

Quality Assurance Systems and Procedures

At Ashbourne Healthcare Services we guarantee a level of commitment expected from a service providing healthcare support to healthcare professionals. We achieve this through the unfailing support of our clients and members, continuous training and development, and a commitment to improve the lives of all patients.

Our quality assurance pack includes the following:

- Appraisal Procedures and Forms
- Assignment Reports
- Complaints Policy & example forms
- Medication Policy

• **AHS Appraisal Policy and Procedure**

All members are requested to attend a supervision and appraisal meeting with a Clinical co-ordinator every six months, at the Head Offices of Ashbourne Healthcare Services. If an AHS Member or AHS feel it may be beneficial to arrange an appraisal at an earlier stage this is also encouraged. The Appraisal allows a more in depth examination of the members clinical performance and progress.

A Statement for Ashbourne Healthcare Services

Our service regards the Supervision and Appraisal process as an essential part of both the members' development and for the service to achieve its goals.

The aim of this procedure is:-

1. To ensure that all members are clear about the contribution they make to the company and how well they are performing their job.
2. To provide support and guidance to all members and aid them in correcting any problems.
3. To inform them of how to obtain the necessary training and development opportunities, which should enable them to meet their job responsibilities to their full potential.

Ashbourne Healthcare Services' Supervision and Appraisal process is intended to make a significant contribution to achieving this.

Supervision and Appraisal Procedure

All members are requested to attend a formal supervision and appraisal meeting with a Clinical co-ordinator at least every six months, at the Offices of Ashbourne Healthcare Services. This is considered a maximum timeframe, AHS Members are encouraged to meet sooner. This meeting is in addition to team meetings and scheduled direct supervision.

These meetings last approximately 30 minutes (HCA's) to 1 hour (Registered Nurses), during which time the Clinical co-ordinator will discuss and work through the Individuals Personal Preparation Form and the Appraisal Interview Form, in private. Appraisal meetings are likely

to take the full 1-hour for registered nurses due to the more complex nature of the work and their position of responsibility. Areas such as PREP requirements and development needs including CPD will be reviewed.

During these meetings service-users evaluation forms are also discussed in order to review the members performance, so as to determine any training and development needs and correct any problems. Service-users evaluation forms are obtained on a regular basis from placement supervisors in order to monitor individual member and Agency performance. They are requested every 4 weeks in an assignment.

Should there be any areas of poor performance, they will be dealt with by providing members with the necessary training opportunities, more frequent supervision sessions or a period of in-house training at one of the Ashbourne Group Ltd sites during which time they can be monitored, guided and supported.

Targets to be achieved, whether related to poor performance or personal development, are also agreed upon with realistic time frames. Necessary resources and opportunities for these targets to be realised are put in place and progress is continuously reviewed and monitored.

All members are given an equal opportunity to address any problems they may have and everything is done by the company to aid them with this.

A copy of the current Appraisal Form can be found in Appendix 1.

• **Service Evaluation Procedures**

In order to ensure that we are providing the highest standard of service to both our clients and our members the following procedures are followed:

Service Evaluation Forms for Clients

Service evaluation forms are sent out at regular intervals of 4 weeks to all clients in order to obtain feedback on the quality of service that AHS are providing; in addition, the clinical capabilities and overall performance of individual members of staff that have been assigned to them. On receipt of these forms any issues that may arise are immediately addressed by AHS Management and all reasonable steps are taken ensure that these issues do not occur again. Feedback for staff is provided through appraisal meetings where all assignment reports completed by Clients are reviewed.

Service Evaluation Forms for Members

These forms are sent out at regular intervals to all members in order to obtain feedback on the quality of service that AHS are providing. Specifically, they are sent out when a member is assigned to a client for the first time and / every 4 weeks of working with a particular client(s). Assessed areas include the suitability of the placement (in terms of matching the members experience and training to the clients needs), location, desire for future same assignments etc. On receipt of these forms any issues that may arise are immediately addressed by AHS Management and all reasonable steps are taken to ensure that these issues do not occur again.

Service Evaluation Calls

At AHS we pride ourselves in the close working relationships we have with our clients and members. Being in close regular contact helps monitor service performance and service needs of clients and members. At regular intervals all clients/members are contacted by a member of the AHS Management Team to discuss the quality of service being provided to them by AHS. Issues arising are dealt with in accordance to the appropriate policy and procedure.

Copies of the latest evaluation forms can be found in Appendix 2.

Service Evaluation Feedback Report

AHS provides its clients with a Service Feedback Report on a six monthly basis. This report is designed to highlight service use areas. The report contains information such as the number of hours covered by AHS staff, the level of nursing grade and type of shifts being covered per ward. Fill rates, cancellations of shifts by ward and speciality are also documented.

Service Evaluation Meetings

All clients/members are given the opportunity to meet with members of the AHS Managerial team to discuss the quality of service being provided to them by AHS. These meetings are also used as a forum to discuss future developments and progress of the partnership and any special requirements are arranged.

AHS Service Review Meetings

The AHS Team meet on a monthly basis enabling us to review the service provided by the company and implement any necessary changes. Clients are often consulted with should any changes impact specifically on them. Service targets and goals to be achieved for the next period are also formulated.

In particular the meetings review the following areas:

Management of poor performance by AHS

On occasion where it has been found that AHS has performed below expectation the following procedure is implemented:

- A meeting will be called for all AHS Team members to discuss and critically analyse the cause of poor performance.
- Where necessary an investigation will be conducted by a member from head office to analyse and determine cause and effect of poor performance.
- A follow up meeting will be arranged to discuss the findings of investigation and implement necessary changes to eliminate poor performance.
- A review schedule will be set up to monitor implementations
- Where necessary the services of external bodies will be brought in to assist with implementing and monitoring findings.

Management of poor performance by AHS Members

Please refer to the complaints policy and the disciplinary policy and procedures.

Management of problems with invoices and payroll

All issues regarding problems with invoices and payroll are forwarded to the manager in the first instance and then onto the accounts department. As and where the problem lies internally the problem is resolved at the earliest opportunity once all relevant documentation is reviewed. As and when the problem lies externally an investigation will be conducted by a designated member of the accounts department. This investigation will involve notifying all relevant parties in writing within three working days and informing them of action to be taken to review and resolve the problem.

On occasion where the problem cannot be resolved an external body will be brought in to advise and resolve issues.

Analysis of Complaints

Complaints are analysed on a monthly basis in Service Review Meetings. All complaints are monitored by AHS Managers and the Company Director to examine the following:

Response and Resolution times
Emerging patterns
Managers Performance
Members Performance
Training requirements

● **Complaints Policy and Procedure**

AHS welcome all comments and complaints as an opportunity to improve on the service our Members and we provide.

Client Complaints

When AHS receive complaints from a Client, details of the complaint are recorded in the AHS Complaints Book.

The complaint will be passed on to the AHS Managers immediately, and the Company Director will also be informed. All complaints will be acknowledged in writing within 3 working days, with or without the assistance of the dealing AHS Manager.. All correspondence will be recorded in the complaints book alongside the complaints record.

The appointed AHS Manager dealing with the complaint will endeavour to keep the Client informed of the progress at regular intervals until the complaint is resolved. Usually this will involve daily contact with all parties involved. Feedback consists of the progress and development of the complaint / investigations bearing in mind each parties right to confidentiality. Complaints ongoing for more than 7 days are reviewed with the Company Director. In all cases complaints will be resolved in a maximum 15 working days from receipt of the complaint unless the involvement of an outside government organisation (e.g. NMC, Police) is required. The resolution of complaints will involve written feedback for all the parties concerned. All complaints are also discussed in a monthly Service Review Meeting in order to explore incidents / issues further.

The AHS Manager, under the supervision of the Company Director, will investigate the matter fully and record the results of the investigation on the Clients file.

Where an AHS Member is involved, the AHS Manager will then discuss the complaint with the Member and record the details of all conversations and/or correspondence.

Where the complaint against a Member is found to be justified, the AHS Manager, under the supervision of the Company Director, and through discussions with parties involved, will take appropriate action in accordance with the relevant company policies. Details of how future complaints regarding the particular issue can be avoided are also discussed with all parties involved. Progress of suggested action is monitored and reviewed on a pre-agreed timescale. The AHS Manager will seek to reach a resolution to the complaint that is satisfactory to the Client.

All Clients have the right to refer complaints to independent authorities if they are unsatisfied with the outcome. Details of independent authorities are given below.

Reports of Poor Performance

Such reports may be received from a Client via Evaluation forms/ meetings or via Confidential Reference either regarding the AHS services or an AHS member. Each report of poor performance shall be reported to and AHS Manager who will investigate further the nature of the poor performance report. Steps will be taken immediately to rectify the situation.

Member Complaints

Members should address their complaints to the AHS Management. This can be done verbally but must be confirmed in writing as soon as possible. All complaints are recorded. The Company Director will also be informed.

The AHS Manager dealing with the complaint will endeavour to keep the Member informed of the progress at intervals until the complaint is resolved. This will involve daily contact with all parties.

The AHS Manager, under the supervision of the Company Director, will investigate the matter fully and record the results of the investigation on the Members file.

The AHS Manager (or Company Director if appropriate) will discuss the complaint with the Member or employee and record the details of all conversations and/or correspondence.

Where the complaint against a Member or employee is found to be justified, the AHS Manager, under the supervision of the Company Director, and through discussions with parties involved, will take appropriate action in accordance with the relevant company policies.

The AHS Manager will seek to reach a resolution to the complaint that is satisfactory to the Member. On average the resolution time of complaints has been between 7-14 days.

All Members have the right to refer complaints to independent authorities if they are unsatisfied with the outcome. Details of independent authorities are given above.

Reporting Complaints to the NMC

There is no list of offences that automatically lead to AHS reporting complaints to the NMC.

The types of misconduct that could have this result include:

- physically or verbally abusing patients
- stealing from patients
- failing to care for patients properly
- failing to keep proper records
- committing criminal offences.

This process may begin on the first instance of the complaint being made. This would be done in writing within 24 hours of the complaint being raised, and would contain details of the practitioner and the alleged complaint.

Should the complaint be upheld by the Professional Complaints Committee and result in removal of the practitioners name from the register, AHS will act in accordance to the recommended advice and in line with its disciplinary policy.

Analysis of Complaints

Complaints are analysed on a monthly basis in Service Review Meetings. All complaints are monitored by AHS Managers and the Company Director to examine the following:

Response and Resolution times

Emerging patterns

Managers Performance

Members Performance

Training requirements

Contact Addresses

The AHS company address and contact numbers are:-

Ashbourne Healthcare Services
Ashbourne House
35 Harwood Road
Fulham
London SW6 4QP

Tel: 020 7736 5200
On-call Number: 07899 997990

The Ashbourne Group (Head Office)
Ashbourne Group Ltd.
5 Clive Avenue
Goring-by-Sea
Worthing
West Sussex

Tel: 01903 245550

The Commission for Social Care Inspection

Central and South West London Office
11th Floor, West Wing
26-28 Hammersmith Grove
London
W6 7SE
Tel: 0208 735 6370

The Health Service Ombudsman for England

Health Service Ombudsman for England
13th Floor
Millbank Tower
Millbank
London SW1P 4QP
Tel: 0845 0154033

• **Standards for the Administration of Medicines**

Introduction

The administration of medicines is a responsible and important function of qualified registered nurses in their professional practice.

All qualified nurses must be satisfied with his/her competence for the purpose of drug administration and mindful of his/her personal accountability to their registration body – the Nursing and Midwifery Council (NMC).

All qualified registered nurses offered membership to the AHS (Ashbourne Healthcare Service) must be registered with the Nursing and Midwifery Council based at 23 Portland Place, London WIN 3AF. AHS will, prior to offering membership and at various stages throughout membership, confirm active registration with the NMC of the nurse and will monitor the NMC website and literature for updates and details of nurse suspensions. Nursing magazines will also be reviewed weekly in this connection.

The Administration of Medicines is not solely a mechanistic task to be performed on strict compliance with the written prescription of a medical practitioner. It requires great attention to detail, thought and an absolute exercise of professional skill and professional judgement. This policy must be followed at all times in conjunction with the formal policy stated by the NMC, in addition, each registered nurse must make themselves familiar with the local policy for each assignment before the commencement of all assignments, especially before the administration, assistance with or dispensing of medicines.

Particular attention must be directed to:

- Patient Consent – explaining the procedure to the patient to ensure he/she understands the procedure and is prepared to give his/her valid consent to accept the prescribed drug or treatment. Should the patient refuse his consent the registered nurse must accept that position, record 'refused' on the medicine recording chart and notify the Senior Nurse Manager and duty Medical Officer of the patients decision **immediately**. The registered nurse must make a note on a separate sheet of paper in red ink and attach it to the prescription order (chart) to alert other registered nurses and medical staff to the patients stated position. Further to this an accurate account of events including action taken by the registered nurse must be recorded in the patients clinical records and daily progress report chart.

The registered nurse must await further advice and instruction from the accountable and responsible senior nurse for the unit and the medical officer responsible for the patient's care and treatment. The local policy covering withheld consent must be adhered to.

On no account must the registered nurse attempt to try and persuade the patient to take the medication or treatment without his absolute valid consent. Exceptions to this would be patients under treatment orders of the Mental Health Act 1983. All qualified nurses working within the scope of this act must familiarise themselves with its guidelines and relevant updates.

Should the registered nurse have any area of concern regarding patient consent he/she can also discuss the particular issue with our service clinical co-ordinator or a member of his/her team.

- Qualified registered nurses may administer and dispense drugs including controlled drugs, gases, dressings, naso-gastric, peg feeds and rectal drugs.

Administration of intravenous drugs by a registered nurse is not acceptable unless specific local training has been undertaken and that their direct supervisor at the start of any assignment with an authority is satisfied with the training undertaken and with the competence level of the qualified registered nurse in the administration of the procedure.

- Registered nurses are reminded of his/her personal accountability: to acknowledge any limitations in their knowledge and competence and to decline any duties or responsibilities unless able to perform them in a safe and skilled manner.
- Registered nurses may only in very specific posts, and where formal and local training has been undertaken, prescribe certain drugs – this practice is required to be agreed with AHS Management prior to the members assignment with an authority.
- Unqualified members may not in any circumstances administer any drugs including controlled drugs, intravenous drugs, rectal drugs, naso-gastric, peg feeds or any type of gases. Unqualified members may not dispense medication – this includes all medicines.
- Unqualified members may only assist or remind the patient (prompt) in taking medication by aiding the patient with water or assisting to re-position the patient.
- Unqualified members may only change certain dressings but this practice must only occur when under the direct supervision/instruction of a qualified registered nurse employed by the authority the unqualified member is assigned to and where local training on the principles of wound care management for care staff has been undertaken.
- All AHS Members are required to clearly record in the patient's notes or care book any assistance, advice or administration of drugs or medicines.
- In the event of an error in the administration of medicines, drugs and any treatments the registered nurse must immediately notify the duty medical office, the senior nurse responsible for the ward, unit etc. and accurately record all details of the error in the patients clinical records and daily progress sheet.

The registered nurse must correctly observe the authority's local policies on such incidents by completing incident books/registers and providing detailed statements including full details of drugs involved, date given, time given, any witnesses, etc. The registered nurse must also document all actions taken.

Ashbourne Healthcare Services will require a detailed written statement from the registered nurse concerned and will liaise closely with the authority concerned on follow up action required that could include a full investigation and possible disciplinary proceeding including a report to the NMC (Nursing and Midwifery Council) under the code of professional conduct.

- Registered nurses must report all concerns regarding patients in their care including all changes in their general/usual conditions, possible drug related impact on their general condition and any health related issues both in writing in their (the patients) clinical records (appropriate section) and verbally to the duty medical officer and senior nurse supervisor immediately a concern arises.
- Attention must be directed to:

- Confirming the correctness of the prescription and the identity of the patient to whom the medicine is to be administered.
- Judging the suitability of administration at the scheduled time of administration ensuring he/she is aware of the patient's current planned/assessment and care programme.
- Reinforcing the positive effects of the treatment to the patient and seeking medical advice and appropriate senior nurse input should this be necessary.
- Enhancing the understanding of patients in respect of their prescribed medication and the avoidance of misuse of these and other medicines.
- Assisting in assessing the effects of medicines and the identification of side effects and interactions.

All registered nurses must adhere in full to the NMC "Code of Professional Conduct" in relation to the standards for the administration of medicines, copies of which can be obtained from the NMC London Headquarters at 23 Portland Place, London, W1N 3AF.

A copy of the "Code of Professional Conduct" will also be available in all units of Ashbourne Healthcare Services. The code states;

*As a registered nurse, midwife or health visitor you are personally accountable for your practice and, in the exercise of your professional accountability, must;

1. Act always in such a manner as to promote and safeguard the interests and well being of patients and clients;
2. Ensure that no action or omission on your part, or within your sphere of responsibility, is detrimental to the interests, condition or safety of patients and clients;
3. Maintain and improve your professional knowledge and competence;
4. Acknowledge any limitations in your knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner.

This Policy forms part of each members Induction Training and is subject to review on an annual basis by an appointed senior qualified nurse. It is the responsibility of each member that any updates or changes to this policy are understood. Further clarification of this policy or subsequent updates should be sought from the Clinical Co-ordinator. Members are to be updated in writing as required by post.

This policy is in addition to local Organisational Polices. To comply with LAP care must be taken that members should establish the policy for the administration and assistance with drugs with their direct supervisor at the start of any assignment with an authority and familiarise themselves with local policies and procedures as specific methods may diff to those written herein. Particular attention should be paid to patient care plans, consent forms/requirements, drug administration record keeping and incident / error reporting. All concerns regarding patient care should be reported to a senior member of staff. Advice and guidance can be sought through local senior colleagues or through Ashbourne Healthcare Services.

Medicine Administration (General Policy)

The administration of medicines must be carried out using a medicine trolley or lockable carry case in all units.

The trolley must be taken around the unit whilst administering medicines to the patients.

The medicines must be administered by a registered nurse.

Health care assistants may assist with the identification of patients, assist with the administration procedure and act as witness – this must be done under the direct supervision of the registered nurse.

Each patient must have a separate prescription chart. The prescription chart will contain details of all medicines prescribed including Controlled Drugs.

The prescription chart must contain the following details;

- Name and date of birth of patient
- Any known drug hypersensitivities
- Name and form off the medicine
- The dose
- The route of administration
- The frequency and time for administering each dose.
- The date of prescribing
- The date to be discontinued (if appropriate)

Ensure the medicine bottle/container is clearly marked with the patient's name, name of medicine, strength of medicine, form (for example tablets, capsules), frequency and method of administration.

Medicines other than domestic remedies are only administered to the person for whom they have been supplied and prescribed by a registered medical or dental practitioner.

Medicines must be dispensed into a medicine pot in front of patient and administered as per instructions and with the patient's absolute consent.

Dispense 'oral' medicines with a drink so ensure that is available to the patient.

Observe the patients take his/her prescribed medicine – do not leave medicines on meal trays, tables, side cabinets, etc.

If prescribed medicines are not taken or only partly taken/administered record a reason on the administration chart, otherwise record and sign as given as prescribed. Ensure an accurate record is made of variable doses, missed doses and reasons for omission.

A registered nurse is responsible to decide based on his/her professional skill and judgement, pending consultation with the prescribing medical practitioner to omit a prescribed dose due to lack of co-operation, nausea, drowsiness or a suspected adverse reaction, etc.

Discontinued medicines must be clearly deleted and initialled by the registered nurse under the prescriber's directions.

Verbal orders for medicines or for any changes to the dose of a prescribed medication may not be accepted from the prescriber by a registered nurse. The use of facsimile transmission being the preferred method in **exceptional circumstances or isolated locations** and

where local protocol has been agreed between medical practitioners, registered nurses and the pharmacist.

To comply with LAP additional members should establish the policy with the direct supervisor at the start of any assignment with an authority.

Verbal orders are not acceptable for any controlled drug.

The registered nurses responsible for the administration will also be responsible and accountable for the maintenance of accurate records in respect of medicines for each patient.

In a situation of an error in medicine administration record the incident accurately on the patients care plan and inform the patients medical practitioner, daily doctor and action his/her explicit instructions, also inform your unit and agency managers.

Controlled and Administration of Controlled Medicines

Controlled drugs are stored in medicine cupboard that complies with the Controlled Drugs Regulations and is used solely for that purpose.

Controlled drugs must be recorded in the Controlled Drugs Register and must be checked by two people one of whom must be a registered nurse.

The Controlled Drug Register must comprise one page per patient per controlled drug with the index to same maintained at the front of the register.

Controlled drugs must be administered in the following manner;

- In the presence of a responsible witness prepare the controlled drug after checking the container label with the prescription sheet for the patients name, drug form (e.g. tablets, liquid, capsules,) dose and expiry date if available, route of administration, frequency and time for administering each dose and the date prescribed.
- Calculate the dose if necessary – double-check calculations are correct with the witnesses countersignature.
- Sign the controlled drug and sign drug chart and obtain witness signature.
- Take the controlled drug and prescription chart direct to the patient accompanied by the witness.
- Administer the controlled drug and sign drug chart and obtain witness signature.
- If the controlled drug is not administered or only partly administered the reason is to be recorded on the treatment chart, the Controlled Drug Register and the patients care plan by the registered nurse.
- Controlled drugs liquid form given orally are measured by means of a stamped glass measure or syringe.
- If at any time an overdose or under dosage is observed in the volume remaining/available this must be recorded in the patients care plan and the Controlled Drug Register by the registered nurse and countersigned by the witness.

This must be reported to the manager of the unit without delay.

- Any volume of liquid remaining in a syringe driver is discontinued must be recorded in the patients care plan and the Controlled Drug Register by the registered nurse and countersigned by the witness.
- The syringe driver and remaining contents are to be stored in the Controlled Drug cupboard until disposal can be carried out – in the case of a death only after issue of death certificate.
- In the event of there being any doubt as to what the duty doctor or medical practitioner intends the patient to receive, administration should be withheld and advice sought.
- In the event of an error in administration of controlled drugs medical advice must be sought immediately and the unit manager and agency manager notified immediately.

Controlled Drug Register

Each separate numbered page in the Controlled Drug Register must comprise the following;

- Patients name
- Drug name
- Dose of drug
- Route of administration
- Time of administration
- Frequency
- Date
- Total dose in stock
- Space for two signatures – a) administered by, b) witnessed by.

Self Administration (Usually applies to private nursing homes and private home)

Patients may self administer medicines including controlled drugs providing the registered nurses and the General Practitioner believe the patient is capable of doing so and precise documentation to this effect is in place in the patients care profile.

A written procedure must be in place in respect of each patient and this procedure must be available for checking and inspecting purposes – this too applies for patients who are self-administering.

This information must be available to all qualified / registered nurses so they can;

- a) Acknowledge this practice; and
- b) Allow it to continue.

Patients who self – administer will be provided with a suitable locked cupboard or drawer for the storage of their own medication.

Patients who are self administering their own medication must do so from container provided by the pharmacist.

The medication issued to the patient will be restricted to medicines in current use, replacement supplies being kept in general medicine storage areas until required.

This procedure is for drug safety reasons.

The registered nurse must maintain accurate records of any patient who has chosen to self-administer and he/she should ensure that all medicines are being taken as directed on a daily basis.

A regular update of all patients who have chosen to self-administer must be provided to the General Practitioner on at least a monthly basis.

Disposal of Medicines (General Policy)

- All medicines that are no longer required by an individual patient or have become date expired must be disposed of.
- In the event of death the medicines cannot be disposed of until the death certificate has been issued (in case the medications are required by the coroner).
- Details of each medicine requiring disposal are entered on the Medicine Disposal Register by two registered nurses.
- Details of controlled drugs requiring disposal are entered into the Medicine Disposal Register by two registered nurses in addition to the Controlled Drug Register.

The pharmacist will sign the register and dispose of the drugs.

- All medicines to be disposed of, with the exception of controlled drugs are kept in the internal medicine cupboard.
- Controlled drugs requiring disposal are kept in the controlled drug cupboard
- The medicines are collected by prior arrangement by the Trust, Unit or Community Pharmacist.
- The Trust, Unit or Community Pharmacist signs and stamps the drug register when accepting drugs for disposal.
- In the event of a discharge of a patient's details of medications returned are listed in the Medicines Disposal register by two registered nurses in addition to the Controlled Drug Register if applicable.

This policy will be reviewed independently and updated annually or sooner if the need arises.

Policy and Procedures Reviews

All policies and procedures will be reviewed and updated as a matter of course on an annual basis. Annual reviews will incorporate all legislative changes, Governing Body advice, and organisational developments. Policy changes and updates between reviews will be communicated to all staff via addendum sheets and incorporated into final printed policies and procedures on the annual review. Where possible annual reviews will be conducted by an appropriately trained independent professional.

Jan 2009

Appendix 1

Appraisal Form

Appendix 2

Client Service Evaluation Form

Members Service Evaluation Form