



Unannounced Care Inspection Report 7 June 2018



PCG St Paul's Court

Domiciliary Care Agency
Admin Building, Ballinderry Road, Lisburn, BT28 1TX
Tel No: 028 9264 1819
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

St Paul's Court is a supported living type domiciliary care agency located in Lisburn. The agency's aim is to provide care and support to meet the individual assessed needs of people with mild to moderate dementia. Service users reside in individual bungalows and flats within a shared apartment complex. Under the direction of the registered manager, staff are available to provide care and support to service users 24 hours a day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual(s): Andrew James Mayhew	Registered Manager: Rachel Ruth Smith
Person in charge at the time of inspection: Rachel Ruth Smith	Date manager registered: 17 February 2017

4.0 Inspection summary

An unannounced inspection took place on 7 June 2018 from 09.40 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and relevant stakeholders;
- Staff induction and training;
- Staff supervision and appraisal;
- Quality monitoring systems;
- Governance arrangements;
- Provision of care in a person centred manner;
- Service user involvement.

One area requiring improvement was identified in relation to Regulation 13 (d) Schedule 3 and the information retained by the agency relating to domiciliary care workers.

The comments of service users have been included within the report.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

The inspector would like to thank the manager, service users, the relative of one service user and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Rachel Ruth Smith, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 25 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

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

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

- Discussion with the manager
- Examination of records
- Consultation with staff, service users and a relative of one service user
- Evaluation and feedback

During the inspection the inspector met with the registered manager, three service users, three staff and the relative of one service user.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Minutes of service user meetings
- Minutes of staff meetings
- Staff induction records
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy
- Training and Development Policy
- Supervision Policy

- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Questionnaires were provided during the inspection for completion by service users and /or relatives; four questionnaires were returned to RQIA. One service user indicated that they were very satisfied that care provided was safe, effective and compassionate and that the agency was well led.

One questionnaire returned indicated that the person was dissatisfied with service provided; contact details were not provided. The inspector discussed the information provided with the registered manager who stated that it would be addressed at the tenant's meeting and details retained of the outcomes. In response to comments made regarding maintenance issues outside the home of a service user on a returned questionnaire the inspector spoke to the service user by telephone. The inspector discussed the matter with the registered manager and assurances were provided that it had been reported to the housing provider for action. The manager stated that there was no risk to the service users.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; two staff members responded. Responses received indicated that the staff were satisfied that safe, effective, compassionate care was provided and that the service was well led.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 September 2017

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: First time	The registered person shall ensure that Policies and procedures are subject to a systematic 3 yearly review, and that the registered person ratifies any revision to or the introduction of new policies and procedures. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector viewed that agency's recruitment policy November 2017 and noted that it had been reviewed and updated in line with timescales as outlined with in the minimum standards.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The organisation's recruitment and selection policy outlines the procedure for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation's Human Resources (HR) department co-ordinates the recruitment process; it requires input from the manager. The manager stated that confirmation is received by them in the form of an email indicating that all required checks have been satisfactorily completed. The manager provided assurance that staff are not provided for work prior to the completion of pre-employment checks and induction.

Discussions with the manager identified that the agency does not currently have in place a statement by the registered provider or the registered manager that individual staff are physically and mentally fit for the purposes of the work which they are to perform as detailed in Regulation 13 (d) Schedule 3. An area for improvement was identified.

The agency's induction policy details the induction programme provided to staff; it was noted that it was in excess of the three day timescale as outlined within the domiciliary care agencies regulations. Staff are required to complete initial induction during the first five days of employment and to shadow other staff employed by the agency. In addition staff are required to complete a comprehensive induction workbook. The expectation is that staff complete the organisation's full induction programme within the initial six months of employment. Staff could describe the details of the induction provided which was noted to include shadowing other staff employed by the agency during their induction programme.

Records of staff induction retained by the agency were viewed; they included details of the information provided to staff during their induction period. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The manager described the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The inspector viewed the profiles for two staff accessed from another registered domiciliary care agency who currently provide relief cover. The information viewed was noted to contain details of the individuals pre-employment checks, training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC); it included expiry dates for training and NISCC registration.

Discussions with the manager and staff demonstrated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. It was identified that the agency will access additional staff from another registered domiciliary care agency if required. The inspector viewed the agency's staff rota information which is retained in a paper format and noted it reflected staffing levels as described by the manager.

The agency has a process for managing staff registration status with NISCC or the Nursing and Midwifery Council (NMC) as appropriate. The manager stated that the registration status of staff is monitored on a monthly basis in conjunction with the organisation's HR department. The manager stated that staff will not be supplied for work if they are not appropriately registered; staff who spoke to the inspector discussed the importance of ensuring that they remain registered.

The agency retains a list of staff, their contact details, next of kin details and a list of signatures; this information can be accessed by the manager and team leaders if required.

Supervision and appraisal policies detail the timescales and procedures to be followed. It was identified that staff are provided with a supervision contract detailing the frequency of supervision. The agency retains a record of supervision and appraisal for all staff; it was noted from records viewed that a number of standard areas are discussed at all supervision meetings. Records relating to three staff viewed, indicated that they had received supervision and appraisal in accordance with the agency's policies. It was identified that staff participate in developing individual training and development plans on an annual basis. In addition a supervision matrix is maintained by the manager. It was positive to note that individual staff supervision records viewed were retained in an organised manner.

The agency has an electronic system for recording training completed by staff; the manager and staff could describe the process for identifying training needs and for ensuring that training updates are completed as required. The inspector noted that staff were required to complete a range of mandatory training and training in areas specific to the individual needs of service users. It was positive to note that a number of staff had completed training in Best Practice in Dementia Care.

The inspector viewed the agency's staff training matrix; it indicated that staff had completed relevant mandatory training. The manager described the system in place for monitoring the training completed by staff on a monthly basis. Staff indicated that their training was good and that it had equipped with the knowledge and skills for their job roles.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and outlines the procedure for staff in reporting concerns. The organisation has identified an Adult Safeguarding Champion (ASC); the policy outlines their roles and key areas of responsibility.

Discussions with staff indicated that they had a clear understanding of the process for reporting adult safeguarding concerns. It was identified that staff are required to complete classroom based safeguarding training during their induction programme and two yearly updates thereafter. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults. It was noted that a date had been planned for one staff member due to complete a training update.

The registered manager stated that service users and their relatives had been provided with information in relation to adult protection. Service users who spoke to the inspector could describe what to do if they had concerns in relation to their safety or the care they received.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the manager and records viewed evidenced that the agency has a robust process for recording and retaining details of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the registered manager evidenced that the agency had acted in accordance with their policy and procedure in relation to adult safeguarding matters identified since the previous inspection.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. Service users are supported to participate in a monthly review of their care and support and an annual review involving their HSCT keyworker. The inspector viewed a range of risk assessments in place relating to individual service users. The agency has a restrictive practice register and risk assessments in place for practices deemed to be restrictive; these were noted to be reviewed monthly.

The agency's office accommodation is located in a separate building adjacent to the homes of the service users. The office accommodation is suitable for the operation of the agency as described in the Statement of Purpose; it was noted that records were stored securely and that PC's were password protected.

Comments received during inspection process.

Service users' comments

- 'This is a brilliant place.'
- 'I am well supported.'
- 'I like living here.'
- 'I feel safe.'

Staff comments

- ‘I get notified in advance when training is due.’
- ‘I think supervision is good.’
- ‘This care set up is brilliant; service users are able to live in their own environment with support.’
- ‘I had two weeks intense training.’

Relative’s comments

- ‘Staff are absolutely wonderful.’
- ‘My mum is safe.’
- ‘I have no concerns.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision, appraisal and adult protection processes.

Areas for improvement

One area for improvement was identified during the inspection in relation to information retained for domiciliary care workers.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s Information Governance, Records Management and Retention and Disposal policies outline the processes for the creation, storage, retention and disposal of records. It was positive to note the policies had recently been updated to include information in accordance with GDPR legislation. Staff had received training relating to record keeping and confidentiality during their induction programme.

Records viewed during the inspection were noted to be retained in accordance with legislation, standards and the organisational policy; they were retained securely and in an organised manner.

Staff could describe the processes used for engaging service users in the care planning and review processes. Service users stated that staff supported them to contribute to their individual risk assessment and care planning processes. From a range of service user care records viewed it was noted that staff record daily the care and support provided and that care and support is reviewed on a monthly basis.

The agency has systems in place for monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users. It includes monthly visits by the Head of Service to review the quality of the agency and the development of a monthly report.

The inspector viewed a number of the agency's reports of quality monitoring visits; records viewed indicated that the process is effective in identifying areas for improvement and that a comprehensive action plan is developed. The reports were noted to include comments from service users, staff, HSCT representatives and where appropriate their representatives. They included details of the review of the previous action plan, review of complaints, accidents, incidents and safeguarding referrals; staffing arrangements, training, care records, medication and financial management arrangements.

Comments recorded on quality monitoring reports

- 'St Paul's is good, no issues to report.'
- 'Not a bad place to live and the girls are very helpful.'
- 'Morale has improved since the registered manager has taken over.'
- 'Delighted my dog can live here; staff are great.'

It was noted that the agency requests that service users and relevant stakeholders participate in an annual survey; the outcomes are collated and an action plan developed to address any identified areas for improvement.

Comments received from 2017 Annual Survey

- 'Always able to get help when required.'
- 'Feel safe, you know someone is always here if you are sick.'
- 'I am content and like the people around me.'
- 'I am happy enough.'
- 'Staff at St Pauls are excellent.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate effectively and appropriately with service users. Staff stated that the communication processes which include a daily staff handover were effective for ensuring that all staff were updated in relation to any changes in the needs of service users'.

The agency's Service User Handbook includes details of service users' right to fair treatment and information relating to advocacy services that service users can access if required.

The manager and staff could describe a range of methods used to develop and maintain effective working relationships with HSCT representatives, relatives, community representatives and other relevant stakeholders.

The agency facilitates monthly service user and staff meetings; service users stated that they are encouraged to attend and provided with the opportunity to express their views and choices in a range of areas. It was identified that a range of items are discussed at the meetings they included safety, complaints, record keeping, staffing arrangements, environmental issues incidents/accidents, GPDR legislation; NISCC registration and key policies and procedures. Records of service user meetings included details of decisions made by service users.

Comments received during inspection process.

Service users’ comments

- ‘I am well looked after; I like it here.’

Staff comments

- ‘I can speak to the senior of the manager if I am worried or need advice.’
- ‘For 90% of the service users this living arrangement is better; sometimes service users need to move due to their needs.’

Relative’s comments

- ‘Communication is good; staff will talk to you when you are in.’
- ‘My mum is more contented.’
- ‘We had an issue at the start and it was dealt with well.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s monitoring and auditing arrangements and communication and engagement with service users, their relatives and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection assessed the agency’s ability to treat service users with dignity, equality, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive.

It was identified that staff had received training in relation to equality and confidentiality during their induction programme. Discussions with service users and staff, documentation viewed and observations made during the inspection indicated that the promotion of values such as dignity, equality, respect and choice were embedded in the ethos of the organisation. It was positive to note that the agency has recently provided information to service users relating to human rights, advocacy and personal safety. Staff have recently completed training in relation to GPDR legislation and additional information was also provided at a recent staff meeting.

Service user care records viewed by the inspector contained information in relation to their individual needs, choices and preferences.

Staff could describe how they endeavour to provide the care and support in a person centred manner; they discussed a range of methods used for effectively supporting service users in making informed choices. Service users stated that they are supported to be involved in discussions relating to their care and daily routines; they stated that staff treat them with respect.

The inspector viewed a range of information provided to the service users by the agency in an alternative format. Staff could describe how they use the information to support service users to effectively engage in decisions about their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of individual service users in a safe and effective manner.

The agency's Statement of Purpose and Service User Handbook contains information relating to equality legislation. Staff described the ways in which training has equipped them with knowledge and skills to engage with a diverse range of service users.

The agency has an equality policy. Discussions with the service users, staff and the manager highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user choice
- Adult Protection processes
- Advocacy
- Equity of provision of care and support
- Provision of care in an individualised manner
- Individualised risk assessment processes
- Disability awareness.

Records viewed and discussions with staff indicated that the agency has systems in place to record comments made by service users and where appropriate their representatives. Records of service user meetings, care review meetings, keyworker meetings and reports of quality monitoring visits indicated processes in place for ongoing engagement with service users and where appropriate relevant stakeholders.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints and compliments process, care review meetings, monthly keyworker review meetings with service users and tenant meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Compliments received through the agency's compliments process

Service users' comments

- 'Thank you for the good care, attention and dedication to me this year and kind little ways which often bring a tear to my eyes.'

Relatives ‘comments

- ‘Thank staff for their dedicated work; could not thank them enough.’
- ‘Thank you so much for the care and attention given both to mum and dad. Words cannot express our gratitude.’
- ‘Thanks for doing such a great job looking after my mother.’

HSCT representative’s comments

- ‘Staff are very helpful.’

Observations made and discussions with staff and service users indicated that service users are encouraged to make choices regarding their daily routines and activities. Service users stated that they could speak to staff at any time.

Service users’ comments

- ‘Staff are all good; they help me.’

Staff comments

- ‘We are supported by the manager.’
- ‘We encourage service users to participate in shared activities such as coffee mornings and chippy tea.’

Relative’s comments

- ‘Staff are very approachable and helpful.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred, compassionate care and the continuous effective engagement with service users and other relevant stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection reviewed management and governance systems in place within the agency to meet the individual assessed needs of service users.

The agency is managed on a day to day basis by the manager, and a number of team leaders. Staff could describe the procedure for obtaining support and guidance at any time including out of hours arrangements.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; it was identified that the policies are retained electronically. Staff could describe the process for obtaining access to policies and procedures. Policies and procedures viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has processes in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of care provided to service users. Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. Processes include the provision of policies and procedures, continuous monitoring of staffing arrangements, complaints, accidents, practices deemed to be restrictive, safeguarding referrals and incidents notifiable to RQIA. There was evidence of ongoing collaborative working with relevant stakeholders, including HSCT representatives.

The agency's complaints policy outlines the procedure for managing complaints; staff indicated that they have a good understanding of the actions to be taken in the event of a complaint being received. Staff stated that they had received training in relation to complaints during their induction programme. Service users had been provided with details of making a complaint in an appropriate format and those who met with the inspector knew how to raise concerns. Service users stated that they can talk to staff at any time.

It was noted that detailed records of complaints are retained and that the outcomes are clearly recorded. From records viewed and discussions with the manager it was identified that the agency had received no complaints since the previous inspection. Complaints are audited on a monthly basis as part of the agency's quality monitoring process.

Documentation viewed indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents, medication, financial management and complaints on a monthly basis. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training, supervision and appraisal.

The agency maintains a record of accidents and incidents including those reportable to RQIA; records viewed were noted to include details of the incident and the actions taken. The inspector noted that incidents are reviewed monthly as part of the agency's quality monitoring process.

The organisational and management structure of the agency and lines of accountability are outlined in the Statement of Purpose and the Service users Guide. Staff indicated that they had a good understanding of the responsibilities of their job roles; service users knew who to talk to if they had a concern. Staff stated that the manager and senior staff are supportive and approachable; they described the procedure for obtaining support and guidance at any time. Staff describe the benefits of the daily handover meeting and the process for the allocation of tasks requiring attention. Staff stated that this process provided them with the opportunity to

communicate and discuss any issues or concerns in relation to the care and support of service users.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

It was identified that the agency's Statement of Purpose was required to be updated to include details of the organisations complaints process and that the Service User Guide needed to include contact details of RQIA. These were reviewed and updated following the inspection and copies forwarded to RQIA.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulation and Minimum Standards.

Comments received during inspection.

Staff comments

- 'If no senior available we can ring the on call person.'
- 'I would feel able to report poor practice to the manager.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the provision of policies and procedures, the quality monitoring process and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rachel Ruth Smith, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>The registered person shall ensure that no domiciliary worker is supplied by an agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken:

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



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