

Unannounced Care Inspection Report 21 September 2017



Jackie's Domiciliary Care

Type of service: Domiciliary Care Agency

**Address: Unit T2, Dungannon Enterprise Centre, 2 Coalisland Road,
Dungannon, BT71 6JT**

Tel no: 02887746361 and 02887723808

Inspector: Michele Kelly

User Consultation Officer (UCO): Clair McConnell

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

Jackie’s Domiciliary Care is a domiciliary care agency based in Dungannon. The agency provides a range of personal care services to 50 people living in their own homes. Service users have a range of needs including those associated with frailty, dementia and learning disability. Services provided include personal care, medication support and meal provision.

3.0 Service details

Registered organisation/Registered person: Jackie's Domiciliary Care/Mrs Jacqueline Ryan	Registered manager: Mrs Jacqueline Ryan
Person in charge of the service at the time of inspection: Mrs Jacqueline Ryan	Date manager registered: 08 June 2009

4.0 Inspection summary

An unannounced inspection of Jackie's Domiciliary Care took place on 21 September 2017 from 10:00 to 16.30 hours.

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

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

Three areas for quality improvement were identified:

- Records reviewed during inspection identified issues relating to unsatisfactory reference information in one employee's file. A serious concerns meeting was held with the registered person at RQIA offices on 9 October 2017 in respect of recruitment practices in line with Regulation 13 and Schedule 3 and assurances were provided at this time in respect of the actions taken by the agency.
- Staff quality monitoring systems must be reviewed as issues were raised with the UCO concerning staff recording, length of call times, missed calls, rushed calls and the high turnover of staff.
- Some care plans had not been updated appropriately.

Staff spoken with during inspection provided positive feedback in terms of their work within the agency.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

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

Enforcement action resulted from the findings from of this inspection.

On 9 October 2017, a meeting was held at RQIA's offices with the registered person. At this meeting, concerns were discussed in relation to lack of sustained compliance with Regulation 13 (a) and (d).

During the meeting a full account of the actions to be taken and arrangements made to ensure the improvements necessary to achieve compliance with the regulations identified was given. After consideration of documentation presented at the meeting and assurances provided by the registered person, RQIA decided not to take further action.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 10 November 2016

As a result of the care inspection on 10 November 2016, RQIA were concerned regarding the agency's arrangements in place to ensure appropriate pre-employment checks had been made for all employees in relation to Regulation 13 and Schedule 3.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held with the registered person at RQIA's office on 29 November 2016. At the meeting the registered person provided RQIA with a written action plan outlining what actions they had taken to date and would take in the future to address RQIA's concerns.

5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with two care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 10 questionnaires to distribute to a selection of staff members for their completion.

The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. Two completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

Prior to the inspection the User Consultation Officer (UCO) spoke with five service users and nine relatives, either in their own home or by telephone, on 4 September 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to five service users. The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The following records were examined during the inspection:

- Four staff members' recruitment records
- Three staff members' induction and training records
- Two staff members' quality monitoring, supervision and appraisal records
- Two staff members' training records
- Adult safeguarding policy and procedure
- Child protection policy and procedure
- Recruitment policy
- Induction policy
- Complaints policy
- Quality assurance policy
- Missed call policy and procedure
- Four service user records regarding referral, assessment and care plan information, service user guide and agreement information
- Three service users' records regarding review and quality monitoring
- The agency's statement of purpose
- Agency process for verifying staff NISCC registration
- Three monthly monitoring reports
- A range of communication records with trust professionals
- Complaints log
- Contract compliance issues
- Incident records
- Statement of purpose
- Service user guide

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 November 2016

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 10 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 13 and Schedule 3</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that no domiciliary care worker is supplied by the 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>(Regarding Access NI checks, employer references and statement by registered person or manager regarding staff fitness to practice)</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of four recruitment records by the inspector highlighted that one person had been employed without two satisfactory written references. The registered person's failure to sustain compliance with this regulation is concerning and will remain under review by RQIA.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 15(6)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(a) Specify the procedure to be followed after an allegation of abuse, neglect or other harm has been made.</p>	Met

	(Regarding the child protection policy and procedure)	
<p>Requirement 3</p> <p>Ref: Regulation 15(12)(a)</p> <p>Stated: First time</p>	<p>The procedure referred to in paragraph (6)(a) shall in particular provide for-</p> <p>(a) Written records to be kept of any allegation of abuse, neglect or other harm and of the action taken in response;</p> <p>Action taken as confirmed during the inspection: The Child Protection Policy and Procedure (December 2016) was reviewed during inspection and was found to be in accordance with Regulation 15 (6) (a).</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 23(2)(3)</p> <p>Stated: First time</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;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(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</p>	<p>Met</p>

	manner required by the Regulation and Improvement Authority.	
	<p>Action taken as confirmed during the inspection:</p> <p>Following the inspection of November 2016 the registered person forwarded reports of quality monitoring to RQIA. The inspector also viewed three monthly monitoring reports for July, August and September 2017 which were in compliance with Regulation 23 (2) (3).</p>	
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p>	<p>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>(Regarding staff quality monitoring)</p> <p>Action taken as confirmed during the inspection:</p> <p>Evidence from the UCO visits concerning staff recording, length of call times, missed calls, rushed calls along with issues identified by the HSCTrust as contract compliance matters indicate weaknesses in the efficacy of the staff quality monitoring.</p> <p>This matter will remain under review by RQIA.</p>	Not met
<p>Recommendation 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>(Regarding the records maintained in the homes of service users)</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of five service user records during the UCO visits highlighted two care plans required to be updated and one issue of recording in the agency's log books. This matter will remain under review by RQIA.</p>	Not met
<p>Recommendation 3</p> <p>Ref: Standard 9</p> <p>Stated: First time</p>	<p>Policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>(Regarding the Management, control and</p>	Met

	monitoring of the agency/Quality assurance policy)	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the Quality Assurance policy (December 2016) and it includes all processes for quality assuring the service in accordance with statutory requirements. While it was noted that this policy is now in place, it was less evident that it had been fully implemented. This will remain under review by RQIA.</p>	
<p>Recommendation 4</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p>	Partially met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector was advised that the annual report for 2016-2017 is being prepared for publication. The registered manager confirmed that key stakeholders will be involved in this process.</p>	

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 UCO was advised by the majority of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by Jackie's Domiciliary Care Agency. New carers had been introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and that the new carer had knowledge of the required care. However concerns were raised as to the high turnover of carers thus not allowing service users and families to develop a relationship with the carers.

The majority of the service users and relatives interviewed confirmed that they could approach the carers or office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "Everything's alright."
- "There seems to be high turnover. It puts pressure on the other carers."
- "No bother at all with them."

The registered manager discussed recruitment issues with the inspector confirming recruitment is continuously ongoing in an effort to sustain staff numbers.

Four files were reviewed relating to recently appointed staff. A recruitment file examined by the inspector had two references; one reference from a recent but not the most recent employer was unsatisfactory. There was no evidence that the registered manager had investigated the reasons for:

- the statements provided
- not using the most recent employer as a referee

The second reference for this employee was acceptable. RQIA raised similar matters during the previous inspection of Jackie's Domiciliary Care on 10 November 2016 and during a serious concerns meeting on 29 November 2016. Unfortunately, despite RQIA's efforts to support and encourage improvements in the service, it was disappointing that insufficient progress had been made with respect to the matters indicated above. A serious concerns meeting was held with the registered person at RQIA offices on 9 October 2017 to discuss non-compliance with Regulation 13 and Schedule 3. At the meeting the registered person provided confirmation that appropriate action had been taken to ensure compliance with the regulations and assurances were given that compliance will be maintained in accordance with legislation. An area for improvement has been identified in respect of Regulation 13 and Schedule 3.

One incident involving a complaint concerning a staff member was discussed with the manager during inspection. The inspector was satisfied that the matter was being investigated appropriately in conjunction with the HSC Trust. The inspector also advised that further steps to ensure the safety of the service user and the potential safety of other service users could be taken. Records verified the relevant HSC Trust staff were working with the agency to resolve the matter. Following the inspection the inspector spoke to the HSC Trust professional who confirmed the investigation was ongoing.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and in accordance with related regulations and standards.

An induction programme had been completed with each staff member and incorporated elements of the Northern Ireland Social Care Council (NISCC) induction standards. Review of four staff files evidenced a three day induction process in accordance with Regulation 16(5) (a). Staff spoken with during inspection confirmed they had received a three day induction and where necessary extra shadowing days are available when staff or management believe they require additional time. The agency's manager confirmed the majority of staff are registered with NISCC with the remaining staff moving towards registration. Staff members described their recruitment and induction training processes in line with those found within the agency procedures and records. Staff were also able to describe their registration process with NISCC. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing. A safeguarding champion has been identified within the agency.

Staff training records viewed confirmed all care staff had completed the required mandatory update training programme. Training is facilitated by the registered manager with additional training provided by external sources if required.

There was limited evidence within staff files reviewed during inspection of spot checks in relation to quality monitoring in service users' homes. The inspector was not assured that the

registered person’s system for monitoring the quality of service provision was robust enough to identify the matters raised with the UCO. The registered manager explained service users and or relatives are telephoned monthly and a summary is included in service user files. The inspector advised that this system of quality assurance may not always be appropriate and that regular home visits may yield more robust findings. The manager provided assurance that this matter would be addressed.

The manager confirmed that trust representatives were contactable when required regarding service user matters, and evidence of communication with trust professionals was viewed during inspection.

Two staff questionnaires received confirmed that update training, supervision and appraisal had been provided ongoing. Staff feedback supported service users being safe and protected from harm with care plans and risk assessments in place which support safe care.

Areas for improvement

Three areas for improvement were identified during the inspection.

- The registered person must ensure that staff recruitment procedures are compliant with Regulation 13 and Schedule 3 in respect of employer references.
- The registered person should ensure that working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures. This refers to quality monitoring processes in service users’ homes for service users and staff.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

The UCO was informed by some of service users and relatives interviewed that there were concerns regarding the carers’ timekeeping or that care has been rushed. One relative interviewed also advised that their service user had experienced regular missed calls from the agency.

Issues regarding communication were raised with the UCO by some of the people interviewed, examples given included relatives not being informed of missed or delayed calls, or being able to get an answer from the office or out of hours number. The registered manager explained the telephone number had changed but that all service users had been informed about this.

Some of the service users and relatives advised that home visits have taken place to discuss the care being provided; however only one relative was able to confirm that they had received a questionnaire from the agency. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

Examples of some of the comments made by service users or their relatives are listed below:

- “Excellent service.”

- “Carers are doing a great job but they do seem short staffed.”

As part of the home visits the UCO reviewed the agency’s documentation in relation to five service users and it was noted that two care plans required to be updated and one issue with recording in the agency’s log books. These matters were discussed with the registered manager who agreed that improvements in respect of staff recording would be made.

Service user records viewed on the day of inspection included referral information received from the HSC Trusts. The referrals detailed the services being commissioned and relevant risk assessments. The agency’s care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans. The inspector spoke with a HSC Trust professional who was satisfied with the responsiveness of management to issues raised commenting:

“Jackie is very accommodating, very responsive in normal circumstances.”

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their manager if any changes to service users’ needs were identified. Staff also demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them

Areas for improvement

One area for improvement has been identified and relates to ensuring service user home records are completed by staff in accordance with standard 5.6.

	Regulations	Standards
Total number of areas for improvement	0	1

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 majority of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, but felt that the agency had staffing issues which was putting staff under additional pressure.

Views of service users and relatives have been sought through home visits or questionnaires to ensure satisfaction with the care that has been provided by Jackie’s Domiciliary Care Agency. Examples of some of the comments made by service users or their relatives are listed below:

- “All very good; terrific team.”
- “Would be lost without them.”
- “XXX loves the craic with the carers.”

As discussed in 6.4, observation of staff practice in service users’ homes had not been carried out on a consistent basis and this is an area for improvement.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service user’s wishes, dignity and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care.

Areas for improvement

One area for improvement identified during the inspection in respect of quality monitoring has been identified in 6.4

	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.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Although formal complaints had not been made to the agency, concerns were raised with the UCO regarding communication, turnover of staff, timekeeping, missed calls and rushed care. All matters were discussed with the registered manager during inspection and an area for improvement identified in 6.4.

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the Registered Manager, Mrs Jacqueline Ryan, the agency provides domiciliary care to 50 service users living in their own homes.

Review of the statement of purpose and discussion with the manager and staff evidenced that there was a clear organisational structure within the agency. Staff were able to describe their roles and responsibilities and were clear regarding their reporting responsibilities in line with the agency procedures.

The Statement of Purpose and Service Users’ Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with the relevant standards and regulations. The

agency’s complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. The policy and procedures which are maintained electronically were reviewed and contents discussed with the deputy manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented.

The complaints log was viewed for 2016-2017 to date; review of complaints during inspection supported appropriate processes in place for complaints review and resolution.

Discussion with the registered person confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed the monthly monitoring reports for July, August and September 2017. The reports evidenced that the registered person monitors the quality of service provided in accordance with minimum standards.

Communications with commissioners of the service were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users’ needs. Feedback from a trust representative post inspection highlighted communication between the agency and the trust is generally good.

Two support staff spoken with indicated that they felt supported by their managers who they described as always available with an open door policy. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed quality monitoring, supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users. The inspector was informed by the manager that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The inspector noted that the majority of staff are registered with NISCC; however some new recruits are awaiting documentation.

Staff questionnaires received supported the service being well led with all staff indicating satisfaction with the agency management systems.

Areas for improvement

One area for improvement identified during the inspection in respect of quality monitoring has been identified in 6.4

	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 Jacqueline Ryan, 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.

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 and Schedule 3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered provider shall ensure that no domiciliary care worker is supplied by the 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>(Regarding employer references) Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Action plan in place and discussed with RQIA representatives regarding regulation 13 schedule 3 and discussed with all staff to ensure compliance. A suitable reference was requested and submitted to the inspector.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 8.10</p> <p>Stated: Second time</p> <p>To be completed by: 21 December 2017</p>	<p>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>(Regarding staff quality monitoring, service user quality monitoring and the management of missed or late calls)</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Working practices have been reviewed and a spread sheet has been developed for auditing the quality of care provided to ensure staff monitoring and to manage missed or late calls.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>(Regarding the records maintained in the homes of service users)</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The management of records has been discussed with all staff at supervisions and appraisals. Senior staff are monitoring the records maintained in the homes of service users and this will also be discussed at staff meetings. Audits are also maintained in the records which are returned and held in the office.</p>

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



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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews