

Announced Care Inspection Report 26 September 2017



Bond Search & Selection Ltd

Type of service: Nursing Agency
Address: 21 James Street South, Belfast BT2 7GA
Tel no: 02890 339968
Inspector: Michele Kelly

www.rgia.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

This is a nursing agency which supplies nurses to range of healthcare settings including hospital and nursing homes.

3.0 Service details

Registered organization/registered person: Bond Search & Selection Ltd/Jonathan Mark St Clare	Registered manager: Tanya-Rose Mitchell
Person in charge of the home at the time of inspection: Tanya-Rose Mitchell	Date manager registered: 11 December 2014

4.0 Inspection summary

An announced inspection took place on 26 September 2017 from 10.00 to 13.30 hours.

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 the:

- Processes in place for ensuring policies and procedures are systematically updated, ratified, indexed and stored.
- Effective ways of communicating with all stakeholders.

Areas requiring improvement included ensuring appropriate verification of all pre- employment checks.

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.

The inspector wishes to thank the registered manager for the warm welcome, co-operation and assistance throughout the inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Tanya Rose Mitchell, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 November 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous care inspection report and QIP
- Notifications submitted to RQIA
- Correspondence

During the inspection the inspector met with the registered manager and clerical administrator. No agency nursing staff visited the office during the inspection.

The following records were examined during the inspection:

- Statement of Purpose/Service user Guide
- Pre-employment checks
- Staff induction programme
- Supervision/appraisal records
- Recruitment and Selection policy and procedure
- Whistleblowing policy and procedure
- Skill matching policy and procedure
- Incidents
- Complaints
- Monitoring reports May, June, July and August 2017
- Satisfaction surveys
- Staff training
- RQIA registration certificate

Ten staff questionnaires were given to the registered manager for distribution to staff. Two were returned to RQIA within the timescale. Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017.

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

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

6.2 Review of areas for improvement from the last care inspection dated 23 November 2016

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 2.1 Stated: Second time	<p>The registered provider must ensure that policies and procedures, as identified in Appendix 3 for the management of the nursing agency and supply of nurses, are in place and in accordance with statutory requirements.</p> <p>This relates specifically to the agency's Safeguarding of Vulnerable Adults and Children Policy regarding the inclusion of the named safeguarding "champion" for the agency.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency's Safeguarding of Vulnerable Adults and Children Policy and confirmed it includes the named safeguarding "champion" for the agency.</p>	
Area for Improvement 2 Ref: Standard 12 Stated: First time	<p>The registered provider should ensure that formal nursing staff supervision is provided, with records retained within the agency.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The agency has developed a spreadsheet for recording clinical supervision and appraisal dates and evidence in staff files verifies that formal supervision is provided and records retained.</p>	

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.

The agency's recruitment and selection of staff policy was reviewed and discussed with the registered manager. The policy / procedures were in keeping with legislative requirements and Department of Health (DOH) Nursing Agencies Minimum Standards. The registered manager and recruitment administrator undertake and record pre-employment checks. The inspector viewed four staff files and noted that in one file examined a reference which had been emailed was retained without verification of the source of the attachment. The inspector discussed the importance of checking the authenticity of references supplied and advised that this matter is addressed immediately and verification obtained.

The registered manager explained the procedure for checking staff registrations with the Nursing and Midwifery Council (NMC) which is closely monitored by the manager.

The registered manager described the process in place for matching appropriately skilled and experienced staff to the commissioned placement. This was documented within individual staff profiles. A copy of the profile is forwarded to the commissioning service detailing qualifications, skills and experience of the staff allocated to the placement.

The provision of staff training was discussed with the registered manager who explained that mandatory training was provided and in addition other training relevant to the nurses' placements.

Staff records reviewed contained structured induction programmes and evidence of training provided.

Records of supervisions held were retained within staff files examined. The agency's supervision and appraisal policy reflected timescales for staff supervision and appraisal and a spreadsheet also details due dates and completions. The registered manager advised that nurses were also provided with local clinical supervision within their designated placement of work when long periods of placement took place.

Discussions with the registered manager provided assurances that they had knowledge and oversight of the management of safeguarding within the agency. They could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in. One incident involving a complaint concerning an agency nurse was discussed with the manager during inspection. The inspector was satisfied that the agency was investigating the complaint appropriately and thoroughly; appropriate steps to ensure the safety of the service user and the potential safety of other service users had been taken. Records confirmed staff in the placement concerned had worked with the agency to resolve the matter. Subsequent to the inspection the manager updated RQIA with progress in this incident.

The manager stated that nursing staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction. Discussions with the registered manager and records viewed indicated that staff are provided with safeguarding training during their initial induction and that they are required to complete an annual update.

Two staff questionnaires were returned to the inspector; responses received indicated that staff are satisfied that care provided is safe.

Areas for improvement

One area for improvement were identified during the inspection;

The registered person must ensure that no nurse is supplied by the agency unless full and satisfactory information is available to him in respect of each of the matters specified in Schedule 3. This refers to:

- Verifying the authenticity of emailed references

	Regulations	Standards
Total number of areas for improvement	1	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 inspector 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 detailed within the Statement of Purpose and Service User Guide.

It was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The registered manager explained that no private nursing care is provided within a patient's home.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to service users this includes a review of training, complaints and incidents. The agency maintains a record of compliments and complaints received.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Methods identified included service user questionnaires and telephone contact surveys.

There was evidence of effective communication between service users and agency staff within records examined.

Discussions with the registered manager indicated that the agency seeks to maintain effective working relationships service users; they could describe examples of liaison with stakeholders in relation to achieving better outcomes for patients.

Two staff questionnaires were returned to the inspector; responses received indicated that staff are satisfied that care provided is effective.

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 during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

Agency staff are made aware at induction of the need to ensure confidentiality. It was noted that all staff nurses are provided with the agency's staff handbook which includes a number of key policies.

The agency has systems in place to monitor the performance of nursing staff; these include training and competency assessments.

The agency also has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback. It was noted from records viewed that this involves issuing a feedback assessment form for each staff member provided.

The inspector noted that the agency includes feedback received from service users in the agency's monthly quality monitoring report.

The "Whistle Blowing" policy (2015) which was available to staff reflected their responsibility in reporting concerns or issues of poor practice and the role of RQIA in this regard.

The registered manager explained that agency staff have direct access to her or the registered provider to report any concerns they may have in regard to a placement. The agency operates an "on call" system so that staff can access out of hours support when necessary

Two staff questionnaires were returned to the inspector; responses received indicated that staff are satisfied that care provided is compassionate.

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 registered manager advised that the agency delivers services effectively and that there were good professional relationships in accordance with legislative requirements and Minimum Standards for Nursing Agencies.

Documentation viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; audit of registration status with the NMC; and audit of complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency has policies and procedures in place which direct the quality of services provided by the agency. Policies / procedures were centrally indexed and compiled into a very accessible policy file. Policies and procedures were ratified and updated in accordance with legislative requirements.

The agency's complaint policy and procedure detailed information in accordance with DOH complaints procedure. The arrangement for dealing with complaints was reflected within the agency's Statement of Purpose and Service User Guide.

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

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

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

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 proactively obtain feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a range of positive comments in relation to the service provided. Comments included:

- "A pleasure to work with"
- "It is nice to know you will help us out when we need you"

Two staff questionnaires were returned to the inspector; responses received indicated that staff are very satisfied that agency is well led

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and the processes in place for ensuring policies and procedures are systematically updated, ratified, indexed and stored. There was also evidence of good communication with stakeholders.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tanya Rose Mitchell, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Regulations (Northern Ireland) 2005 and/or the Nursing Agencies Minimum Standards, 2008.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 and Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing.</p>	<p>The registered provider shall ensure that no nurse is supplied by the agency unless –</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(Regarding employer references)</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All references obtained by email will have the original email confirmation attached to ensure and demonstrate the validity of the reference.</p>

**Please ensure this document is completed in full and returned via Web Portal*



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