Staff and service users indicated that the manager is approachable and supportive.

Service user comments

- 'Staff are great; I have a keyworker.'
- 'If I am worried about anything I speak to the staff.'

Staff comments

- 'The manager is very supportive.'
- 'The weekly meetings give us an opportunity to raise issues.'

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with John Calvert, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **RQIA's office** for assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 21.-
(1)(a)

Stated: First time

To be completed by:
From the date of inspection.

The registered provider shall ensure that the records specified in Schedule 4 are maintained, and that they are -
(a) kept up to date, in good order and in a secure manner
This requirement related specifically to the agency's staff induction records.

Response by registered provider detailing the actions taken:

The registered manager will keep up to date staff induction records in a secured filing cabinet accessible at the home.

Requirement 2

Ref: Regulation 21.-
(1)(c)

Stated: First time

To be completed by:
From the date of inspection.

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-
(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

Response by registered provider detailing the actions taken:

The registered manager will ensure that records specified in schedule 4 are maintained and available for inspection at the agency premises (home) by any authorized person by the RQIA

<p>Requirement 3</p> <p>Ref: Regulation 23.- (2)(a)(b)(c)(3)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</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> <p>(a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and; (ii) the manner in which such services are to be provided; and (c) has responded to recommendations made or requirements 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>Response by registered provider detailing the actions taken:</p> <p>Quality monitoring reports will include identified staff, service users and their (service users) representatives. It will take into account the views of all of the above.</p> <p>This report will include the RQIA Quality Improvement plan requirements or recommendations or their progress. It will be forwarded to the RQIA in the time specified.</p>
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Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>The registered provider should ensure that the agency's Recruitment Policy includes a full list of pre-employment checks required to be completed prior to an offer of employment.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>The agencies recruitment policy has been ammended to state a full list of preemployment checks to be required prior to an offer of employment.</p>
<p>Recommendation 2</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>The registered provider should ensure that agency's staff induction records accurately detail the date induction is commenced and completed.</p> <hr/> <p>Response by registered provider detailing the actions taken:</p> <p>The registered manager will ensure staff induction records accurately date when induction is commenced or completed</p>



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