

# Unannounced Inspection Report 15 August 2016



## PCG St Pauls Court

**Domiciliary Care Agency/Supported Living Service  
Admin Building, Ballinderry Road, Lisburn, BT28 1TX  
Tel No: 028 9264 1819  
Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Praxis Care Group – St Pauls Court took place on 15 August 2016 from 09:10 to 13:00.

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

### **Is care safe?**

On the day of the inspection the agency was found to be delivering safe care in a number of areas. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the HSC Trust. One area for quality improvement was identified.

### **Is care effective?**

On the day of the inspection the agency was found to be delivering effective care in a number of areas. Satisfactory outcomes have been highlighted in this report. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. However, it was concerning to note that quality monitoring undertaken on behalf of the responsible person appeared to overlook or highlight the areas of concern raised during inspection, relating to the supply of staff from other domiciliary care agencies. Two areas for quality improvement were identified in relation to the supply of staff within the service user homes and the effectiveness of the monthly quality monitoring.

### **Is care compassionate?**

On the day of the inspection the agency was found to be delivering compassionate care in a number of areas. However, one area relating to the supply of staff was highlighted and brought to the attention of the registered provider and was further discussed during our meeting with the provider on the 19 August 2016. Satisfactory outcomes have been highlighted in this report. Areas for quality improvement were identified.

### **Is the service well led?**

On the day of the inspection the agency was found to be well led. Some satisfactory outcomes have been highlighted for service users in this report. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. One area for improvement was identified during the inspection in relation to the supply of staff within service user's homes.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Joseph O Neill the acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did result from the findings of this inspection.

In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held at RQIA offices on 19 August 2016 to discuss RQIA's intention to issue two failure to comply notices to the agency in respect of non-compliance with: Regulation 13, Regulation 16 (5) (a) as identified during the 15 August 2016 inspection.

At this meeting the responsible person provided a full account of the actions taken and the arrangements made and will continue to make, to ensure the improvements necessary to achieve full compliance with the regulations. RQIA considered the matter and decided not to serve failure to comply notices in regard to the above regulations. RQIA will continue to monitor the quality of service provided by the agency.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Praxis Care Group Mr Andrew Mayhew	<b>Registered manager:</b> Joseph O'Neill – Acting
<b>Person in charge of the service at the time of inspection:</b> Joseph O Neill.	<b>Date manager registered:</b> Joseph O'Neill - Acting

### 3.0 Methods/processes

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable events

The inspector visited the offices of Praxis Care Group on the 28 July 2016 to review a selection of records relating to the agency's recruitment practices. These records were found to have been satisfactory.

#### **During the inspection the following processes used include the following:**

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

#### **The following records were examined during the inspection:**

- A number of care and support plans
- Health and Social Care (HSC) Trust assessments of service user needs and associated risks assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports from March to July 2016
- Minutes of staff meetings held in: April, May and June 2016
- Minutes of tenants meetings held in: October 2015. April and June 2016
- Staff training records in relation to:
  - Vulnerable adults
  - Confidentiality
  - Medication
  - Personal safety
  - Service users' finances
- Records relating to staff supervision
- Complaints records
- Induction procedure
- Staff rota information.

## 4.0 The inspection

St Paul's Court is a supported living type domiciliary care agency designed to meet the needs of adults with mild to moderate dementia. It is situated on the Ballinderry Road, Lisburn, close to local amenities. Under the direction of the acting manager, Mr Joseph O Neill a team of 22 staff provide care and support to the service users 24 hours a day. Service users reside in two bungalows and an apartment complex.

During the inspection the inspector spoke with the acting manager and three care workers. No service users were available for discussion during this unannounced inspection. Feedback has been included throughout this report.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Two questionnaires were returned. The manager was also asked to distribute ten questionnaires to service users. No questionnaires were returned. Further detail of staff feedback is included throughout this report.

Following discussion with the acting manager and staff, it was noted there was evidence of positive outcomes for service users. The service provision was competent. This has been demonstrated by the agency throughout this report.

The inspector would like to thank the agency staff and Praxis Care human resources staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Review of requirements and recommendations from the most recent inspection dated 29/10/2016.

There were no requirements of recommendations made as a result of the last care inspection.

## 4.2 Is care safe?

The registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose. Service user referral information received from the HSC Trust care managers contained information regarding the service user and/or their representatives. The inspector examined six care plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk screening tools completed contained evidence that service users and/or representative's views had been obtained and incorporated. Risk assessment examined provided clear evidence of safe effective care and support being provided to service users. The agency delivers competent outcomes for people who use their services on an ongoing basis and in some instances over a long period of time. The agency's risk management policy was reviewed by the agency 15 October 2015.

The agency has in place a written policy and procedure for the recruitment of staff. Employment procedures reviewed evidenced the completion of pre-employment checks. The recruitment policy was updated by the agency on the 4 September 2014. The agency has in place a comprehensive checklist in place for personnel file documents.

A number of staff files were examined by the inspector on the 28 July 2016 and they included the required information in line with the agency's policy and good practice guidelines.

The agency has a structured comprehensive six week staff induction programme which includes shadowing by an experienced mentor for all newly appointed staff, as well as induction of staff for short notice/emergency arrangements. The agency's induction standards are in line with the Northern Ireland Social Care Council standards for new workers in social care. The agency's induction procedures were reviewed by the agency in February 2015.

However, records requested were not available for a number of staff from other agencies who had been supplied to Praxis Care Group from other agencies.

This was discussed with the registered manager, relating to records that must be in place for all staff supplied to work in the homes of service users, regardless of how they are recruited. In light of feedback received the manager took immediate action to resolve the situation and records were made available before the end of the inspection.

The agency has a procedure for verifying the identity of all staff prior to their supply, and the manager assured the inspector that no staff are supplied unless this procedure is followed. A procedure is in place for emergency induction arrangements if required and this was examined by the inspector. However, during the inspection a number of records requested were not in place or available for inspection. It was acknowledged by the provider during the meeting of the 19 August that staff had failed to follow the agency's procedures. The registered provider indicated to RQIA that they would now change the quality monitoring format to ensure all pre-employment checks are completed and that managers will be made aware of the procedures in place when employing agency staff.

Staff confirmed that they have direct access to all relevant policies and procedures which are held centrally within the agency via the agency's intranet. The agency has a policy and procedure on staff supervision and appraisal reviewed by the agency 5 March 2015. The manager reported that he undertakes supervision with Team Leaders who in turn supervise care staff. The inspector examined staff rotas for week commencing 1/8/16, 7/8/16, 14/8/16 and 21/8/16 and was satisfied that the agency's staff resources were appropriate to meet service user needs. However, during the inspection of the agency the inspector reviewed staff rota records detailing hours worked by all staff. Within these records, the inspector noted a number of instances of other domiciliary care agency supply. It was evident from the records and from discussions with the registered manager that a number of individuals from other agencies had been sourced by the registered manager and supplied to work in the homes of service users.

The registered manager advised that in advance of the worker being supplied to the service, information in relation to their fitness or identity was not requested from the other domiciliary care agencies. The registered manager further advised the inspector that there is a system in place for verifying the identity of these individuals when they report for duty. However, the following records requested by the inspector did not support the registered manager's assurances that the fitness of staff from supplied from other agencies had been confirmed prior to their supply.

- Induction records
- Identity details
- Training records
- Personal details

It was concerning to note that quality monitoring undertaken on behalf of the responsible person appeared to overlook or highlight the areas of concern raised during inspection, relating to the pre-employment checks and records of staff being supplied to service user's homes. The registered manager was unable to describe a three day structured induction programme or provide evidence that induction and training had been provided to the staff from the other agencies. In light of feedback received the manager took immediate action to resolve the situation. At a meeting with the agency on the 19 August 2016 the RQIA discussed with the agency their concerns about the supply of staff without pre-employment checks being undertaken combined with the lack of assurances about the implementation of induction procedures. Representatives of the registered person gave an assurance that they will be rolling out specific induction procedures and updating their quality monitoring template to capture the use of agency staff in future.

Discussions with the manager and staff indicated that an appropriate number of suitably skilled and experienced staff were available at all times. It was noted that the agency's operational plan states an objective of *"Agreed minimum safe levels of staffing will be maintained at all times."* with an agreed escalation policy if minimum standards are not or cannot be met.

Staff interviewed demonstrated an awareness and knowledge of Deprivation of Liberty Safeguards, Safeguarding of Vulnerable Adults and Whistleblowing. Staff were aware of their obligations in relation to raising concerns about poor practice. The manager stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems may have been highlighted as a result of an investigation, additional identified safeguards are put in place. There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The inspector noted that staff make every attempt to increase people's choice and control. The agency has not produced an annual quality survey since 2014, however' the agency does have alternative ways of gaining the views of the service users:

- Daily contact logs;
- Tenants meetings;
- Complaints and complements;
- Tenant action group meetings;
- Informal communication

Staff comments:

*"The induction is good when supported by experienced members of staff."*

*"Shadowing of staff is essential during induction."*

*"Supervision helps to encourage ideas and improvements."*

Two questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user's needs
- Any complaints from service users are listened to

## Areas for improvement

One area for improvement was identified during the inspection in relation to the supply of staff within service users' homes. This requirement refers all pre-employment checks and induction ensuring agency staff have the experience and skills required to perform the work for which they are supplied.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.3 Is care effective?

Service user records viewed by the inspector evidenced regular contact and feedback received from service users had been followed up. These records evidenced that the agency and the HSC Trust carries out care reviews with service users if changes to their needs are identified.

The inspector noted some of the comments made by service users and their relatives during their reviews:

*"I really benefit from socialising with others."*

*"I like living here and have no concerns."*

*"I'm very happy and feel I have had a significant improvement here."*

*"My parents are very happy here."*

*"I happy with the support received \*\*\*\*\* has settled well."*

The agency maintains a daily contact record for each service user. Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user.

The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision. Service users and their representatives are advised of independent advocacy services within the Service User Guide.

Staff interviewed provided examples to demonstrate how they promote service user independence, choices and respect. Staff focus on people as individuals with different needs and wishes. The service user interviewed were aware of whom they should contact if any issues arise regarding the service. The most recent monthly quality monitoring reports reviewed, evidenced that working practices are being systematically reviewed.

Staff confirmed that they worked very well as a team and that staff meetings are held on a regular basis.

During the inspection the agency's records of staff induction for agency staff were requested. The registered manager was unable to describe a three day structured induction programme or provide evidence that induction and training had been provided to the staff from the other agencies.

Care records examined reflected individualised assessments and person centred care plans, including choice and preferences, dignity and respect recorded in a manner which promotes the interests of each service user. It was good to note that service users or their representatives are included in decision making regarding their care plan. Service users and their relatives are also given the opportunity to comment on the quality of service.

Staff comments:

*“Tenants are supported to discuss any concerns they have.”*  
*“Training benefits all staff and some is now completed online.”*  
*“We help the service users to express their opinions and views.”*  
*“Staff communicate well with each other.”*

Two returned questionnaires from staff indicated:

- Service users get the right care, at the right time and with the best outcome for them
- There are systems in place to monitor the quality/safety of the service you provide

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care compassionate?

The agency’s Statement of Purpose and Service Users Guide reflects that staff will ensure that the beliefs and values of each service user are embedded in the day to day operation of the service. The staff described to the inspector that values form an important part of care provision including privacy, dignity, independence, choice, rights and fulfilment.

Service users, as far as possible, are offered choices and are encouraged to complete tasks themselves when appropriate. Training records examined including induction records show clear evidence that staff are encouraged to promote independence and choice to service users.

Reports of monthly quality monitoring completed on behalf of the registered person were reviewed. The reports evidenced how the agency ascertains and respond to the views of service users, professionals and staff. The inspector recorded some comments from service users, staff and HSC Trust professionals:

Service user’s comments:

*“I have no concerns living here.”*  
*“The staff are very good.”*

Staff comments:

*“There have been a lot of changes.”*  
*“I enjoy St Pauls I have no concerns.”*

Relative’s comments:

*I’m very happy with my \*\*\*\*\* care and support.”*  
*“Service good no concerns.”*

HSC Trust comments:

*“I have attended recent reviews and have no concerns.”*  
*“I’m happy with the support my client receives.”*

Staff comments received during discussions:

*“The handover of service users’ information throughout the day is comprehensive.”*

Two returned questionnaires from staff indicated:

- Service users are treated with dignity and respect and involved in decisions affecting their care.
- That the people who use the service have their views listened to

### Areas for improvement

Two areas for improvement were identified during the inspection (1) in relation to the supply of staff within service users’ homes. This requirement refers to staff identity and induction ensuring agency staff have the experience and skills required to perform the work for which they are supplied.(2) The registered provider must ensure that the monthly monitoring of the quality of service provision includes staff supply records.

<b>Number of requirements:</b>	<b>2</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is the service well led?

Feedback provided to the inspector indicated that there are effective collaborative working relationships with external stakeholders, including the HSC Trust. This relationship is valued by staff who reported improvements in outcomes for service users.

it was concerning to note that the lack of identity and induction records of staff provided for supply to work in people’s homes, was not noted during the monthly quality monitoring. A requirement was made in relation to this area of concern. During the meeting with the registered provider they described that steps taken to amend their quality monitoring template to include the oversight of agency staff including all pre-employment checks and induction procedures.

A number of policies and procedures in place are accessible to staff via the staff intranet. Staff interviewed were aware of the complaints procedure and their role if they receive a complaint. It was noted that the monthly monitoring reports show evidence of complaints auditing and records of action taken in relation to trend identification.

The agency has a complaints policy and procedure in place April 2016, which is also reflected within the Statement of Purpose and Service User Guide.

Incidents are reported to RQIA when required and it is evident that agency procedures are followed in relation to these. Incidents form part of the monthly monitoring and the agency’s operational plan objectives. Required actions are taken to address concerns; this is ongoing within the agency to enable them to reflect on any learning from incidents. The incident reporting policy was reviewed by the agency in November 2015.

A number of staff training events have taken place and mandatory training was up to date for all staff at the time of the inspection.

Supervision records examined by the inspector showed clear evidence of compliance with the agency’s own policy and procedures.

There was strong evidence of staff working in partnership with the commissioning HSC Trust. This was confirmed via records, within care plans and through discussions with the manager and staff. There is a whistleblowing policy and procedure and staff interviewed were aware of this. The policy was reviewed by the agency in March 2014.

There was evidence that staff were encouraged to be involved in the development and improvement of the service including measuring the outcomes for service users in relation to their care and support. This was noted within the staff meeting agendas, minutes and the agency's operational plan. The agency has a policy and procedure on staff supervision and appraisal. The manager reported that he undertakes supervision with team leaders who in turn supervise care staff.

There is a defined organisational and management structure that identifies the lines of accountability, specific roles and details responsibilities of all staff. This is included in the agency's Statement of Purpose.

The agency returned to RQIA a summary of complaints received between 1 January 2015 and 31 March 2016. The agency had received four complaints during this period which were fully satisfied. The agency's system for reviewing policies and procedures was in place and had been actioned. The agency has policies and procedures in place that go beyond statutory requirements to embrace good practice and these are followed by staff. The inspector noted a number of key policies that were subject to systematic review.

The agency's operational plan states a number of objectives that ensure outcomes for service users beyond statutory requirements:

- Measured outcomes for service users
- Service users involvement in staff recruitment
- Individual task analysis and goal achievements
- Tenant compatibility discussions
- Volunteer development
- Local community involvement
- Identification of quality improvement

There was evidence of regular and effective staff supervision, appraisal, and management of performance issues. The arrangements in place to manage incidents and complaints include measures to prevent recurrence of issues.

The audits within the agency are there to improve the quality of service delivery and individual outcomes for service users. The agency aims to make it possible for people to have control over decisions about their life and day-to-day decisions, as well as enabling people to do activities that they find important, enjoyable and meaningful.

Following discussions with staff, it was evident that service users are able to play a key role in how the service is managed. The central focus of provision is person centred. The agency reflects on its work using the outcome focus of the operational plan including, action plans and uses this information to challenge its own performance outcomes.

The Statement of Purpose and Service User Guide are kept under review, and have been revised when necessary.

Staff comments received during inspection:

*“Further training would benefit your personal learning and scheme improvement.”*  
*“The team leaders are there to listen to and support you with any concerns you have.”*

Two questionnaires returned from staff indicated that:

- Current staffing arrangements meet service user’s needs
- Any complaints from service users are listened to

Comments:

*“An extra member of staff during the day would help with one to one work and social activities.”*

## Areas for improvement

One area for improvement was identified during the inspection in relation to the supply of staff within service users’ homes. This requirement refers to staff identity and induction ensuring agency staff have the experience and skills required to perform the work for which they are supplied.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Joseph O Neill registered manager (Acting) as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

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

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 13

**Stated:** First time

**To be completed by:**  
15 September 2016.

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless— (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.

**Response by registered provider detailing the actions taken:**

The registered person will ensure that the agency follows the Praxis Care Use of Agency Staff Policy. Prior to being supplied by the external agency the agency will ensure that their information in relation to their fitness to work, Induction records, identity details, training records and personal details of the domiciliary care worker is confirmed by the agency and held on site. Furthermore the agency must ensure that written verification is received from the external agency confirming that it holds all the information in regards to the domiciliary care worker required under the regulations relevant to the service. If the agency staff who have been tasked with receipt of agency staff, are in any doubt as to the correct process or have any concerns about the authenticity of agency staff arriving at scheme they must seek managerial instruction before the agency worker starts work.

#### Requirement 2

**Ref:** Regulation 16 (5)  
(a)

**Stated:** First time

**To be completed by:**  
15 September 2016.

Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that— (a) a new domiciliary care worker (“the new worker”) is provided with appropriately structured induction training lasting a minimum of three full working days.

**Response by registered provider detailing the actions taken:**

If the agency is acting as an employment agency, the agency must confirm and have evidence the external agency have provided the minimum of three full working days induction training within their agency. Praxis Care will liaise with the external agencies and seek written clarification that the agency staff worker has been provided the minimum of three full working days induction training within their agency. The registered manager will check this with each new agency staff member for further clarification.

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 21 (1) Schedule 4 (5) (6)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2016.</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are—</p> <p>(a) kept up to date, in good order and in a secure manner;</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry; and (c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The registered person will ensure through monthly monitoring visits the agency is following Praxis Care Use of Agency Staff Policy. The Monthly monitoring reports will be sent to RQIA until further notice.</p> <p>The agency will ensure that records are kept up to date, in good order and in a secure manner. These documents will be retained for a period of not less than eight years beginning on the date of last entry. These records will be available at all times on the agency premises and available for inspections by any person authorized by the Regulation and Improvement Authority.</p>
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<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 23. (1) (2) (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 September 2016.</p>	<p><b>23.—</b>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</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 to 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 manner required by the Regulation and Improvement Authority. (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.</p> <p>This requirement relates to the monitoring of the supply of staff and the required records to be monitored. The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority. The report will be supplied to the RQIA monthly until further notice.</p> <p><b>Response by registered provider detailing the actions taken:</b></p> <p>On a monthly basis the registered person will ensure The Monthly Monitoring Visit Report will be supplied to the Regulation and Improvement Authority until further notice.</p> <p>The registered person will liaise with the Assistant Director of quality and governance to update the Monthly Monitoring Visit report to ensure all pre-employment checks are completed and that managers are made aware of the procedures in place when employing agency staff.</p>
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*\*Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address\**



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