

Unannounced Care Inspection Report 4 & 5 July 2016



Prospects

Type of Service: Domiciliary Care Agency
Address: 37 Movilla Street, Newtownards BT23 7JQ
Tel No: 02891826862
Inspector: Joanne Faulkner

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Prospects took place on 4 July 2016 from 10.00 to 18.30; in addition the inspector visited a number of service users on 5 July 2016 from 15.00 to 16.00 in their own homes.

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

Is care safe?

The agency has in place recruitment, staff training and induction systems and ensures that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. However, it was identified that a recommendation made following the previous inspection in relation to the development of induction and supervision policies had not been met. In addition it was identified that the agency's policy and procedures for selection and recruitment were required to be reviewed and updated.

Is care effective?

The agency responds appropriately to meet the individual needs of service users through the assessment of need and the development of individualised care plans. The agency has in place systems for reviewing and monitoring of quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and stakeholders; this was verified by observations made and discussions with staff and service users. It was identified that the agency's Statement of Purpose and Service User's Guide are required to be reviewed and updated to reflect recent staff reorganisation within the agency and in accordance with the Regulations.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence and equality was embedded throughout staff attitudes and the provision of individualised care. It was identified from observations made and discussions with service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of support provided to service users to enable them to take positive risks to live a more meaningful life. The inspector identified evidence of a range of positive outcomes for service users. The agency has systems in place for obtaining the views and opinions of service users and their representatives. No areas for improvement were identified during the inspection.

Is the service well led?

It was identified that a number of the agency's policies and procedures were required to be reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. This had previously been identified during a recent inspection and was assessed as being not met. There has been a recent change in management arrangements within the agency due to restructuring within the organisation and staff vacancies. The registered person and senior managers have recently reviewed and implemented management and governance systems to ensure that the agency operates in accordance with the Minimum Standards and promotes effective service delivery and positive outcomes for service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure. Evidence of collaborative working partnerships with HSCT representatives was evident during the inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3*

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sherri Sargent, Registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

*Two of the total number of recommendations above have been stated for the second time.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Prospects NI/Sherri Sargent (Registration pending)	Registered manager: Charlotte Light
Person in charge of the agency at the time of inspection: Charlotte Light	Date manager registered: 2 October 2012

3.0 Methods/processes

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

- Discussion with the registered person, manager and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Service users' care records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Staff Handbook
- Recruitment and Selection Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- Data Protection Policy
- Statement of Purpose
- Service User Guide

It was identified from records viewed that a number of the agency's policies and procedures are required to be reviewed and updated in accordance with the timescales detailed within the minimum standards.

During the inspection the inspector met with three service users, the manager, six staff members, and the registered person.

Questionnaires were distributed for completion by staff and service users during the inspection; six staff questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Prospects, is a supported living type domiciliary care agency based in North Down and Ards. The agency provides care and support to adults with learning disabilities to enable them to live as full a life as possible.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independantly as possible and maximising quality of life.

The agency currently provides personal care and support to a number of service users living in various locations within the North Down and Ards area; the agency's registered office is located close to Newtownards town centre. Service users have individual tenancies with a number of housing associations, providing them with accommodation rights irrespective of their care and support needs.

Discussion with the manager, staff, service users and the organisations compliance monitoring staff provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the registered person, manager, service users, and agency staff for their support and co-operation throughout the inspection process.

4.2 Review of requirements and recommendations from the last care inspection dated 10 July 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 14.(d)</p> <p>Stated: Second time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the services arranged by the agency, are provided-</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that written evidence is available in the service user's records confirming service users capacity.</p> <p>The registered person must ensure that documentary evidence in place to confirm those persons acting as appointee for a service user.</p> <p>The registered person must ensure that the individual service user's agreement with the agency accurately reflects these arrangements and the records to be kept.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>It was identified from records viewed and discussions with the registered person that the agency has worked in conjunction with the HSCT in relation to assessing service users' capacity. Records viewed include details of person acting as appointee for individual service users.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14.(b)</p> <p>Stated: Second time</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency engage with the commissioning trust highlighting the inappropriate charges which the service users are paying and request the funding arrangements are reviewed.</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>It was noted that the agency has engaged with the HSCT in relation to a review of the funding model.</p>	<p>Requirement 3</p> <p>Ref: Regulation 21.- (1)(a) Schedule 4</p> <p>Stated: First time</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>This requirement relates to the registered person ensuring that the agency's staff rota information details the full names of staff provided and that a key for abbreviations used is included.</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector identified from records viewed that the agency's staff rota information detailed the full names of staff provided an abbreviation list was included.</p>			

Last care inspection recommendations	Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 4.2</p> <p>Stated: Second time</p>	<p>The agreement between the service user and the service provider specifies the terms and conditions of the service provision with reference to relevant policies.</p> <p>It is recommended the service users' guide contain information outlining the procedures for the provision of staff meals when accompanying a service user on outings.</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the service users' guide denotes that staff pay for their own food when accompanying a service user on outings.</p>
<p>Recommendation 2</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p>	<p>It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates specifically to the agency's induction and supervision processes.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency are currently in the process of reviewing all policies and procedures; the manager stated that this will include developing policies relating to staff induction and supervision.</p>
<p>Recommendation 3</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p>	<p>It is recommended that the agency's policies and procedures are subject to a systematic 3 yearly review.</p> <p>This recommendation relates specifically to the agency's Appraisal Policy.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was identified that the agency are currently in the process of reviewing all policies and procedures.</p>

4.3 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment and selection policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment; it was identified that the policy is required to be reviewed and updated in line with timescales outlined in the minimum standards. The inspector viewed a checklist detailing checks completed by the agency's human resources department prior to commencement of employment. It was noted that the manager receives confirmation the required checks have been completed; the manager stated that staff are not provided until all necessary checks and induction training has been completed.

It was identified that the organisation is currently in the process of developing an induction procedure; the induction booklet provided to staff records the induction programme lasting at least three days which is in accordance with the regulations. Staff stated that they are required to complete mandatory training during their initial induction; records viewed outlined the information and additional supervision and support provided during the probationary period.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity. It was identified from discussions with the manager that relief staff are regularly accessed from another domiciliary care agency due to ongoing staff vacancies. Staff could describe the impact of frequent staff changes on service users and the benefits of continuity of care.

Staff stated that the agency's induction programme included training, shadowing other staff members, meeting service users and becoming familiar with their care needs. Staff stated that they had the knowledge, skills and support to carry out their roles and described the importance of respecting the privacy, dignity and views of service users.

Discussions with the manager, staff and service users indicated that an appropriate number of skilled persons are available at all times. Staff rota information viewed reflected staffing levels as described by the manager and staff. The manager described ongoing staff recruitment and retention issues due to a recent review of staffing arrangements and reorganisation of the staff shift patterns. It was noted that the agency are currently accessing a number of relief staff from another domiciliary care agency to cover shifts; it was noted that a number of these staff had been working in the agency on a long term basis and are familiar with the needs of the service users.

The manager stated that the agency's supervision and appraisal policy is currently being reviewed. It was identified that the agency maintains a record of staff supervision and appraisal. Staff who spoke to the inspector confirmed that they received supervision and appraisal and felt that they were beneficial to their role.

The agency has an electronic system for recording staff training; it was viewed by of the inspector. Staff stated that they are encouraged to identify individual training needs and confirmed that training is discussed during supervision and appraisal meetings.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the Safeguarding of Vulnerable Adults developed in 2011; it was identified that the policy was required to be updated in line with timescales outlined within the minimum standards and in response to the DHSSPS regional guidance: 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The manager stated that the policy is currently being reviewed and updated.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the manager and records viewed indicated that the agency has adhered to their policy and procedures in dealing with allegations of any suspected or actual abuse. The inspector discussed with the manager the benefits of maintaining a record of the outcomes of any referral made or investigation undertaken.

Discussions with staff and training records viewed indicated that staff are provided with face to face training in relation to safeguarding vulnerable adults during their induction period and are required to complete an electronic update annually. It was identified that a number of staff required a training update; the inspector viewed information detailing planned training dates.

Staff who spoke to the inspector demonstrated that they had an understanding of safeguarding issues and could describe the procedure for reporting concerns. Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible reducing or eliminating unnecessary risk to service users health, welfare and safety. It was noted from documentation viewed and discussions with staff that risk assessments and care plans completed in conjunction with service users and where appropriate their representatives are reviewed three monthly. The inspector noted that service users have an annual review of their needs and the care and support they need which involves their HSCT representative.

The agency's registered premises are located in a separate location than the service users' accommodation; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Service user comments

- 'I am happy with things.'
- 'Staff are good.'
- 'Staff help me sort things out.'
- 'Staff help me with my money.'

Staff comments

- 'We have agency staff at the moment due to staff vacancies.'
- 'I get supervision and appraisal.'

Areas for improvement

Areas for improvement identified during the previous inspection in relation to the agency's induction and supervision policies have been assessed as being not met and has been stated for a second time. In addition it was identified that the agency's recruitment and selection policy is required to be reviewed and updated.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

The inspector reviewed that agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide; however it was identified that they were required to be reviewed and updated in accordance with the Regulations.

The inspector noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the current organisational policy. It was identified that the agency's data protection policy was required to be reviewed and updated in accordance with timescales outlines in the Minimum Standards.

Service users indicated that they participate in the development of their care plans. The inspector viewed a number of individual service user care plans and noted that staff record daily the care and support provided to service users. The manager described how the agency is currently in the process of updating the care plans of each individual service user within timescales agreed with senior managers. Records viewed indicated that care plans are reviewed in accordance with the agency's policies and procedures. It was noted that service users have an annual review of their care needs.

Discussions with the registered person and records viewed indicated that the agency is in the process of reviewing and implementing additional arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector viewed a Service Improvement plan (SIP) currently in place and noted that it is reviewed weekly by the manager in conjunction with senior managers within the organisation.

The agency's monthly quality monitoring records were viewed by the inspector; it was noted that they included the views of service users and where appropriate their representatives. In addition the record includes details of the audit of complaints, accidents, incidents, safeguarding referrals; a review of staffing, documentation and financial management arrangements are also completed.

The manager stated that the agency does not currently facilitate formal service user meetings; they stated that due to the location of the service users' homes and the needs of the service users it is more effective to meet service users individually or in small groups. Discussions with service users indicate that they are encouraged and supported to express their views on a range of matters relating to their care and support.

The inspector viewed records of service users' monthly keyworker meetings in an easy read format and noted that the views of service users had been recorded.

It was noted that service users are provided with details of the agency's complaints procedure and that the agency maintains a record of all complaints.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to staff at any time. The agency facilitates monthly service user keyworker and staff meetings and a record of issues discussed is maintained.

The registered person could describe examples of recent liaison with HSCT representatives in order to achieve better outcomes for service users.

Service users' comments

- 'I am happy with everything.'
- 'Staff help me with my dinner.'
- 'I am worried about my day centre closing; staff are going to speak to my social worker.'

Staff comments

- 'Service users are given choice.'
- 'Service users where possible are supported to be involved in their care planning and review meeting.'

Areas for improvement

Two areas for improvement were identified in relation to the agency's Statement of Purpose and Service user's guide and the Data Protection Policy.

Number of requirements	1	Number of recommendations:	0
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4.5 Is care compassionate?

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect are embedded in ethos of the organisation and that staff endeavour to provide care in an individualised manner.

Staff could describe the importance of confidentiality and described how the views and choices of service users are paramount to how the care and support is delivered. Staff could describe examples of how they support service users to live a fulfilling and meaningful life.

Service users indicated that they are supported to participate in making decisions relating to the care they receive.

It was noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to the views of service users and their representatives are maintained through the complaints process, monthly quality monitoring, annual review meetings involving HSCT representatives and annual service user questionnaires. The manager stated that questionnaires to ascertain the views on the quality of the service provided are to be issued to relevant stakeholders in the following months and annually thereafter.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users. The inspector observed that service users were supported to make choices regarding their daily routine and activities. Service users who spoke to the inspector indicated that staff respect their privacy and dignity.

The inspector viewed information in an alternative format provided to service users to promote a clearer understanding of the information being communicated.

The agency has recently undergone a comprehensive audit of the service being provided and a compliance monitoring action plan has been developed to address areas identified for improvement. The agency's monthly quality monitoring and satisfaction questionnaires provide evidence of consultation with service users.

Service users' comments

- 'I like living here.'
- 'Staff take me out shopping.'
- 'I am going on holiday tomorrow.'
- 'Need more staff that can drive the transport.'

Staff comments

- 'I like working here.'
- 'The service users can tell us what they want to do.'
- 'We take the service users out as much as we can.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that due to staff changes and restructuring within the organisation there is a plan to change the management arrangements in place within the agency.

It was noted that a recent review of staffing arrangements had resulted in a number of staff vacancies; staff and service users could describe the impact staff changes. The inspector noted that the agency is currently in the process of recruiting additional staff.

The inspector viewed a range of the agency's policies and procedures; it was noted that a number of those in place are required to be reviewed and updated in accordance with the timescales outlined within the Minimum Standards, and relevant legislation and guidelines. It was noted that the policies and procedures are retained electronically and additionally in paper format stored within the agency's office. The inspector was provided with assurances by the registered person that the organisation are currently pursuing a more effective method for staff to access the agency's policies and procedures whilst in the service users homes.

Discussions with the registered person and the manager indicated that the agency is currently in the process of reviewing current governance arrangements and implementing systems to promote the identification and management of risk. These include the review and updating of required policies and procedures, staffing arrangements, monthly audit of complaints, safeguarding incidents, and incidents notifiable to RQIA.

The agency's complaints policy which is required to be updated outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with the manager and staff indicated that they were familiar with the process for receiving and managing complaints.

It was identified that arrangements for managing and monitoring of incidents and complaints includes mechanisms for auditing, identifying trends and reducing the risk of recurrences. Documentation viewed provided evidence of staff supervision and appraisal. The registered person and manager could describe the needs for the ongoing review and monitoring of services provided to identify areas for improvement, and provide better outcomes for service users.

The organisational and management structure of the agency details lines of accountability and roles and responsibilities of staff. It was noted that staff have recently been re-issued with a job description outlining their individual role and responsibilities. Service users were aware of staff roles and had knowledge of who to speak to if had a concern.

The registered person (pending) has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are currently under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussions with staff during the inspection indicated that there are collaborative working relationships with external stakeholders, including where appropriate HSCT representatives.

Staff stated that they can access support of the senior or manager at any time and described the process for receiving support out of office hours. They were familiar with lines of accountability and knew who to contact if they required support. Staff had knowledge of the detail of the agency's whistleblowing policy and could describe their responsibility in reporting concerns.

Service user comments

- ‘Staff are very good.’

Staff comments

- ‘Training is good.’
- ‘**** is very supportive.’
- ‘The manager is approachable.’

Areas for improvement

One area for improvement identified during the previous inspection in relation to reviewing the agency’s policies and procedures has been assessed as being not met and has been stated for a second time.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sherri Sargent, Registered person 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, 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 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to agencies.team@rqia.org.uk for review 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 7(a) Stated: First time To be completed by: 4 October 2016	<p>The registered person shall (a)keep under review and, where appropriate, revise that statement of purpose and the service user's guide;</p> <p>Response by registered provider detailing the actions taken: PThis has now been reviewed and re-issued to people we support and copies kept in the registered office.Please see attached copies.</p>
Recommendations	
Recommendation 1 Ref: Standard 9.1 Stated: Second time To be completed by: 4 October 2016	<p>It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates specifically to the agency's induction and supervision processes.</p> <p>Response by registered provider detailing the actions taken: This has been reviewed and placed for staff in office, please see attached policy</p>
Recommendation 2 Ref: Standard 9.5 Stated: Second time To be completed by: 4 October 2016	<p>It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation relates specifically to the agency's Appraisal Policy.</p> <p>Response by registered provider detailing the actions taken: This is being reviewed and placed for staff in office, please see attached policy.</p>
Recommendation 3 Ref: Standard 9.5 Stated: First time To be completed by: 4 October 2016	<p>It is recommended that the agency's policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation relates specifically to the agency's recruitment and selection, and data protection policies.</p> <p>Response by registered provider detailing the actions taken: This is attached data protection policy, the recruitment & selection policy is currently under review.</p>

****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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