



Making Social Care
Better for People

inspection report

Nurses Agency

Renaissance Personnel

Southbank House
Black Prince Road
London
SE1 7SJ

16th November 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

AGENCY INFORMATION

Name of agency

Renaissance Personnel

Tel No:

020 7463 2230

Address

Southbank House, Black Prince Road, London, SE1 7SJ

Fax No:

020 7463 2231

Email address

info@renaissancepersonnel.co.uk

Name of registered provider(s)/ company (if applicable)

Renaissance Personnel

Name of registered manager (if applicable)

Dennis Mawadzi

Type of registration (please delete as necessary)

Nurses Agencies

Employment agency / Employment business

Category(ies) of registration

Registration number

G020000455

Date first registered

16th January 2004

Date of latest registration certificate

16th January 2004

Do additional conditions of registration apply ?

NO

If Yes refer to Part C

Date of last inspection

27/10/03

| | | | |
|---|----------|--------------------|----------------|
| Date of inspection visit | | 16th November 2004 | ID Code |
| Time of inspection visit | | 10:45 am | |
| Name of inspector | 1 | Eileen Hourigan | 077174 |
| Name of specialist (e.g. Interpreter/Signer) (if applicable) | | None | |
| Name of agency representative at the time of inspection | | Dennis Mawadzi | |

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INTRODUCTION TO REPORT AND INSPECTION

Every Agency which falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the agency is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000 and / or the Children Act 1989 as amended.

This document summarises the inspection findings of the CSCI in respect of Renaissance Personnel.

The inspection findings relate to the National Minimum Standards (NMS) for Nurses Agencies published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response and proposed action plan to address findings
-
- This report is a public document.

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000 and/or the Children Act 1989 as amended. The report is based on the findings at the specified inspection dates.

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Renaissance Personnel is a nursing agency in operation since 2002. There are two managers with additional administrative staff support. The agency is located in Vauxhall in a multi purpose office block with adequate security and general facilities. The office is open during normal office hours plus a 24 hour support service.

The agency's recruitment policy and procedure ensures that staff are adequately vetted before employment and they receive ongoing supervision, mentoring, training and updating of their professional status. The agency also invites and receives suggestions and complaints from purchasers, plus has regular meetings to assess and evaluate performance and concerns. The agency's quality assurance system involve at minimum, two visits annually to purchasers or when required to review the service. It also carries out spot checks on staff, plus telephone contacts and feedback from purchasers.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This service has been inspected for the second time against the National Minimum Standards.

This announced inspection took place over one day in November 2004. The inspector noted that the agency has prepared well for the inspection. All staff who participated in the inspection were knowledgeable about the work of the agency and facilitated the inspection in a positive manner.

Information (Standard 1)

This standard was assessed and met. The agency has a satisfactory statement of purpose and service user guide.

Registered Persons (Standard 2)

This standard was assessed and met. The Registered Person demonstrated that he is a "fit" person to run the agency.

Recruitment and supply of nurses (Standards 3-6)

Of these four standards all were assessed and three were fully met. The inspector was very satisfied that the monitoring and vetting systems in place are thorough and that the agency is committed to the provision of a high quality service which aims to protect and promote the welfare of service users. Some requirements have been made to ensure that the agency fully complies with standard 4. The inspector discussed these issues with the Registered Person on the day of inspection and he planned to take immediate action.

Complaints and Protection (Standards 7-11)

Of these five standards all were assessed and met. There are satisfactory policies and procedures in place for complaints and the protection of vulnerable people.

Management and Administration (Standards 12-18)

Of these seven standards all were assessed and met. The agency demonstrated that there are satisfactory policies and practices in place in terms of financial management, quality assurance and record keeping.

Requirements from last Inspection visit fully actioned?

NA

If No please list below

| STATUTORY REQUIREMENTS | | | | |
|--|------------|----------|------------------|--|
| Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings". | | | | |
| No. | Regulation | Standard | Required actions | |
| | | | | |

Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.

| RECOMMENDATIONS | | |
|--|-------------------|-------------------------------|
| Identified below are recommendations from the last inspection that have not been implemented | | |
| No. | Refer to Standard | Good Practice Recommendations |
| | | |

| CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS.) | Met (Yes / No) |
|--|-----------------------|
| | |

STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2002 and the National Minimum Standards and the relevant Section of the Children's Act 1989. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

| No. | Regulation | Standard * | Requirement | |
|-----|------------|------------|--|--------------------------------|
| 1 | 12 | NU4 | The Registered Provider must ensure that returned reference forms have a company stamp or compliment slip as is asked for by the agency when references are requested. | February 28 th 2004 |
| 2 | 12 | NU4 | The Registered Provider must ensure that all staff files have a 2nd reference on file and all files must be audited to verify this. | February 28 th 2004 |
| 3 | 12 | NU4 | The Registered Provider must ensure that all verbal references received are recorded and written confirmation provided. | February 28 th 2004 |

RECOMMENDATIONS

Identified below are areas addressed in the main body of the report which relate to National Minimum Standards and are seen as good practice issues which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

| No. | Refer to Standard * | Good Practice Recommendations |
|-----|---------------------|-------------------------------|
| | | |
| | | |
| | | |

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 3-letter prefix e.g NU10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Direct observation

Indirect observation

Sampling

- Pre-Inspection questionnaire
- Records
- Care plans / Care pathways
- Other (specify)

| |
|-----|
| NA |
| NA |
| YES |
| YES |
| NA |
| NO |

| | |
|---|----------|
| 'Tracking' care and support | NA |
| Group discussion with staff | NO |
| Individual discussion with staff | YES |
| Discussion with management | YES |
| Service user survey | YES |
| Relatives/significant other survey/feedback | NA |
| Visiting professionals' feedback | NO |
| Tour of agency premises | YES |
| Formal interviews | YES |
| Document reading | YES |
| Additional inspection information | |
| No. of service users contacted | X |
| No. of relatives/significant others with whom inspectors had contact | X |
| No. of letters received in respect of the service | X |
| Method of contact (post or visit or phone) | NA |
| Certificate of registration was displayed at the time of inspection | YES |
| CRB check responsible individual seen | NO |
| CRB check manager seen | NO |
| The certificate of registration accurately reflected the situation in the service at the time of the inspection | YES |
| Total number of care staff with nursing qualifications employed | 56 |
| Total number of care staff employed (excluding managers) | 4 |
| Date of inspection | 16/11/04 |
| Time of inspection | 10.45 |
| Duration of inspection (hrs) | 4.45 |

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Nurses Agencies have been met. The following scale is used to indicate the extent to which Standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

- | | |
|-------------------------|--------------------|
| 4 - Standard Exceeded | (Commendable) |
| 3 - Standard Met | (No Shortfalls) |
| 2 - Standard Almost Met | (Minor Shortfalls) |
| 1 - Standard Not Met | (Major Shortfalls) |

"0" in the "Standard met?" box denotes standard not assessed on this occasion.
 "9" in the "Standard met?" box denotes standard not applicable on this occasion.
 "X" is used where a percentage value or numerical value is not applicable.

Please note the following standards do not apply to employment agencies who are solely introducers of workers:

8, 9, 11, 15 and 16

Information

The intended outcomes for the following set of standards are:

- **Prospective service users have the information they need about the agency in order to make an informed decision on whether to engage its services**

Standard 1 (1.1)

The certificate of registration is prominently displayed at all times so as to be readily and easily seen by all persons using the premises, in accordance with section 28(1) of the Care Standards Act.

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The certificate of registration is displayed prominently in the main office.

Standard 1 (1.2)

A Statement of Purpose as specified in Regulation 4 and Schedule 1 is supplied to the Commission, and a copy is available on request for inspection by every service user and any representative of a service user.

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The agency has a statement of purpose and supplied a copy to the inspector. It meets the requirements of Regulation 4 and Schedule 1.

The Registered Manager confirmed that a copy of the statement of purpose is given to all clients.

Standard 1 (1.3)

A Services User's Guide provides comprehensive written and up-to-date information about the agency and the service it provides. This is available to service users and (where the service user is also a patient) to the service user's carers or advocates in an appropriate language and/or format (e.g. large print, audio tape, Braille)

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The Registered Manager confirmed that a service users' guide is available and supplied a copy to the inspector. The agency also supplies a copy of the guide to all clients.

Standard 1 (1.4)

Service users, their carers and advocates are kept fully informed on issues relating to their care from the agency, where the agency is an employment business. They are advised how to contact the agency on all days and at all times when nurses are working on assignments through the agency, including out of hours.

Key findings/Evidence

Standard met?

3

The agency's Statement of Purpose and Service Guide provide full details to purchasers of its services with all relevant information relating to the care agency staff provide. There is also a separate laminated A4 size sheet giving details of all emergency and out of hours contacts, including email address.

Registered Persons

The intended outcomes for the following set of standards are:

- Service Users are assured of the integrity of the agency and have confidence that it is run by a fit person or organisation.

Standard 2 (2.1 – 2.4)

All persons directly involved in managing and running the agency are able to demonstrate that they are fit persons, i.e. suitable and competent.

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

The manager is a qualified Registered Mental Health Nurse (RMN) with over 6 years senior professional experience. He also has a postgraduate diploma in management studies and has held a middle management position in a government department.

The inspector was satisfied that he demonstrated competence and ability to operate and manage the agency appropriately.

Recruitment and Supply of Nurses

The intended outcomes for the following set of standards are:

- The process for recruitment and selection of nurses meets all the requirements of legislation and employment law including that related to equal opportunities and anti-discriminatory practice.
- Service users are confident that nurses supplied by the agency will provide good quality care and will not jeopardise the safety of patients.
- The agency has documentary evidence demonstrating the personal identification, registration, ongoing eligibility to be employed as a nurse, and relevant qualifications of each nurse to be supplied.
- Nurses supplied by the agency are competent and trained to undertake the activities for which they are employed and responsible.

Standard 3 (3.1 – 3.2)

The recruitment process operates in line with equal opportunities and is non discriminatory.

| Key findings/Evidence | Standard met? | 3 |
|---|---------------|---|
| <p>The information provided by the manager indicated that the recruitment process for the selection of nurses operates in line with equal opportunities and is non discriminatory. The agency is a member of the Recruitment & Employment Confederation. The registered manager is a registered nurse and is involved in the selection and interviews of all grades of agency nurses. The agency has systems in place to remind staff to update their immunisation and other professional registration - example NMC pin.</p> | | |

Standard 4 (4.1 – 4.3)

All necessary and appropriate checks are undertaken on the nurse supplied or to be supplied, prior to commencing employment.

| Key findings/Evidence | Standard met? | 2 |
|---|---------------|---|
| <p>The inspector examined a number of staff personnel files, which she selected randomly from the list of staff names, supplied. All files seen contained the majority of the required information. The areas for improvement noted were that all returned reference forms should have a company stamp or compliment slip on them; all staff files must contain a 2nd reference and all files must be audited to verify this and there should be a system in place to ensure that all verbal references received are recorded and supported by written confirmation. When these issues were discussed with the manager on the day of inspection he began to take immediate action to rectify these issues. The registered manager confirmed the agency policy that no nurse would be permitted to work unless all required checks had been received by the agency. Also that in depth health screening interviews are conducted and that verifying immunisation records is an integral part of the agency's health screening process.</p> | | |

Standard 5 (5.1 – 5.3)**The agency keeps all necessary records in respect of each nurse supplied or to be supplied by the agency.****Key findings/Evidence****Standard met?**

3

The staff files, which the inspector examined, met this standard and the registered manager confirmed that the agency ensures that all nurses supplied by them have a current registration with the NMC.

The agency has a computerised and manually backed booking system. They have recently invested in this system which ensures that all available information on nurses is easily accessed.

Standard 6 (6.1 – 6.5)**Where the agency is an employment business, there is a written and formal induction process that is completed by every new nurse to be supplied. The induction process covers, as fully as possible, the responsibilities that the nurse supplied will have.****Key findings/Evidence****Standard met?**

3

Each nursing staff is given a job description, identification badge and information about relevant support they can expect from the agency during their employment.

The Registered Manager confirmed that all nurses are required to undergo an induction and he demonstrated an understanding and commitment to the provision of a thorough induction to nurses. The induction programme covers a range of issues including complaints, whistle blowing and abuse awareness.

Complaints and Protection

The intended outcomes for the following set of standards are:

- Service users are confident that their complaints will be listened to, taken seriously and acted upon.
- Service users who are also patients are protected from abuse, where the agency is an employment business.
- Service users who are patients are protected by the agency's procedures for assistance with medication, where the agency is an employment business
- Action is taken to protect confidentiality of information relating to service users who are also patients, their carers and advocates.
- The health, safety and welfare of service users who are also patients, and of nurses, are promoted and protected, where the agency is an employment business.

Standard 7 (7.1 – 7.7)

The agency maintains a clear written procedure for handling complaints. Positive action is taken to publicise the complaints procedure and enable service users to make a complaint. Publicity includes advice that complaints may be taken up with the CSCI if the complainant is dissatisfied.

Key findings/Evidence

Standard met?

3

The agency's complaints policy and procedure is satisfactory and meets standards. The manager meets regularly with all purchasers to seek their views on the service provided by the agency.

| | | |
|--|--------------------------------|---|
| No. of complaints during last 12 months | <input type="text" value="X"/> | |
| No. of complaints fully substantiated | <input type="text" value="X"/> | |
| No. of complaints partly substantiated | <input type="text" value="X"/> | |
| No. of complaints not substantiated | <input type="text" value="X"/> | |
| No. of complaints not yet resolved | <input type="text" value="X"/> | |
| No. of complaints sent to CSCI | <input type="text" value="X"/> | |
| Percentage of complaints responded to within 28 days | <input type="text" value="X"/> | % |

Standard 8 (8.1 – 8.7)

The registered person ensures that service users who are also patients are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.

Key findings/Evidence**Standard met?**

3

Although the agency does not provide services to services users in their own homes, the feedback it receives from hospitals and other clinical and social settings, indicated close working partnership with the agency. The regular monitoring, feedback reports and spot checks also help to ensure any abuse or potential abuse is dealt with appropriately and promptly.

Standard 9 (9.1 –9.4)

The agency operates a clear, written policy in accordance with the NMC Code of Professional Conduct. This identifies parameters and circumstances for administering or assisting with medication, and identifies the limits to assistance and the tasks which may not be undertaken without specialist training. It also makes clear that a patient's informed consent should be sought for all aspects of care.

Key findings/Evidence**Standard met?**

9

This standard does not apply because the agency does not provide a service to patients in their own homes.

Standard 10 (10.1 – 10.2)

All information relating to service users who are also patients is kept in confidence.

Key findings/Evidence**Standard met?**

9

This standard does not apply because the agency does not provide a service to patients in their own homes.

Standard 11 (11.1 - 11.4)

The registered person ensures so far as is reasonably practicable the health, safety and welfare of service users who are also patients, and of nurses.

Key findings/Evidence**Standard met?**

9

This standard does not apply because the agency does not provide a service to patients in their own homes.

Management and Administration

The intended outcomes for the following set of standards are:

- **Approved accounting and financial procedures are adopted to ensure the effective and efficient running of the business and its continued financial viability.**
- **There are designated premises suitably equipped for the purpose of the day to day operation and management of the service.**
- **An appropriate management structure and clear lines of accountability are in place.**
- **Nurses supplied by the agency know the standards of conduct expected of them and are aware of the agency's organisational policies, where the agency is an employment business.**
- **There is a written agreement between the Agency and nurses.**
- **Service users' and nurses' interests are safeguarded by the agency's record keeping policies and procedures.**
- **The agency operates in the best interests of service users and of nurses supplied by it.**

Standard 12 (12.1 – 12.5)

Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.

| Key findings/Evidence | Standard met? | 3 |
|---|----------------------|----------|
| <p>The agency has suitable accounting and financial management systems in place to operate the business efficiently. The agency accounts are monitored and regularly audited by an independent financial accounting agency. The agency has appropriate insurance cover.</p> | | |

| | | |
|---|----------------------|---|
| Standard 13 (13.1 – 13.2) The premises contain equipment and resources necessary for the efficient and effective management of the service. | | |
| Key findings/Evidence | Standard met? | 3 |
| The agency operates from a multi-purpose office building in the Vauxhall area of South London. The building has an attractive reception area plus adequate security systems in place. The agency's office is well equipped with all necessary and required equipment for the safe and effective operation of the business. | | |

| | | |
|--|----------------------|---|
| Standard 14 (14.1) The management structure reflects the size of the agency and the volume and complexity of the care provided. | | |
| Key findings/Evidence | Standard met? | 3 |
| The inspector met with a range of staff during the course of the inspection. All were able to clearly describe their roles and responsibilities within the agency and that clear lines of accountability are in place. The management structure reflects the size of the agency and there was evidence that there are a sufficient number of staff employed to carry out the functions of the agency satisfactorily. | | |

| | | |
|---|----------------------|---|
| Standard 15 (15.1 – 15.2) The agency operates a clear written set of organisational policies, which are included in a staff handbook to be issued to every nurse who is supplied or available for supply by the agency. | | |
| Key findings/Evidence | Standard met? | 3 |
| The agency has a clear set of policies and procedures which are accessible and available to staff. Not all were examined during this inspection but those seen met standards. | | |

| | | |
|--|----------------------|---|
| Standard 16 (16.1) Where the agency is an employment business, all nurses to be supplied by it are provided with a written contract of service or for services, specifying details of their terms and conditions of service. The terms and conditions of engagement may vary in their title depending on the status of the agency. This only applies to employment businesses because those agencies introducing nurses on a permanent basis will not have a contract of either type with the nurses since the engagement occurs between the nurse and their new employer. | | |
| Key findings/Evidence | Standard met? | 3 |
| The inspector was told that there is a written agreement between the agency and all nurses. | | |

Standard 17 (17.1 – 17.2)

The agency retains, up to date and accurate, all records required by regulation for the protection of service users and for the efficient running of the business, in a form suitable for inspection by the CSCI. Records retained on electronic or photographic media are acceptable. Records are maintained for at least three years.

Key findings/Evidence**Standard met?**

3

The agency maintains the records required by regulation both electronically and in hard copy. They have satisfactory procedures regarding confidentiality of records.

Standard 18 (18.1 – 18.3)

The agency operates an effective written Quality Assurance system, based on consulting with service users and where appropriate their carers or advocates, in order to measure success in meeting the aims and objectives of the agency.

Key findings/Evidence**Standard met?**

3

The agency has a range of quality assurance systems in place. They undertake a complete internal audit of the service at least once a year. The managers meet regularly with clients and have systems in place to seek feedback. The inspector interviewed the manager and a number of staff and was impressed by their commitment to the provision of a high quality service.

PART C COMPLIANCE WITH CONDITIONS
(where applicable)

Providers and managers must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the inspector's assessment of compliance from the evidence at the time of this inspection.

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

| | | |
|------------------|-------------------|--|
| Condition | Compliance | |
| | | |
| Comments | | |
| | | |

Lead Inspector _____
Second Inspector _____
Locality Manager _____
Date _____

Signature _____
Signature _____
Signature _____

PART C

PROVIDER'S RESPONSE

C.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the Inspection conducted on <enter date(s) of inspection here> and any factual inaccuracies. We are working on the best way to include provider responses in the published report. In the meantime responses received are available on request.

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to provider comments:

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

YES

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

YES

Note:

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

C.2 Please provide the Commission with a written Action Plan by which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Provider's Action Plan at time of publication of the final inspection report:

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

NO

Public reports

It should be noted that all CSCI inspection reports are public documents.

C.3 PROVIDER'S AGREEMENT

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

C.3.1 I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

C.3.2 I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Print Name _____
Signature _____
Designation _____
Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.

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www.csci.org.uk

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