



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Establishment: Rodgers Community Care
Establishment ID No: 11100
Date of Inspection: 30 September 2014
Inspector's Name: Amanda Jackson
Inspection No: 16567

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Rodgers Community Care
Address:	404 Enterprise Crescent Ballinderry Road Lisburn BT28 2BP
Telephone Number:	(028) 9267 8800
E mail Address:	rodgerscc@btconnect.com
Registered Organisation / Registered Provider:	Rodgers Community Care Ltd / Mr Michael Dean Rodgers
Registered Manager:	Mrs Isobel Maria Janene Swain
Person in Charge of the agency at the time of inspection:	Mrs Isobel Maria Janene Swain
Number of service users:	192 (includes 22 children with Physical and learning disabilities)
Date and type of previous inspection:	11 December 2013 / Primary Announced
Date and time of inspection:	Annual Unannounced Inspection 30 September 2014 08.45 to 16.00 hours
Name of inspector:	Amanda Jackson

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	3
Staff	7
Relatives	4
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	35	32

Inspection Focus

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

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

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

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

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

Profile of Service

Rodgers Community Care provides services to approximately 192 service users (4 additional service users since the previous inspection) supported by a team of 76 staff (a reduction of 11 staff since the previous inspection). All client groups are in receipt of services including 22 children or persons less than 18 years of age (an additional 7 from the previous inspection). Children's services include personal care to children with a disability, some supervised calls and social activities to children and young people who are within the autistic spectrum. Areas covered include the city of Lisburn, and Co.Down. Services are provided to those with elder care needs, physical disability and learning disability in their own homes. These geographical areas cover both the South Eastern Health and Social Care Trust and a small number within the Belfast Health and Social Care Trust. All except one service user are commissioned by HSC Trusts.

One recommendation made during the agency's previous inspection on 11 December 2013 was found to be 'compliant'. This outcome is to be commended.

Summary of Inspection

Detail of inspection process

The annual unannounced inspection for Rodgers Community Care was carried out on 30 September 2014 between the hours of 08.45 hours and 16.00 hours. The agency has made good progress in respect of the identified areas discussed in the body of this report.

Visits to service users were carried out by the UCO prior to the inspection on 23 and 24 September 2014 and a summary report is contained within this report. Findings following these home visits were discussed with Janine Swain (registered manager).

The inspector had the opportunity to meet with seven staff members on the day of inspection to discuss their views regarding the service and their feedback is included within the body of this report. Staff feedback detailed appropriate line management support and competence. Discussion with the staff group during inspection supported that they have an appropriate knowledge in the area of recording. Staff also described recruitment processes in line with the agency policy and procedure.

Three requirements and three recommendations have been made in respect of the outcomes of this inspection.

Staff survey comments

35 staff surveys were issued and 32 received which is an excellent response.

Staff comments included on the returned surveys were:

"The agency has been very supportive to me whilst going through personal things and health problems varying my work schedule / load when necessary."

"The last few months I have been quite happy with Rodgers Community Care and I have aquired more hours a good team to work with."

"More time with clients."

“I enjoy working here and provide good services to myself and client.”

“Great team.”

“The agency puts the client first and treats them all individually. The standard is very high.”

“Good.”

“Excellent support for care workers - approachable at all times.”

“I feel there is a good standard of care provided in a caring and sympathetic way.”

“More time between calls. More info on the calls you go to.”

Home Visits summary

As part of the inspection process RQIA’s User Consultation Officer (UCO) spoke with three service users and four relatives on 23 and 24 September 2014 to obtain their views of the service being provided by Rodgers Community Care. The service users interviewed live in the Hillsborough and Dromore areas, have been using the agency for a period of time ranging from four months to twelve years, receive at least one call per week and are receiving the following assistance:

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

The UCO was advised that care is being provided by small, consistent teams; this was felt to be beneficial as it allows a relationship to develop between the service user, family and carers. It was good to note that service users or their representatives are usually introduced to new members of staff by a regular carer. All of the people interviewed confirmed that there were no concerns regarding the timekeeping of the agency’s staff and they would usually be advised by the agency if their carer had been significantly delayed, this is good practice.

It was good to note that all of the people interviewed had no concerns regarding the quality of care being provided by the staff from Rodgers Community Care. None of the people interviewed had recently made a complaint about the agency, however all were aware of whom they should contact if any issues arise. The majority of the people interviewed were able to confirm that management from the agency visit to ensure their satisfaction with the service and that observation of staff practice had taken place in their home.

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

- “Rodgers are a good agency. They treat us with respect.”
- “Can’t say that there have been any issues.”
- “No complaints at all.”
- “The carers are all very pleasant and we have developed a good relationship with them. It’s important to trust the carers.”

Documentation is one of the themes being inspected during the 2014 / 15 inspection year; as part of the home visits the UCO reviewed the documentation kept in the home of four service users. During the home visits, the UCO was informed that one service user experiences restraint in the form of bed rails and lap bands; the use of such was documented in the risk assessment.

Review of the risk assessments and care plans advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. One service user is receiving assistance with medication by the carers from Rodgers Community Care and the medication log was being completed appropriately.

All visits by carers are to be recorded on log sheets which are held in the service user's home. On review of the log sheets for one service user, it was noted that calls taking place at the local swimming pool are not being recorded in the agency's file. The matter was discussed with the registered manager who is requested to ensure that a record of these calls is made and, if appropriate, their policies and procedures are amended accordingly to reflect any calls that are taking place outside the service user's home. This area was reviewed by the inspector during the inspection day, the policy and procedure has been amended accordingly and the practice for recording this call is due to commence with immediate effect.

Summary

Theme one - Management and control of operations

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

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

The agency's 'Quality Assurance' policy dated August 2013 and 'Statement of Purpose' dated October 2013 viewed contain details of the organisational structure, the qualifications and experience of senior staff and include the roles and responsibilities of each grade of senior staff.

Discussions with the registered manager Janene Swain during inspection and review of records for the manager and management staff supported a process in place for some but not all areas of mandatory training consistent with the RQIA mandatory training guidelines 2012. Additional areas of training and associated competency assessments have been requested for review.

A staff competency process is operational within the agency and was reviewed for a number of areas during 2013/14 for staff with exception to those areas referenced in the previous paragraph.

Review of appropriate supervision and appraisal processes for all management staff were confirmed during inspection however appraisal has yet to be implemented for the agency manager in the coming months.

Monthly monitoring processes are currently in place and operational. The report template was reviewed during inspection as appropriate and included the area for staff competence as appropriate.

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

Two requirements and one recommendation have been made in relation to this theme and relate to the registered manager and management staff training and competence in accordance with RQIA mandatory training guidelines (Regulation 11(1), 11(3) and 13(b), the revision of the staff supervision and appraisal policies and implementation of appraisal for the manager in line with Regulation 16(2)(a), Standard 9, Appendix 1 and Standards 13.2 and 13.5.

Theme 2 - Records management

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

The agency has a policy and procedure in place on 'Record Keeping' dated September 2014 and Record keeping and communication dated January 2012 which were found to be satisfactory and in line with standard 5 and contain guidance for staff on this subject.

A range of templates reviewed during inspection supported appropriate processes in place for service user recording in the areas of general care, medication and shopping. Review of service user home files prior to the inspection supported compliance in these areas.

The agency has a policy and procedure in place on the use of restraint dated March 2011 which was due for review March 2014 which was reviewed as satisfactory but required for review update.

The agency currently provides care to a number of service users that require some form of restraint. The care plan and risk assessment reviewed during the UCO visits in relation to this area were found to be fully detailed.

The agency has a policy and procedure on 'Handling Service Users Monies' dated January 2012. This was reviewed during inspection as appropriate and the process viewed as compliant with two service user files reviewed during inspection.

One recommendation has been made in relation to this theme and relates to review of the agency restraint policy in line with Standard 9.1 and appendix 1.

Theme 3 – Recruitment

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

Review of the agency policy, procedure and recruitment records confirmed compliance with Regulation 13 and schedule 3 and Standards 8.21 and 11.2 with exception to revision of the recruitment policy to include the agencies procedure and the agency to obtain the staff identification information for one current staff member and all future new staff members.

One requirement and one recommendation have been made in respect of this theme.

The Inspector and UCO would like to express their appreciation to service users, relatives and staff for the help and cooperation afforded during the course of the inspection.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Minimum standard 8.12	The registered manager is recommended to include the views of staff within their annual quality review process.	<p>Completion of a staff annual quality process took place in May 2014. This involved staff completing an anonymous questionnaire regarding staff views on areas such as management support, training and suggestions for improvement to quality of care.</p> <p>A report was reviewed during inspection following this process and reflected clearly the areas highlighted as good by staff and those which they felt required attention, together with how the agency plan to address any matters raised by the staff. This recommendation was reviewed as compliant.</p>	Once	Compliant

THEME 1 Standard 8 – Management and control of operations Management systems and arrangements are in place that support and promote the delivery of quality care services.	
<p>Criteria Assessed 1: Registered Manager training and skills</p> <p>Regulation 10 (3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.</p> <p>Regulation 11 (1) The registered manager shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill.</p> <p>Standard 8.17 The registered manager undertakes training to ensure they are up to date in all areas relevant to the management and provision of services, and records of such training are maintained as necessary for inspection (Standard 12.6). Ref: RQIA’s Guidance on Mandatory Training for Providers of Care in Regulated Services, September 2012</p>	
<p>Provider's Self-Assessment:</p>	
<p>A Statement of Purpose and Service Users Guide are in place and available. Policies, procedures and training are in place, available, implemented and regularly reviewed.</p> <p>The Registered Manager has worked in various roles in the Domiciliary Care sector for the past 20 years, 10 years of which have been in a supervisory/management position. The Registered Manager attends relevant training for this position including appraisal, supervision and management decision making, Customer service and complaints, Risk Assessment, Keeping Adults safe training, Protection of Vulnerable Adults Policy Development, Designated Officer for Safeguarding Children, Care assessment and documentation etc. and continues to update in all mandatory training as and when required. A Training record for the Registered Manager is available within the Agency.</p> <p>The Manager had completed and attained a NVQ Level 4 Management prior to registration. The Manager has been registered with RQIA, as the Registered Manager of Rodgers Community Care Ltd, since 2008 and has met the RQIA criteria for this position. The registered Manager is in the process of completing the</p>	<p>Compliant</p>

Level 5 Health and Social Care management diploma.

The Registered Manager has been and is currently registered with NISCC, without condition, since 2008. A Copy of this registration is available within the agency.

Part of the Registered Manager role is ensuring the Agency is managed in accordance with legislation, DHSSPS guidance, minimum standards, protocols and processes issued by Health and Social Care Services (Trust). Policies and procedures are reviewed on a regular basis or as legislation, guidance and Trust/organisational protocols change.

To ensure the Agency is managed in accordance with minimum standards, work practices and skills are continually monitored through regular staff spot checks, supervision, appraisals, training, competencies, in-house audits and quality reports, inspection and monitoring visits including those from RQIA, HSC Trusts, Access NI, Employment Equality etc.

These reviews allow the Agency and Manager to identify any quality issues, training needs or updates/review of competencies, policies and procedures.

The Responsible Person/Director carries out Supervision with the Registered Manager on a monthly basis. This protected supervision time is used to assist to identify any current or future performance requirements, personal training and development needs and accomplishments. Any issues/areas of concern and actions required to promote the delivery of services within the agency, are discussed and recorded on the Managers supervision form. Solutions to issues are sought and implemented as soon as is practicable.

Inspection Findings:

The statement of purpose dated October 2013 and the policy on Quality Assurance dated August 2013 which incorporates 'Management and control of the agency' were reviewed as compliant reflecting a clear structure regarding management within the agency. This structure included the registered person Michael Rodgers, registered manager Janene Swain, together with the line manager Gena Sanderson and co-ordinators Elaine Gilfillan and Helen Bradshaw and all other staff including management and care staff.

Training records for the registered manager Janene Swain were found to be in place regarding the majority of mandatory training in compliance with RQIA mandatory training guidelines (September 2012) with exception to Medication training which is due for update in November 2014 and Fire Safety which is due for update on Friday 3 October 2014. The manager has also completed training in the areas of supervision and appraisal in 2013 and

Compliant

Compliant

<p>this is to be commended.</p> <p>Most areas of training reviewed did not include a competency assessment for the registered manager Janene Swain as Janene carries out most of the training for the staff team following on from her own training updates. Manager competence is due to be assessed by the registered provider as part of the managers appraisal process which is being implemented over the next few months.</p> <p>Review of all training records and competency assessments is required to ensure compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers</p> <p>The registered manager Janene Swain is currently enrolled on the Level 5 QCF training and has previously completed the level 4 training. This is to be commended in terms of keeping abreast of new areas of development.</p> <p>It was discussed and reviewed during inspection that the registered manager is currently registered with NISCC from 2011 to 2014.</p>	<p>Moving towards compliance</p> <p>To be completed three months from the date of inspection.</p> <p>Compliant</p> <p>Compliant</p>
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<p>Criteria Assessed 2: Registered Manager's competence</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	
<p>Provider's Self-Assessment:</p>	
<p>Appropriate policies and procedures are in place, available, implemented and regularly reviewed.</p> <p>To ensure the Agency is managed in accordance with minimum standards, work practices and skills are continually monitored through regular staff spot checks, supervision, appraisals, training, competencies, in-house audits and quality reports, inspection and monitoring visits including those from RQIA, HSC Trusts, Access NI, Employment Equality etc. These reviews allow the Agency and Manager to identify any quality issues, training needs or updates/review of competencies, policies and procedures.</p> <p>Client updates and reviews incorporating the clients and/or their representatives views, opinions, concerns or complaints are carried out regularly. Staff and Trust representatives quality monitoring are carried out on an annual basis. Any follow up action, improvements required, further training or updating of competencies are identified, addressed and implemented. Employees are informed of and where relevant, receive documentation regarding any changes or updates required.</p> <p>The information from these reviews and records are collated and summarized in the Monthly Quality Monitoring Report by the Responsible person/Director. Quality Monitoring includes a summary of complaints, complements, Untoward incidents, Client reviews/concerns, client satisfaction percentage, concerns raised to or by staff, Monitoring, Supervision and Staff Disciplinary, training provided and numbers in attendance, services commenced and finished, planned Improvements, action Plans and</p>	<p>Compliant</p>

timescales and any outstanding issues or their outcomes from the previous month.

The information from these monthly reports is collated and summerized in an Annual Quality report by the Responsible Person/Director of the Agency. A summery of this Report is provided to each client and/or their representative. A copy of the Agencys full Annual Quality report can be mnade available upon wriiten request. The Agency provide a copy of this report to the Health and Social Care Trust and RQIA.

Any further action identified including the review of policies, procedures or training requirements, are addressed, implemented and the relevant people informed.

Staff are provided with Administration of Medication training including the reporting of errors and incidents, during their Induction training, updates and competency updates, team meetings, supervision and appraisals. When medication Incidents are received by the agencys co-ordinators, clarification is sought from an appropriate Medical practitioner and any appropriate action implemented/ clients representative informed. Untoward Incident forms are completed by the relevant office co-ordinator and a copy forwarded to the relevant Trust representative and the Registered Manager. The Manager completes the relevant RQIA referral form and any follow up action, improvements required, further training or updating of competencies are addressed and implemented, careplans updated with further or relevant information.

The Registered Manager carries out performance appraisels on an Annual basis during the months of September/October, with all employees of the organistaion. Appraisals are used to assist to identify the employees understanding of their job description, any current or future performance requirements, training and development needs and accomplishments. Any issues/areas of concern and actions required for improvement, are discussed and recorded on the individuals appraisal form. Solutions to issues are sought and implemented as soon as is practicable. Appraisal information is collated and summarised in an Annual Appraisal Audit.

Inspection Findings:

The agency Supervision policy dated August 2014 and the Appraisal policy and procedure dated March 2011 which was due for review March 2014 was clearly referenced regarding practices for care staff but did not clearly reflect the processes for management staff supervision. Revision of the policies and procedures is required.

Substantially compliant

To be completed one month from the date of inspection

<p>Appraisal for the manager does not currently take place on an annual basis as it does for all other staff within the agency and this has been requested for review. Supervision currently takes place monthly and was reviewed during inspection as compliant.</p>	<p>Substantially compliant</p>
<p>The inspector reviewed the agency log of two medication incidents reported through to RQIA over the past year. Review of these incidents confirmed appropriate recording and reporting to RQIA regarding the medication matters within appropriate timeframes.</p>	<p>To be completed three month from the date of inspection</p>
<p>Monthly monitoring reports completed by the registered person Michael Rodgers were reviewed during inspection for May, June and July 2014 and found to be detailed, concise and compliant. Review of the report template during inspection also referenced the details of staff competency matters as they arise and this is to be commended.</p>	<p>Compliant</p>
<p>The agency had completed their annual quality review for the year April 2013 to March 2014 which was viewed; this document included their evaluation of staff training completed to date and their proposed future training requirements.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Management staff training and skills (co-ordinators, senior carers etc)</p> <p>Regulation 13 (b) The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work he is to perform.</p> <p>Standard 7.9 When necessary, training in specific techniques (the administration of medication eg eye/ear drops or the application of prescribed creams/lotions) is provided for named care workers by a qualified healthcare professional.</p> <p>Standard 12.4 The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>Standard 13.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
<p>Provider's Self-Assessment:</p>	
<p>A Statement of Purpose and Service Users Guide are in place and available. Appropriate policies and procedures are in place and available. As documented in Theme 1 and Criteria 4</p> <p>Appropriate training and updating of co-ordinators. The Co-ordinating staff in Rodgers Community Care Ltd have been trained to and attained their NVQ Level 3 in Health and Social Care. The Co-ordinators training needs have been achieved through structured Induction training (minimum of 4 days) prior to commencement of employment and ongoing training, updates and competencies as provided by the Agency including Manual handling, Infection control, Protection of Vulnerable Adults, Safeguarding Children, Administration of medication, etc as and when required. A Training record for each Co-Ordinator is available within the Agency. Individual co-ordinators have also attended specific training including, Understanding Parkinsons, Pressure Ulcer Awareness, Risk Assessment, Care assessment and documentation. x1 Co-ordinator is registered with NISCC without conditions from 2008 and x 2 Co-ordinators are in the process of registering with NISCC.</p> <p>A competency aspect to staff training has been developed and implemented through the Health and Social Care Trust and within the agency. This reflects the competency of all suitably trained staff including co-</p>	<p>Compliant</p>

ordinating staff, to attend to/carry out, monitor specific techniques e.g. administration of medication etc. (as documented in Criteria 4)

Supervisions and appraisals are undertaken with co-ordinators by the Registered Manager/Managing Director, who have received appropriate training, thus enabling them to attend to this role (as documented in Criteria 1).

The Co-ordinators assist in the processes of staff spot checks, issue related staff supervisions, client updates, monitoring and reviews. These duties are monitored and any concerns or issues raised by the co-ordinators, are addressed/clarified with the Registered Manager and any appropriate action implemented.

Inspection Findings:

The agency holds a training and development policy and procedure dated August 2013 which sits alongside the monthly training programme for mandatory training. Review of this policy was found to be in line with RQIA mandatory training guidelines 2012 and confirmed as compliant.

Training records for the line manager Gena Sanderson and one of the two co-ordinators Elaine Gilfillan reviewed during inspection were found to be in place regarding a number of areas of mandatory training in compliance with RQIA mandatory training guidelines (September 2012). A number of training areas evidenced certificates but no competency assessments whilst other areas reflected the opposite. Review of all training records and competency assessments is required for review in compliance with RQIA mandatory training guidelines (September 2012) and any additional training deemed appropriate for managers.

The inspector further requested training for those management staff in the areas of supervision and appraisal as appropriate, should management staff undertake such tasks in the future.

Compliant

Moving towards compliance

To be completed three months from the date of inspection.

<p>Criteria Assessed 4: Management staff competence (co-ordinators, senior carers etc)</p> <p>Standard 8.10 Working practices are systematically audited to ensure they are consistent with the agency’s documented policies and procedures and action is taken when necessary.</p> <p>Standard 7.13 Medication errors and incidents are reported, in accordance with procedures, to the appropriate authorities.</p> <p>Standard 12.9 The effect of training on practice and procedures is evaluated as part of quality improvement.</p> <p>Standard 13.5 Staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>This is achieved as documented in Theme 1 and Criteria 2 and 3</p> <p>All employees including the agency co-ordinators, are provided with Administration of Medication training including the reporting of errors and incidents, during their Induction training, updates and competency updates, team meetings, supervision and appraisals. When medication Incidents are received by the agency's co-ordinators, clarification is sought from an appropriate Medical practitioner and any appropriate action implemented/ clients representative informed. Untoward Incident forms are completed by the relevant office co-ordinator and a copy forwarded to the relevant Trust representative and the Registered Manager. Any follow up action, improvements required, further training or updating of competencies required are forwarded to the the co-ordinator, who addresses and implements the improvements, including updating of careplans, informing the applicable individual of further or relevant information.</p> <p>The Registered Manager carries out performance appraisals on an Annual basis during the months of September/October, and Protected Monthly Supervisions with each Co-Ordinator. Appraisals and Supervisions are used to assist to identify the employees understanding of their job description, any current or future performance requirements, training and development needs and accomplishments. Any issues/areas of concern and actions required for improvement, are discussed and recorded on the individuals appraisal/supervision form. Solutions to issues are sought and implemented as soon as is</p>	<p>Compliant</p>

practicable. Appraisal information is collated and summarised in an Annual Appraisal Audit. Information recorded during the co-ordinators protected monthly supervision and team meetings, are collated, summarized and any actions identified and required, including the review of policies, procedures or training, are addressed and implemented accordingly.

Inspection Findings:

Appraisals for the line manager Gena Sanderson and co-ordinator Elaine Gilfillan currently takes place annually and were reviewed during inspection for 2013. Supervision for both staff members takes monthly and was also reviewed as compliant during inspection.

Compliant

The current monthly monitoring reports provide comment on staff competence matters when they arise and this was reviewed during inspection with the registered manager Janene Swain for June 2013.

Compliant

Georgena Sanderson (line manager) was reviewed during inspection as registered with NISCC 2011 to 2014. The co-ordinator Elaine Gilfillan is currently registering with NISCC and the second co-ordinator Helen Bradshaw is currently registered with NISCC 2014 to 2019.

Compliant

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

COMPLIANCE LEVEL

Compliant

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

COMPLIANCE LEVEL

Compliant

THEME 2
Regulation 21 (1) - Records management

Criteria Assessed 1: General records

COMPLIANCE LEVEL

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

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

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

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

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

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

Provider's Self-Assessment:	
<p>Policies, procedures and appropriate training including record keeping are in place, implemeted and monitored.</p> <p>All records required for the provision of services and for the effective and efficient running of the organisation are documented accurately, maintained and updated regularly. Clients and employees have access to their records and information about them held by the organisation.</p> <p>All individual records and organisation records are kept in a confidential and secure manner i.e locked cupboards. locked filing cabinets, password protected Electronic systems. The utmost care is given where it is necessary for confidential information to be transported from area to area.</p> <p>The agency acknowledge that access to information, security and privacy of data is an absolute right of every client and employee and that clients and employees are entitled and upon written request by the client or their representative (where lawfully applicable), to see a copy of all personal information held about them and to request correction of any error or omission in it.</p> <p>On occasions Rodgers Community Care may be obliged to allow regulatory bodies to view client and personal files for inspection or legal purposes; this is to comply with Legislation and Regulation Standards, and thus will be treated in the strictest of confidence. The organisation adheres fully to the Data Protection Act 1998, Confidentiality protocals and Domiciliary Agencies Regulation NI 2007 and Minimum Standard for Domiciliary Care.</p> <p>The client is provided with the Service Users Guide, their care plan (as implemented by the Trust), a record of the names of allocated care workers, the agencys complaints procedure, and all relevant record keeping documentation including Risk assessment, task and medication recording sheets, bowel management and fluid charts and retained in the clients home file. All other records regarding the client and the services they receive, are maintained within the Agency Office. These records are treated as confidential and are stored in a secure manner and are only accessed by staff who have a need and right to view them.</p> <p>Care workers are required to record the dates of each call along with the arrival and departure times, details of the tasks provided or tasks omitted and the reason why. Any task not provided is also reported to the agency for further attention if required. Any changes regarding the clients health or wellbeing are required to be reported by the care worker, recorded and forwarded/clarified with the relevant person e.g Client or Trust representative. All incidents, accidents or other related information regarding the client, is recorded and reported to relevant bodies and regulatory bodies notified as required.</p> <p>Recording forms are audited upon return to the agency to ensure accuracy; any inaccuracies/follow up</p>	<p>Compliant</p>

actions required, are appropriately documented and implemented.
Clarification is sought for any changes required or requested to the clients careplan, appropriate documentation received, client records updated and information passed on to the relevant staff members

A regular auditing system has been developed and implemented within the agency to ensure that full and accurate information is maintained consistently in the clients home file.

Staff members are provided with training regarding record keeping requirements and communication skills during their induction training. Staff members are advised during this training to ensure records are legible, accurate, factual, that services being provided are recorded in detail, signed and dated including times in and out, by the person or people attending.
These records are kept in a safe place in the clients home, as discussed and agreed with the client or their representative at the initial visit. Staff are advised accordingly.

Inspection Findings:

The agency policies on Recording keeping dated September 2014 and Record keeping and communication dated January 2012, Handling clients monies dated January 2012 and the Restraint policy dated March 2011 which was due for review March 2014 were all reviewed during inspection as compliant. The agency staff handbook details all of the aforementioned policies.

Templates were reviewed during inspection for:

- Daily task sheets
- Medication administration.
- Agreement for handling client’s money
- Money management templates
- Staff spot checking template which includes a section on adherence to the agency recording policy

All templates were reviewed as appropriate for their purpose.

Review of three staff files during inspection confirmed staff adherence to records management as detailed within the staff spot checks for 2014. Staff supervision records for 2014 were reviewed as compliant with no staff competence issues arising.

Substantially compliant

To be completed one month from the date of inspection

Compliant

Compliant

<p>Staff training records for medication, recording and reporting, restraint and managing service users monies were reviewed for three staff members during inspection and confirmed as compliant in these areas.</p>	<p>Compliant</p>
<p>Janene Swain (registered manager) discussed records management as a regular topic for discussion during staff meetings/group supervision, review of four recent staff meeting minute records dated 28 August 2014, 25 June 2014, 23 June 2014 and 27 February 2014 evidenced this topic. The agency also complete file audits on records returned to the office by care staff. Review of two of these audits during inspection confirmed compliance.</p>	<p>Compliant</p>
<p>Review of four service user files prior to the inspection by the UCO confirmed appropriate recording in the general notes and medication records.</p>	<p>Compliant</p>
<p>Review of service user records during the UCO visits and discussion with Janene Swain (registered manager) during inspection confirmed that restraint is in place for a number of service users in respect of bedrails and lapbands. Review of one service user file by the UCO prior to the inspection evidenced documentation regarding appropriate restraint and management of same.</p>	<p>Compliant</p>

<p>Criteria Assessed 3: Service user money records</p> <p>Regulation 15 (6) The registered person shall ensure that where the agency arranges the provision of prescribed services to a service user, the arrangements shall— (d) specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>Standard 8.14 Records are kept of the amounts paid by or in respect of each service user for all agreed services as specified in the service user’s agreement (Standard 4).</p>	
<p>Provider's Self-Assessment:</p>	
<p>As documented in Theme 2 and criteria 1 Statement of Purpose is in place and available. Policies, procedures and training are in place.</p> <p>A copy of the agency's Service Users Guide/Agreement including a verbal overview of its contents, is provided to each client and/or their representative, prior to, at the initial visit or in exceptional circumstances, within 2 days of the commencement of services. The client or their representative are requested to read and sign a copy of the Service Users Agreement. The Service Users Guide/Agreement can be made in an alternative format or language as and when requested. The service users agreement provide the client/or their representative with specific information including how to contact the agency, the services being provided, Payment of privately purchased services, Client responsibilities, Financial Protection and Handling of Clients Money, Complaints procedure, Records and the retention of Records, Confidentiality, Medication, Infection Control, Recording of Incidents, Staff Training, Entering and leaving premises and Emergencies etc.</p> <p>Policies, procedures and training are in place and updated as per mandatory training requirements (good practice - yearly). Training and updating of courses along with a copy of policies and procedures are provided to employees during their Induction training and throughout employment. Rodgers Community Care provide a minimum 4 days Induction training, prior to commencement of employment. During this period, employees are provided with detailed information on the Handling of Clients Money, Financial Protection, Clients Property, responding to and reporting any concerns regarding the Handling</p>	<p>Compliant</p>

of Clients Money, Financial protestation, Clients Property. Staff are made aware of their roles, responsibilities and of their 'Duty of Care'. On commencement of employment, each employee signs a 'read/receipt' declaration for their Employee handbook which incorporates Handling Clients Money, Financial Protection, Clients Property. The Agency Manager/Co-ordinator and new employee complete a statement to confirm that following Induction training, the employee has the necessary skills to carry out duties on behalf of Rodgers Community Care and are deemed competent.

The Agency advise all employees that they are not permitted to handle, attend to or have knowledge in any way, of a client or the client's relatives, finances. This includes handling money, cheques, pension books, credit/debit cards or associated pin numbers, on line banking or associated passwords or codes etc. In exceptional circumstances, it may be deemed necessary for a care worker to handle money where the client may need some assistance with daily/weekly living requirements e.g. weekly shopping, basic essentials including bread, milk. This is only carried out by the care worker when the agency have received a signed agreement between the client or their representative, the Trust representative, the agency and the care worker delegated to the task. This is documented on the clients care plan, for both Trust referred services or privately purchased services.

Where a signed agreement from relevant bodies has been received, care workers must

- **Adhere to 'Handling of Clients Money' training, policy and procedures.**
- **Handle client's money in a safe and responsible manner.**
- **Provide the receipt of purchase directly to the client.**
- **Record accurately any transactions, exchanges or handling of client's money, on the relevant forms provided by Rodgers Community Care.**

Client reviews and updates, Staff supervision, spot checks and appraisals are carried out on a regular basis, to monitor compliance to these policies and procedures.

Where a client is unable to take responsibility for the management of their own finances, this is referred to the appropriate Trust representative for their attention.

Care workers are required to report any concerns or issues regarding Handling of Clients Money requests/tasks, to the agency co-ordinators/manager.

Any concerns, issues or allegations are recorded by the agency co-ordinators and reported to the relevant Trust representative/ Adult Safeguarding team /RQIA by the Agency Manager, for investigation.

Inspection Findings:	
<p>Review of the care plans during the UCO home visits advised that the service users are not receiving any financial assistance, for example shopping, from the agency; this was supported by those people interviewed by the UCO. Discussion during the inspection day with Janene Swain (registered manager) confirmed that a few service users are in receipt of minimal shopping assistance. Review of two service user records during inspection confirmed appropriate service user money agreements, care plans and records being maintained by care staff.</p>	Compliant

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

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

THEME 3 Regulation 13 - Recruitment	
Criteria Assessed 1:	COMPLIANCE LEVEL
<p>Regulation 13 The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <ul style="list-style-type: none"> (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform; (c) he is physically and mentally fit for the purposes of the work which he is to perform; and (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. <p>Standard 8.21 The registered person has arrangements in place to ensure that:</p> <ul style="list-style-type: none"> • all necessary pre-employment checks are carried out; • criminal history disclosure information in respect of the preferred candidate, at the appropriate disclosure level is sought from Access NI; and • all appropriate referrals necessary are made in order to safeguard children and vulnerable adults . <p>Standard 11.2 Before making an offer of employment:</p> <ul style="list-style-type: none"> • the applicant’s identity is confirmed; • two satisfactory written references, linked to the requirements of the job are obtained, one of which is from the applicant’s present or most recent employer; • any gaps in an employment record are explored and explanations recorded; • criminal history disclosure information, at the enhanced disclosure level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard); • professional and vocational qualifications are confirmed; • registration status with relevant regulatory bodies is confirmed; • a pre-employment health assessment is obtained • where appropriate, a valid driving licence and insurance cover for business use of car is confirmed; and • current status of work permit/employment visa is confirmed. 	

Provider's Self-Assessment:	
<p>Statement of Purpose and Service Users Guide/Agreement are in place and available Appropriate policies and procedures are in place and available, reviewed regularly and updated as required or if and when applicable legislation or DHSSPS guidance change.</p> <p>Rodgers Community Care adheres to the Recruitment of staff as required under The Domiciliary Care Agencies Regulations NI 2007, relevant legislation and DHSSPS guidance. The Recruitment process involves the collection of personal information which is subject to standards imposed under data protection, legislation, codes of practice and minimum standards. All recruitment documentation is stored and filed on hard copy, on Electronic systems or in archive, in a secure, locked and password protected manner.</p> <p>Appropriate training has been attained by the Manager/Managing Director in the recruitment and employment of staff for Domiciliary Care.</p> <p>Rodgers Community Care Ltd's recruitment and selection process includes the completion of the agency's application pack which incorporates an applicable job description, Access NI Enhanced with barred list Criminal check form, and employee monitoring form, a pre-employment health assessment, a signed health statement by the applicant and a signed statement of suitability by the Responsible Person/Managing Director/Manager. The Manager/managing Director carries out an interview and training analysis with each applicant. Prior to confirmation of employment the Manager ensures receipt/confirmation of the applicant's identity, an appropriate Access NI Criminal Enhanced with Barred List check (Regulated Activity), 2 satisfactory written references (one of which should be from the applicant's current or most recent employer), the applicant's full/previous employment history (any gaps in employment are explored and explanations recorded), professional or vocational qualification are confirmed, current registration (without condition) with relevant regulatory bodies i.e. NISCC and where applicable valid driver's licence and Car insurance (cover for business use), current status of work permit or employment visa confirmation.</p> <p>Rodgers Community Care promote and monitor all employees to demonstrate the highest standards of honesty, integrity and competence, are responsible for and trained to undertake the activities for which they are employed. This recruitment procedure is followed at all times and applies to all care workers and office staff, without exception.</p> <p>Rodgers Community Care Ltd were audited by ACCESS NI this year and received a Certificate of compliance from them on 25th February 2014.</p> <p>Rodgers Community Care Ltd adhere to the Northern Ireland Social Care Councils (NISCC) Code of Practice for Employers which includes to make sure people are suitable to enter the workforce and understand their roles and</p>	<p>Compliant</p>

responsibilities. Each Employee is required to read and adhere to the Northern Ireland Social Care Councils (NISCC) Code of Practice. Care workers within Rodgers Community Care are in the process of registering with NISCC (to date, this is not a mandatory requirement from regulatory bodies)

Structured Induction training (minimum of 4 days) is provided to employees prior to commencement of employment including Manual handling, Infection control, Administration of Medication, Food Hygiene and nutrition, Safeguarding of clients, adults and ,children, restraint, Handling of clients money, Client and Environment safety, Toileting and Continence care, Client Personal care and Practical tasks, communication, record keeping and reporting, 'shadowing' with an experienced care worker. Care workers are provided with personal protective equipment including uniform, gloves and aprons.

On completion of Induction training, a statement is signed by the Agency Management and the employee to confirm that the employee has the necessary skills to carry out duties on behalf of the agency and is deemed competent.

Employee work practices and skills are continually monitored through regular spot checks, supervision, appraisals, training and competencies.

Inspection Findings:

Review of the staff recruitment policy dated November 2013 confirmed general compliance with regulation 13 and schedule 3 but is required for review in terms of the procedure which is not currently written into the policy. This procedure is required to include staff immunisation status (schedule 3 of the domiciliary care agencies regulations 2007) and is recommended to include the NOK relationship.

Substantially compliant
To be completed one month from the date of inspection.

Review of three 2013 staff recruitment files during inspection confirmed compliance with Regulation 13, Schedule one and standard 11. One of the files did not contain staff identification information as the agency had recently been audited by Access NI who advised that staff ID information was not required to be obtained and maintained. Janene stated Access NI stated it was appropriate for the agency to have observed this information and to reference this observation on the Access NI form as proof of information observed. The RQIA inspector advised during inspection that this advice is contrary to the Domiciliary Care Agencies Regulations (2007) Regulations 13, Schedule 3 and Regulation 21, Schedule 4. The inspector requested that the agency in retrospect obtain the ID information for this staff member and all future new employees as per regulatory requirements.

Substantially compliant
To be completed with immediate effect.

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

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

Additional Areas Examined

Complaints

The agency completed documentation prior to the inspection in relation to complaints received between 1 January 2013 and 31 December 2013. This form was reviewed and found to be satisfactory. The inspector chose not to review the 2013 complaints as the last inspection took place in December 2013. Review of three 2014 complaints during this inspection confirmed all records to be compliant.

Additional matters examined

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Janene Swain (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:

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



Quality Improvement Plan

Unannounced Primary Inspection

Rodgers Community Care

30 September 2014

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 the **registered manager Mrs Janene Swain** during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 11(1) Regulation 11(3) Regulation 13(b)	<p>The registering provider and manager is required to ensure all training records and associated competency records for the manager and management staff are compliant with Regulation 11(1) Regulation 11(3), Regulation 13(b), Standards 8.17 and the RQIA mandatory training guidelines (2012) and include management training in the areas of supervision and appraisal in accordance with standard 13.1. as appropriate.</p> <p>As discussed within theme one, criteria one and three of this report.</p>	Once	The Registered Provider and Registered Manager are in the process of developing and attaining training and associated competency records for the manager and management staff of the organisation as appropriate, as per this requirement	To be completed three months from the date of inspection
2	Regulation 16(2)(a)	<p>The registering person is required to ensure the registered manager receives annual appraisal compliant with the agency policy and procedure timeframes.</p> <p>As discussed within theme one, criteria two of this report.</p> <p>(Minimum Standard 13.5)</p>	Once	This requirement has been developed and is in the process of being implemented, and shall be revised annually thereafter as per organisational policy, procedures and time frames and in compliance with this regulation.	To be completed three months from the date of inspection

3	Regulation 13 and Schedule 3	<p>The registering manager is required to obtain the staff identification details for the staff member file reviewed during inspection and for all future staff members.</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	The Registered Manager is in the process of updating Staff photographic identification. This will be completed at the end of our Annual appraisal process.	To be completed with immediate effect.
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Recommendations

These recommendations are based on The Domiciliary Care 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	Standard 13.2	<p>The registered manager is recommended to review the supervision and appraisal policies and procedures.</p> <p>As discussed within theme one, criteria two of this report.</p>	Once	The Registered Provider and Registered Manager have reviewed and updated the organisations Staff Supervision and Support Policy incorporating applicable Policies and Protocols in compliance to this recommendation	To be completed one month from the date of inspection
2	Standard 9 and Appendix 1	<p>The registered manager is recommended to review the Restraint policy and procedure.</p> <p>As discussed within theme two, criteria one of this report.</p>	Once	The Registered Provider and Registered Manager are in the process of reviewing and updating the organisational Restraint Policy and Protocol in compliance to this recommendation.	To be completed one month from the date of inspection
3	Standard 11.1	<p>The registering person is recommended to review the staff recruitment policy to include the procedure carried out by the agency.</p> <p>As discussed within theme three, criteria one of this report.</p>	Once	The Registered Provider and Registered Manager are in the process of reviewing and updating the organisational Staff Recruitment Policy and Protocol in compliance to this recommendation.	To be completed one month from the date of inspection

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Janene Swain
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Michael Rodgers

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	A.Jackson	03/11/14
Further information requested from provider			