



Unannounced Care Inspection Report 19 December 2019



Bond Search & Selection Ltd

Type of Service: Nursing Agency
Address: 21 James Street South, Belfast, BT2 7GA
Tel No: 02890 339968
Inspectors: Fionnuala Breslin and Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Bond Search and Selection Ltd is a nursing agency which supplies nurses to a range of healthcare settings in the health service and also to nursing homes.

3.0 Service details

Organisation/Registered Provider: Bond Search & Selection Ltd	Registered Manager: Ms Tanya-Rose Mitchell
Responsible Individual(s): Mr Jonathan Mark St Clare	
Person in charge at the time of inspection: Ms Tanya-Rose Mitchell	Date manager registered: 11 December 2014

4.0 Inspection summary

An unannounced inspection took place on 19 December 2019 from 09.30 to 15.00.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to;

- staff recruitment
- staff Training
- communicating with service users and other relevant stakeholders

There are no areas identified for improvement during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Tanya-Rose Mitchell, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 October 2018.

5.0 How we inspect

Prior to inspection we analysed the following records:

- the previous inspection report
- the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

During the inspection we spoke to the registered manager, and looked at a range of documents, policies and procedures relating to the service. Information found during this process is referred to in the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

At the request of the inspector, the registered manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

The inspectors would like to thank the registered manager for her support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 October 2018

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector after the inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for improvement 1 Ref: Standard 7.2 Stated: First time	The registered person shall ensure that the selection of nurses for supply to any setting is made by an identified nurse with appropriate skills and expertise who reviews previous roles, practice experience and competency of each nurse and matches appropriate nurses to the requirements of the placement setting. Ref: 6.4	Met
	Action taken as confirmed during the inspection: There was evidence that the registered person ensures that the selection of nurses for supply to any setting is made by a registered nurse with the appropriate skills and expertise.	
Area for improvement 2 Ref: Standard 7.1 Stated: First time	The registered person shall ensure the nursing agency establishes the needs and requirements of each request for an agency nurse placement. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Information has been obtained from each service user to ensure that the nurses supplied have the appropriate skills.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

Three personnel records of recently recruited staff were reviewed. These records confirmed that all pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

Staff records reviewed also evidenced staff members' registration with NMC and the registered manager described the system in place to review staff renewal of registration.

The agency had retained records to evidence that staff are not provided with work until all required checks have been satisfactorily completed.

The registered manager discussed staff availability with the inspectors confirming that there were currently adequate staff to meet the needs of service users and the agency. The registered manager confirmed that recruitment was ongoing.

Discussions with the registered manager confirmed that a record of the induction programme provided to staff is retained; the inspectors viewed three individual staff induction records. These evidenced that staff received an induction lasting a minimum of three days.

Discussions with the registered manager and staff on the day of inspection and later by telephone confirmed that the induction process was appropriate and provided them with the knowledge and skills to fulfil the requirements of their job role. Staff commented that the training and induction they received had helped them feel confident and competent. The agency nurses interviewed confirmed that they received a thorough local induction for all new placements that helped them to orientate to the environment.

The inspectors reviewed the agency's training plans which indicated compliance with the Regulations and Minimum Standards and that staff had appropriate training to fulfil the duties of their role. The registered manager knew the importance of staff being aware of capacity legislation and Deprivation of Liberty Safeguards (DOLS). There was evidence the staff have additional training to that outlined in the Minimum Standards and the registered manager discussed the new electronic training platform which is used in conjunction with face to face training sessions.

Discussions conducted by telephone with the staff members demonstrated that they had a clear understanding of adult safeguarding issues and the process for reporting concerns. Staff had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff were required to complete safeguarding training during their induction; and, in addition, complete an annual update. Training records viewed by the inspector indicated that staff had received training in relation to adult safeguarding.

The inspectors were advised by all those service users consulted with, that they had no concerns regarding the safety of care being provided by the agency.

Service user said:

- “absolutely first class...the agency nurses (Bond) always our first choice.”
- “can depend on them they are a very reliable service.”

Staff said:

- The manager is the adult safeguarding champion; I would go to her if I had a concern in relation to the treatment of a service user. Documentation is important and informing the nurse in charge, the social worker and the person’s GP.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

During the inspection the inspectors reviewed the agency’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined in the Statement of Purpose and Service User Guide.

Discussions with the registered manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users.

There was also evidence to indicate that the registered manager has been proactive in progressing with the quality improvement plan formulated as a result of the last inspection and consequently all areas of improvement have been met.

The manager establishes the needs and requirements of each request for an agency nurse. Since the last inspection a system has been put in place to allow profiles to be sent to service users outside office hours.

The agency has quality monitoring systems in place; this included consultation with a range of service users, relatives and staff.

Records confirmed that the registered manager completed regular monitoring checks on staff performance. The records evidenced no concerns had been expressed by the service users during the monitoring

Service users said:

- “they would be the agency we go to first always ring and ask is everything okay.”
- “yes good relationship (with manager) she always looks for feedback.”
- “resolve issues quickly.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the registered manager and staff and feedback from service users indicated that values such as choice, dignity and respect were embedded into the culture of the organisation. Agency nurses identified the need to communicate meaningfully and sensitively with their patients; and they were respectful of their patients' wishes.

All the service users consulted with by the inspector felt that care was compassionate. The service users advised the inspector that agency nurses treat their patients with dignity and respect.

Views of service users have been sought by the service through phone calls and questionnaires to ensure satisfaction.

During interviews two service users told the inspector that nurses supplied by the agency were all very compassionate towards the patients.

Processes to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

Discussions with the registered manager indicated that the agency seeks to maintain effective working relationships with service users. The registered manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the minimum standards, relevant legislation and guidelines. Policies and procedures are retained electronically and additionally in paper format stored within the agency's office.

The organisational and management structure of the agency identifies lines of accountability and roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description which outlines the responsibilities of their role.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. The agency had invested in a new information system to further enhance these processes.

The registered manager discussed a number of incidents which they had received. These had received appropriate responses from the agency. Any learning identified from these incidents had been used to drive service improvements.

In order to drive improvement, an additional registered nurse had been employed by the agency to support the registered manager.

The registered manager could clearly describe the procedure for addressing concerns relating to individual staff members. Service users provided further evidence of this process to the inspector during telephone conversations and advised that any concerns which did arise were dealt with in a timely and appropriate manner.

Discussion with the registered manager indicated that there are effective collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users when staff have been provided; the inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the services provided. A home manager commented:

- “Pleasant staff on phone who try their best to cover the shift. Quality of staff sent to the care home are good too.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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