



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Lucas Love Healthcare
Establishment ID No: 10886
Date of Inspection: 26 February 2015
Inspector's Name: Caroline Rix
Inspection No: IN020276

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

General Information

Name of agency:	Lucas Love Healthcare
Address:	161-163 Victoria Street Belfast BT1 4PE
Telephone Number:	(028) 9066 8035
E mail Address:	sp@lucaslovehealthcare.com
Registered Organisation / Registered Provider:	Lucas Love Healthcare/ Sinead Polland
Registered Manager:	Sinead Polland
Person in Charge of the agency at the time of inspection:	Sinead Polland
Number of service users:	2 Organisations
Date and type of previous inspection:	15 January 2014
Date and time of inspection:	Primary unannounced inspection 26 February 2015 from 9.30am to 12.30pm.
Name of inspector:	Caroline Rix

Introduction

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

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

Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

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

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

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

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback

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

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	0
Staff	1
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	15	0

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following three quality themes.

- **Theme 1**
Standard 8 – Management and control of operations
Management systems and arrangements are in place that support and promote the delivery of quality care services.
- **Theme 2**
Regulation 21 (1) - Records management
- **Theme 3**
Regulation –13 Recruitment

The registered provider and the inspector have rated the service's compliance level against each criterion and also against each standard.

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

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

Profile of Service

Lucas Love Healthcare is a privately owned domiciliary care agency based in 161-163 Victoria Street, Belfast. They supply staff to other organisations where personal care and social support is provided to people living in their own homes and in supported living accommodation; currently they provide services into 9 supported living schemes. Under the direction of the registered person/manager Sinead Polland staffs of 8 provides services to adults who are frail elderly, those with physical disability, learning difficulties and mental health issues in Northern Ireland.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Lucas Love Healthcare was carried out on 26 February 2015 between the hours of 09.30 and 12.30. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Lucas Love Healthcare had one recommendation made during the agency's previous inspection on 15 January 2014. This recommendation was found to now be 'compliant'. This outcome is to be commended.

The views service users were not sought directly, as the agency supplies staff to other organisations where personal care and social support is provided to them. The agency records confirmed that feedback on the quality of service provided to these organisations is requested as part of the placement arrangement.

The inspector had the opportunity to meet with one office staff member on the day of inspection to discuss his views regarding the service. Staff feedback detailed appropriate line management support and competence. Staff also described recruitment processes in line with the agency policy and procedure.

One requirement and one recommendation have been made in respect of the outcomes of this inspection.

Staff survey comments

Fifteen staff surveys were issued however none were received which is a disappointing response. The registered person/manager confirmed that surveys had been provided to all of their eight staff members.

Summary

Theme one - Management and control of operations

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The agency has achieved a level of **substantially compliant** in relation to this theme.

The agency's 'Statement of Purpose' viewed contains details of the organisational structure, the qualifications and experience of senior staff and includes the roles and responsibilities of each grade of senior staff.

Discussions with the registered person/ manager during inspection and review of records for management staff supported a process in place for all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. However a number of mandatory training areas were reviewed as out of date in the past year and have been recommended for renewal.

A staff competency process is in place and is operational for all staff.

Appraisal and supervision processes for the registered person/manager does not currently take place as the registered person/manager is the proprietor of the agency.

Monthly monitoring processes are currently in place and operational. The reports reviewed were found to be detailed, concise and compliant.

Records regarding one medication incident were reviewed and found to have been appropriately recorded, managed and reported within RQIA timeframes.

One recommendation has been made in relation to this theme.

The registered person/manager is recommended to complete update training on each mandatory subject.

Theme 2 - Records management

This theme is not applicable. As described within their self-assessment below, the agency does not provide care directly to service users therefore records are not available for review.

No requirements or recommendations made in relation to this theme.

Theme 3 – Recruitment

The agency has achieved a level of **substantially compliant** in relation to this theme.

Review of the agency's 'Staff Recruitment' policy and procedure confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2.

Review of four staff recruitment files confirmed general compliance with Regulation 13, Schedule one and standard 11 with the exception of a statement from the registered person/manager confirming that these applicants were physically and mentally fit for the purposes of the work which they were to perform.

One requirement has been made in respect of this theme.

The registered person/manager is required to ensure that full and satisfactory information is completed in relation to each domiciliary care worker.

The Inspector would like to express her appreciation to staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum Standard 14.9	The registered manager is recommended to share learning following vulnerable adults cases with the staff team using their existing electronic newsletter format and during quarterly supervision meetings.	Records evidenced that no vulnerable adult reports have been received during the last year, therefore no shared learning available. The staff newsletter viewed contains general reminders to staff on their role in relation to protection of vulnerable adults and children.	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>As Nurse Manager I have ensured that I am compliant with all our mandatory training. However I do not currently have a Management qualification. I have previous working experience as both manager of a care Home and previous Manager of a Domiciliary care agency. My management experience is in excess of 8 years. I attend any such information training provided by such bodies as Access Ni and RQIA.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The 'Statement of Purpose' dated October was found to be substantially compliant, however was revised on the day of inspection and subsequently now confirmed to be compliant. This document contains a clear structure regarding management within the agency. This structure included the registered person/manager together with the healthcare manager and care staff.</p> <p>Training records for the registered person/manager were found to be in place regarding all areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). A few of the mandatory training areas were reviewed as out of date in the past year and have been recommended for renewal. The registered person/manager has also completed training in the areas of supervision and appraisal and this is to be commended.</p> <p>Most areas of training reviewed included a competency assessment element that had been consistently signed off by the assessor.</p> <p>The registered person/manager is not currently enrolled on any additional training however records evidenced that she has completed relevant training and competency assessments to ensure she continues to meet NMC registration requirements.</p> <p>It was discussed and reviewed during inspection that the registered person/manager is currently registered with NMC with certificate expiry date of September 2015.</p>	<p>Substantially compliant</p>

<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>As registered Manager I ensure that all our working practices are "fit for practice" and that any required changes to our policies and procedures are made. Policies and Procedures are re-examined on an annual basis or more frequently as may be required either as a result of learning or legislative changes. We use feedback on our staff and evaluation of our complaints to examine the effect of training as part of our quality audit.</p> <p>Staff are appraised and the findings of these appraisals are documented and action taken where it is indicated as a result of the appraisal. These appraisals help us ensure that staff are meeting the needs of their job description and also that we are supporting them where possible with their personal development.</p> <p>Any incidents or medication errors are reported to the R.Q.I.A. incidents team. Where any adult safeguarding team or similar body is involved we co-operate and liaise with them fully.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency 'Supervision and Appraisal' policy and procedure was clearly referenced regarding practices for staff, including the processes for management staff supervision and appraisal.</p> <p>Supervision and appraisal for the registered person/manager does not currently take place as the registered person/manager is the proprietor of the agency.</p> <p>The inspector reviewed the agency log of one medication incident reported through to RQIA over the past year. Review of this incident confirmed appropriate recording and reporting to RQIA regarding the medication matter within appropriate timeframes.</p> <p>Monthly monitoring reports completed by the registered person/manager were reviewed during inspection for September 2014 to January 2015 and found to be detailed, concise and compliant.</p> <p>The agency had completed their annual quality review for the year 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements. Records evidenced that their 'Annual Quality Report' along with their last two RQIA inspection reports had been provided to service users and staff during February 2015.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>We ensure that all domiciliary care workers have the requisite skills and experience to work in the role prior to employing them. Should any specialised training be required in specific techniques, this training will be provided by a qualified healthcare professional. We have not had the need for any such specialised training this year. The training needs of each individual are identified both at interview stage and also at the time of appraisal. Arrangements are in place to meet these needs via our training provider. We do not currently have any managerial domiciliary care staff and do not envisage us having the category of domiciliary care staff in the near future.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As detailed within their self-assessment above, the agency structure does not include any senior care staff/coordinators therefore this criteria is not applicable.</p>	<p>Not applicable</p>

Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)	COMPLIANCE LEVEL
<p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
Provider's Self-Assessment:	
<p>Working practices are looked at on an ongoing basis to ensure they are fit for use. Any required changes to working practices are made when required.</p> <p>Medication errors are reported appropriately and promptly to R.Q.I.A.</p> <p>We evaluate the effect of our training as part of our quality improvement. We use feedback on our staff and complaints regarding our staff to help us do this.</p> <p>Staff have a personal appraisal to review their performance and together they agree personal development plans.</p>	Not applicable
Inspection Findings:	
The agency structure does not include any senior care staff/coordinators therefore this criteria is not applicable.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

Regulation 21(1) The registered person shall ensure that the records specified in Schedule 4(11) are maintained, and that they are—

- (a) kept up to date, in good order and in a secure manner; and
- (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

(2) The registered person shall ensure that, in addition to the records referred to in paragraph (1), a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user’s home and that they are kept up to date, in good order and in a secure manner.

Standard 5.2 The record maintained in the service user’s home details (where applicable):

- the date and arrival and departure times of every visit by agency staff;
- actions or practice as specified in the care plan;
- changes in the service user’s needs, usual behaviour or routine and action taken;
- unusual or changed circumstances that affect the service user;
- contact between the care or support worker and primary health and social care services regarding the service user;
- contact with the service user’s representative or main carer about matters or concerns regarding the health and well-being of the service user;
- requests made for assistance over and above that agreed in the care plan; and
- incidents, accidents or near misses occurring and action taken.

Standard 5.6 All records are legible, accurate, up to date and signed and dated by the person making the entry.

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>We do not currently have, and nor have we had in the last year any "traditional" domiciliary care clients. We provide domiciliary care staff into, for example supported living sites to assist clients there as part of the staffing team of the site. Therefore we do not have access to individual clients personal records or details or plans of care.</p>	<p>Not applicable</p>
Inspection Findings:	
<p>This criterion is not applicable. As described within their self-assessment above, the agency does not provide care directly to service users therefore records are not available for review.</p>	<p>Not applicable</p>

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>We do not currently have, and nor have we had in the last year any "traditional" domiciliary care clients. We provide domiciliary care staff into for example supported living sites to assist clients there as part of the staffing team of the site. Therefore we do not and nor do our staff receive money from or act as an agent to service users.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>This criterion is not applicable.</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Not applicable</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Not applicable</p>
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THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
Our recruitment and pre employment checks are robust. Until all necessary checks as specified above are carried out and required informaton is recieved eg. Access Ni/references we do not commence employment.We are compliant with regulation 13, Standard 8.21 and Standard 11.2.	Compliant
Inspection Findings:	
<p>Review of the 'Staff Recruitment' policy and procedure dated December 2014 confirmed compliance with regulation 13 and schedule 3.</p> <p>Review of four staff recruitment files for those employed from March 2014 onwards confirmed general compliance with Regulation 13, Schedule one and standard 11. However, none of the files sampled contained a statement from the registered person/manager confirming that these applicants were physically and mentally fit for the purposes of the work which they were to perform; and these records are required to be completed. The full driving licence and car insurance details were in place. Staff contracts signed at employment commencement and job descriptions issued during the recruitment process were also confirmed during inspection. Staff member interviewed during inspection confirmed the recruitment process and practices were in line with their procedure.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector reviewed one of the four complaints received during 2014 and records evidenced that this had been appropriately managed and resolved.

Additional matters examined

No additional matters were reviewed as a result of this inspection.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Sinead Polland registered person/manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

Caroline Rix
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Inspection

Lucas Love Healthcare

26 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Sinead Polland the registered person/ manager receiving feedback during the inspection visit.

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

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

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

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 13 Schedule 3(10)	The registered person/manager is required to ensure that full and satisfactory information is completed in relation to each domiciliary care worker.	Once	The unsigned staff health declaration form has now been signed by the Manager and reviewed.	Within one month of inspection date.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Minimum Standard 8.17	The registered person/manager is recommended to complete update training on each mandatory subject.	Once	All training completed	Within three months of inspection date.

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

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Caroline Rix	14/05/15
Further information requested from provider			