

The **Regulation** and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Nursing Agency:	Direct Medics Ltd
Nursing Agency ID No:	12249
Inspection No:	20900
Date of Inspection:	6 January 2015
Inspector's Name:	Michele Kelly

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

General Information

Name of agency:	Direct Medics Ltd
Address:	33 A Stockmans Way Belfast, BT9 7ET
Telephone number:	(028) 9018 3129
E mail address:	paul@directmedics.com
Registered organisation/ Registered provider:	Mr Paul Owen Mulvenna
Registered manager:	Mrs Rosemary Ann Strange
Person in Charge of the agency at the time of inspection:	Nursing Agency
Categories of care:	Nursing Agency
Number of registered nurses, health visitors and midwives on the agency's books:	Eight
Date and type of previous inspection:	2 June 2014 Pre-Registration
Date and time of inspection:	6 January 2015 9.30am–2.30pm
Name of inspectors:	Michele Kelly Suzanne Cunningham

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 nursing agencies. A minimum of one inspection per year is required.

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

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. 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 the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

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

Methods/Process

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

- 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.

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 DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

The inspector rated the centre's compliance level against each criterion.

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

Direct Medics Ltd is based at 33a Stockman's Way Belfast, BT9 7ET.

Direct Medics Agency mainly supplies and places nurses in hospital settings. Currently the agency is providing eight nurses for placement. The registered person confirmed that they do not supply nurses to care for private patients in their own home.

The establishment's statement of purpose outlines the range of services provided.

Summary of Inspection

This is the annual unannounced inspection report for Direct Medics Ltd which was undertaken on 6 January 2015 by Michele Kelly and Suzanne Cunningham from the Regulation and Quality Improvement Authority (RQIA) starting at 9.30am and finishing at 2.30pm

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies (2008).

The Registered Manager, Ms Rosemary Strange and the Registered Person, Mr Paul Mulvenna were in attendance throughout the inspection.

The previous inspection occurred on 2 June 2014 and resulted in five requirements and eight recommendations. Review of these matters showed compliance.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008). To validate compliance levels for two of the above standards, the inspectors had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager and registered person.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Three personnel files reviewed electronically and two were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC. One file was found to have anomalies in the employment history and contained no evidence of investigation of a comment made involving a disciplinary matter within a reference supplied by a previous employer. Requirements are made to address these issues.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard. It is recommended that a competency based assessment is made at interview and that records are maintained of the structured orientation and induction of all newly appointed staff.

On the day of inspection monthly monitoring information was available in the form of meeting notes. It is recommended that these are collated into a report and that arrangements are in place to record comments from nurses and clients.

A number of policies and procedures were reviewed, which included Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. It is evident that there has been significant activity in relation to reviewing and updating policies and procedures since the last inspection however it is recommended the registered person and review the Protection of Vulnerable Adults and Safeguarding children policy and procedure to ensure the immediate safeguarding measures to be adhered to are clearly described.

It is recommended that the policy in relation to Review and Revision of Policies and Procedures includes how the organisation will include input from staff and clients in the development and review of policies and procedures.

During the inspection the inspectors discussed how an improved organisation of the policy manual would ensure ease of access to policies and the registered manager agreed this would be actioned.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Policies are held electronically and within the policy manual. During the inspection the inspectors discussed how an improved organisation of the policy manual should be undertaken to ensure ease of access to policies. The registered manager agreed this would be actioned.

Policies had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure. It is recommended that the policy in relation to Review and Revision of Policies and Procedures includes how the organisation will include input staff and clients in the development and review of policies and procedures. Policies in relation to the Protection of Vulnerable Adults and Safeguarding Children had been revised in July 2014 in accordance with the previous quality improvement plan. It is recommended that both policies are further developed to include detail regarding the immediate safeguarding measures that an agency nurse must implement if an incident is suspected, and to outline the process if an allegation is made against an agency nurse.

The agency was judged to be 'substantially compliant' with this standard.

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records. Three personnel files were viewed electronically. One file had discrepancies noted within the employment history which were not supported by a satisfactory

written explanation, it was also noted that the disciplinary matter referred to in the written reference from the previous employer had not been investigated satisfactorily. Two requirements are made in respect of these matters.

The agency was judged to be 'compliant' with this standard.

Additional Matters

The inspectors viewed three personnel files electronically and were not satisfied that records of induction and competency assessment were adequate. Measures to improve assessment and verification of competence at interview were also discussed with the registered manager. Recommendations are made in relation to these matters.

As a result of this inspection two requirements and six recommendations are made. These are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspectors would like to extend their gratitude to the staff of Direct Medics Ltd. for their preparation for this inspection, hospitality during the inspection and contribution to the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 and Schedule 1	<p>The registered person and manager are required to review and revise the Statement of Purpose in compliance with Regulation 4 and Schedule 1.</p> <p>As discussed within 7.1 Inspection findings section of this report.</p>	<p>The statement of purpose has been revised to include the role of RQIA and the involvement of advocacy services in the complaints procedure.</p>	Compliant
2	Regulation 5	<p>The registered person and manager are required to review and revise the Service User Guide in compliance with Regulation 5 and Appendix 1 (page 41) of the Nursing Agency standards.</p> <p>As discussed within 7.2 Inspection findings section of this report.</p>	<p>The service user guide has been reviewed and includes the role of RQIA and the involvement of advocacy services in the complaints procedure.</p>	Compliant
3	Regulation 19	<p>The registered person and manager are required to review and revise the Complaints policy and procedure in compliance with Regulation 19 and Standard 8 of the Nursing Agency standards.</p> <p>As discussed within 7.3 Inspection findings section of this report.</p>	<p>The Complaints policy and procedure has been revised and is in compliance with Regulation 19 and Standard 8.</p>	Compliant

4	Regulation 18 Schedule 4	<p>The registered person and manager are required to ensure that the policy and procedure is reviewed to ensure all records specified in Schedule 4 are retained for a period of not less than eight years.</p> <p>As discussed within 7.4 Inspection findings section of this report.</p>	Management of Records Policy now includes information on the retention of records.	Compliant
5	Regulation 12	<p>The registered person and manager are required to expand their policy and procedure on the assessment and placement of nurses to record the skills assessment and professional decision being made by the registered manager on where the nurse can be placed within their scope of practice.</p> <p>As discussed within 7.7 Inspection findings section of this report.</p>	Procedure has been reviewed and the registered manager records the decision about placement of nurses following an assessment undertaken at interview.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 2 and Appendix 3	<p>The registered person and manager are recommended to review, revise and cross reference all policies and procedures in compliance with standard 2.</p> <p>As discussed within 7.4 Inspection findings section of this report.</p>	A review of all policies has been undertaken.	Compliant
2	Standard 2 and Appendix 3 Standard 9	<p>The registered person and manager are recommended to review the Vulnerable Adults policy and procedure in compliance with standard 2 and standard 9.</p> <p>As discussed within 7.4 Inspection findings section of this report.</p>	A review of this policy has been completed and compliance with these specific issues has been achieved. Following this inspection a further development in this policy is recommended.	Substantially compliant
3	Standard 2 and Appendix 3 Standard 9	<p>The registered person and manager are recommended to review the Child Protection procedure to ensure compliance with standard 2 and standard 9.</p> <p>As discussed within 7.4 Inspection findings section of this report.</p>	A review of this policy has been completed and compliance with these specific issues has been achieved. Following this inspection a further development in this policy is recommended.	Substantially compliant

4	Standard 1.14 Standard 2 and Appendix 3	<p>The registered person and manager are recommended to develop an Accidents and Untoward Incidents policy and procedure in compliance with standard 1.14 and Standard 2.</p> <p>As discussed within 7.4 Inspection findings section of this report.</p>	A policy in relation to Accidents and Untoward Incidents has been developed.	Compliant
5	Standard 1.	<p>The registered person and manager are recommended to devise templates for use in quality monitoring</p> <p>As discussed within 7.5 Inspection findings section of this report.</p>	Quality assurance systems were in place and recorded within templates devised by the agency. The agency is developing further templates.	Compliant
6	Standard 2 and Appendix 3	<p>The registered person and manager are recommended to review and revise their policy titled Infection control alongside the Regional Infection Prevention and Control Manual.</p> <p>As discussed within 7.6 Inspection findings section of this report.</p>	Policy has been reviewed in line with the recommendation.	Compliant

7	Standard 6.1	<p>The registered person and manager are recommended to review and revise their Induction programme in compliance with standard 6.1.</p> <p>As discussed within 7.7 Inspection findings section of this report.</p>	<p>A policy entitled Orientation and Induction has been developed and actioned.</p> <p>A new recommendation is made following this inspection regarding the creation and retention of induction records.</p>	Compliant
8	Standard 6	<p>The registered person and manager are recommended to review and revise their Training and Development procedures in compliance with standard 6 and include a training and development plan.</p> <p>As discussed within 7.7 Inspection findings section of this report.</p>	<p>Training and development procedures have been reviewed and are now compliant with Standard 6.</p>	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment: A full handbook of policies and procedures covering all functions of the nursing agency is in place, available to all nursing staff and last reviewed in July 2014.	Compliant
Inspection Findings: There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspectors viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the registered manager and provider and were dated and signed. Policies in relation to the Protection of Vulnerable Adults and Safeguarding Children had been revised in July 2014 in accordance with the previous quality improvement plan. It is recommended that both of these policies are further developed to include detail regarding the immediate safeguarding measures to be implemented by an agency nurse if an incident is suspected, and to outline the process if an allegation is made against an agency nurse.	Moving towards compliance

Criterion Assessed: 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	Compliance Level
Provider's Self Assessment: The policy on the review and revision of policies and procedures sets out the annual review of the relevant policies to ensure that they remain robust and fit for purpose	Compliant
Inspection Findings: The quality of services is monitored by the registered person on an ongoing basis through evaluations completed by clients and agency nurses. Information obtained from formal and informal contacts is used to ensure service improvement and this may influence the development of policy and procedures. It is recommended that the policy in relation to Review and Revision of Policies and Procedures includes how the organisation will include the input from staff and clients in the development and review of policies and procedures.	Substantially compliant
Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.	Compliance Level
Provider's Self Assessment: A fully indexed set of policies and procedures, along with the service users guide, is kept in hard copy format within the premises for reference purposes. All policies are also available electronically.	Compliant
Inspection Findings: On the day of inspection Policies and procedures are available in a policy manual in accordance with Appendix 3. During the inspection the inspectors discussed how an improved organisation of the policy manual would ensure ease of access to policies and the registered manager agreed this would be actioned.	Substantially compliant

Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment: All policies are dated and signed by the Managing director when created or vreviewed (next due for review July 2015).	Compliant
Inspection Findings: All policies and procedures are dated when first issued and any reviews or revisions are not due for review until July 2015 in line with the agency's policy.	Compliant
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment: All policies are reviewed annually and company working practices audited against these policies. any amendments are signed off by the Registered Person 9Managing Director).	Compliant
Inspection Findings: The registered manager and the registered person are involved in all reviews of policies and procedures. It was evident that the registered provider is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	Compliance Level
Provider's Self Assessment: N/A	Provider to complete
Inspection Findings: The registered manager confirmed that the agency does not supply agency nurses to private patients in their own homes.	Not applicable
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment: All of the above met within policy on management of records	Compliant
Inspection Findings: The Management of Records and Information Policy (July 2014) and the Data Protection Policy and procedure contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

Criterion Assessed: 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	Compliance Level
Provider's Self Assessment: 	Compliant
Inspection Findings: On the day of inspection all records requested were made available to the inspector. The agency has a bespoke computerised system which records information as required by Schedule 4 and is programmed to provide alerts for indemnity insurance, NMC status and training needs. Three personnel files were viewed electronically. One file had discrepancies noted within the employment history which were not supported by a satisfactory written explanation, it was also noted that the disciplinary matter referred to in the written reference from the previous employer had not been fully investigated by the agency. Two requirements are made in respect of these matters.	Moving towards compliance
Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.	Compliance Level
Provider's Self Assessment: All relevant information is updated on an ongoing basis according to bookings and feedback from same. Information on the ongoing suitability of our nurses is kept in line with the company's policy on the review and reassessment of nurses.	Compliant
Inspection Findings: Records inspected were current, necessary and confirmed by the manager as accurate.	Compliant

Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment: nurses are provided with company policy on completion of case records which details NMC guidelines	Compliant
Inspection Findings: The registered manager confirmed that nurses are directed to maintain nursing care records in accordance with NMC guidelines at induction.	Compliant
Criterion Assessed: 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliance Level
Provider's Self Assessment: As per policy on management of records and information	Compliant
Inspection Findings: The policy in relation to the Management of Records provides direction and guidance to staff in relation to the creation, use, management and disposal of records.	Compliant
Criterion Assessed: 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	Compliance Level
Provider's Self Assessment: In accordance with policy on management of records and information	Compliant
Inspection Findings: The Management of records and information policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Rosemary Strange Registered 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.

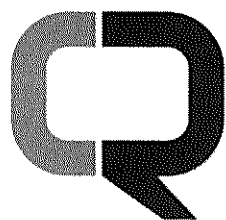
Enquiries relating to this report should be addressed to:

Michele Kelly
The Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 2BT



Michele Kelly
Inspector/Quality Reviewer

Date 10/2/15.



The Regulation and
Quality Improvement
Authority

27 FEB 2015

27 FEB 2015

Quality Improvement Plan

Primary Unannounced Inspection

Direct Medics Ltd

6 January 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 Ms Rosemary Strange during and after 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 Nursing Agencies Regulations (NI) 2008

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12.(1)(a)	<p>The registered person shall ensure that the recruitment process for the supply of nurses verifies that satisfactory information in respect of matters listed in Schedule 3(5) is available.</p> <p>Refers to matters discussed at Section 3.3.</p>	Once	<p>As discussed on 6/1/15 our process meets the requirement for references but fell short on verification re. adverse information. The process has been enhanced to cover this more fully and staff trained re. same (see attachment 1)</p>	Within two months of the date of inspection 3 March 2015
2	12.(1) (d)	<p>The registered person shall ensure that the recruitment process for the supply of nurses verifies that satisfactory information in respect of matters listed in Schedule 3(8) is available.</p> <p>Refers to matters discussed at Section 3.3.</p>	Once	<p>Further training has been provided to staff re. checking employment history and accounting for gaps, and all new registrants are now provided with RCN model CV template for completion (see attachment 2)</p>	Within two months of the date of inspection 3 March 2015

Recommendations

These recommendations are based on The Nursing Agencies Minimum Standards (2008), 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	1.12	The registered person should ensure that monthly meeting notes are formatted on a template which reflects quality monthly monitoring reports.	Once	Monthly Monitoring meeting pro forma created for completion which forms the meeting agenda and is completed for sign-off by MD. (See attachment 3)	Within two months of the date of inspection 3 March 2015
2	2.2	The registered person must ensure that the policy in relation to Review and Revision of Policies and Procedures includes how the organisation will include input from staff and clients.	Once	Policy amended to include review of Feedback from clients and carers (See attachment 4, page 43)	Within two months of the date of inspection 3 March 2015

3	4.2	The registered manager must ensure that evidence of assessment of competence is recorded before making an offer of employment.	Once	Interview process and records overhauled (see process, attachment 5). Candidates interviewed on both core and specialty-specific competencies (selection of 3 questions from list of 10 for each). Registered Manager then recommends appropriate work (see attachment 6).	Within two months of the date of inspection 3 March 2015
* 4	6.1	The registered manager must ensure that evidence of induction and orientation is available in records retained by the agency.	Once	The following documents are emailed to the candidate in advance of their interview. - handbook - statement of purpose - terms of engagement - policies & procedures - HR policies Candidate signs interview record to confirm receipt (see attachment 6)	Within two months of the date of inspection 3 March 2015

5	9.1	<p>The registered person must ensure procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance and HSC Trust protocols.</p> <p>Refers but is not limited to matters discussed at Section 2.1.</p>	Once	<p>Procedures amended to detail immediate actions re. vulnerable adults and actions re. allegation of abuse against a candidate. (see attachment 4, p.35 + 60)</p>	<p>Within two months of the date of inspection 3 March 2015</p>
6	9.2	<p>The registered person must ensure procedures for Safeguarding children are in accordance with legislation, DHSSPS guidance and HSC Trust protocols.</p> <p>Refers but is not limited to matters discussed at Section 2.1.</p>	Once	<p>Procedures amended to reflect specific reporting re. children and actions re. allegations against a candidate. (see attachment 4, p.35 + 60)</p>	<p>Within two months of the date of inspection 3 March 2015</p>

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: P. Mulvenna

NAME: PAUL MULVENNA
Registered Provider

DATE 27/02/15

SIGNED: RAL - r

NAME: ROSEMARY STRANGE
Registered Manager

DATE 27/2/15.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	ambely	3/2/15
Further information requested from provider			