

Unannounced Care Inspection Report 23 November 2016



Bond Search & Selection Ltd

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bond Search & Selection Ltd took place on 23 November 2016 from 10.00 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the nursing agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The delivery of safe care was evident on inspection. There was evidence that the agency operated effective recruitment systems and ensured a supply of appropriately skilled and competent staff at all times. The welfare, care and protection of service users was ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency had systems in place to ensure the identification, prevention and management of risk. It was noted that the agency was responsive to the requirements of service users. One area identified for improvement related to review and revision of the Adult Safeguarding Policy, dated 28 April 2015, to ensure that it reflects the new DOH regional guidelines entitled "Adult Safeguarding Prevention and Protection in Partnership", July 2015.

Is care effective?

The delivery of effective care was evident on inspection. The agency had systems in place for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There were systems in place to promote effective communication with service users and relevant stakeholders. The agency responded effectively to meet the needs of service users which had resulted in positive outcomes. No areas were identified for improvement during the inspection.

Is care compassionate?

The delivery of compassionate care was evident during the inspection. The ethos of dignity and respect, independence and rights was embedded throughout staff attitudes. The agency had systems in place for obtaining and responding to the views of service users. It was noted from observation and discussion with staff that the agency sought to obtain and value the views of stakeholders. The agency had systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users. No areas for improvement were identified during the inspection.

Is the service well led?

The agency had management and governance systems in place to meet the needs of service users. Evidence of effective working partnerships with service users was evident during the inspection. One area identified for improvement related to the undertaking of nursing staff supervision with retention of related records.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Tanya 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 31 March 2016.

2.0 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

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Inspection report and QIP from previous inspection dated 31 March 2016
- Accidents / incident notifications
- Correspondence

During the inspection the inspector met with the registered manager Tanya Michell.

The following records were examined during the inspection:

- Statement of purpose
- Service user guide

- Selection of policies and procedures including those in respect of:
 - Adult safeguarding
 - Whistleblowing
 - Induction
 - Staff training
 - Data protection/Confidentiality
 - Record keeping
 - Health records management
 - Service user feedback
 - Complaints
 - Clinical governance
 - Risk management
 - Incident
 - Monthly quality monitoring
- Staff pre-employment checks /recruitment and selection files (3)
- Staff induction programmes
- Staff handbook of induction
- Staff training records
- Staff appraisal
- Incident records
- Complaints records
- Service user contact records
- RQIA registration certificate
- Matching Skills and Expertise record

Ten questionnaires were given to the manager for completion by staff members; one questionnaire was completed and returned to RQIA within the timescale requested.

The inspector would like to thank the manager and for her assistance and co-operation throughout the inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 31 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 2.1 Stated: First time	<p>It is recommended that the registered person ensures 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.</p>	Partially Met

	<p>Action taken as confirmed during the inspection: The Safeguarding of Adults and Children policy had been reviewed and revised.</p> <p>Reference to the named safeguarding “champion” for the agency should be included in keeping with the DOH safeguarding policy entitled Safeguarding Prevention Protection in Partnership (July 2015).</p>	
<p>Recommendation 2</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p>	<p>It is recommended that the registered person monitors the quality of services in accordance with the nursing agency’s written procedures and completes a monitoring report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with minimum standards.</p>	Met
	<p>Action taken as confirmed during the inspection: Reports as recommended were in place.</p>	

4.2 Is care safe?

The agency had robust policies and procedures relating to the selection and recruitment of staff dated 10 October 2016. It was noted that that policies held were in compliance with legislative requirements and Department of Health (DOH) guidelines.

Systems and processes in place for the recruitment and selection of staff were discussed with the operations manager. These were considered to be in keeping with the Nursing Agencies Minimum Standard 4.

The agency’s recruitment policy for nurses outlined the mechanism in place for ensuring that appropriate pre-employment checks are completed prior to commencement of employment. The inspector viewed a recruitment checklist which recorded the checks that had been completed; the operations team manager confirmed that nurses would never be provided until all required checks were completed.

The agency’s staff induction policy, dated 10 October 2016, outlined the induction programme provided to staff prior to their commencement of employment. The agency maintained a record of the induction provided to staff; it was noted that staff were provided with a copy of the agency’s staff handbook.

The provision of staff supervision was discussed with the manager who advised that she is currently researching the most appropriate model to use. One recommendation was made in regard to the provision of supervision for agency nursing staff. Staff appraisal is provided as required.

The manager described the agency's procedure in regard to their policy/procedure entitled "Adult Safeguarding" which included immediate notification to the commissioning trust and RQIA. One recommendation was made in regard to review and revision of the policy to reflect DOH new regional guidelines entitled "Safeguarding Prevention and Protection in Partnership" dated July 2015. As reflected within the DOH policy (page 25) a named "safeguarding champion" for the agency should be included.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation reviewed evidenced that the agency had made a referral to the commissioning Health and Social Care Trust (HSCT) in relation to allegations of abuse, both of which were ongoing. RQIA had been notified as required. Discussion with the manager provided assurance the agency had knowledge and oversight of the management of safeguarding and could describe the procedures for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation in which they may be required to be involved.

Discussion with the manager alongside training, personnel and electronic records viewed indicated that staff were provided with safeguarding vulnerable adults training during their initial induction and they were required to complete updates as required. The manager could describe the mechanisms that would be implemented to support staff in achieving the requirements for revalidation and registration with the NMC.

The manager confirmed that staff were provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction programme.

The manager described the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency had a policy entitled "Matching skills and experience of nurses to the placement of nursing staff", dated 10 October 2016. The manager described the process for electronic recording and checking the NMC register monthly for staff nurses employed.

The agency's registered premises included a number of offices which were suitable for the operation of the agency, as described in the Statement of Purpose.

One completed staff questionnaire was returned to RQIA. The respondents indicated they were very satisfied that care was safe. One comment made included: "As yet I have not had an appraisal."

Areas for improvement

Two areas for improvement were identified for improvement: provision of staff supervision, and review of the policy entitled "Safeguarding Prevention and Protection in Partnership" to include the name of the agency's safeguarding "champion", provided in accordance with regulation and minimum standards.

Number of requirements	0	Number of recommendations	2
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4.3 Is care effective?

Review of the agency's arrangements for appropriately responding to and meeting the needs of people who use the service was discussed with the manager. Information relating to the nature and range of services provided was detailed within the agency's Statement of Purpose and Service User Guide.

The agency's management of records policy outlined the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records reviewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Discussions with the manager and a review of a sample of records identified that the agency had in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The inspector identified that the agency monitored the effectiveness and quality of care provided to service users monthly which included a review of training, complaints, incidents and safeguarding referrals.

It was noted that service users were requested to complete satisfaction surveys; the agency maintained a record of compliments and complaints.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. The manager described the liaison with stakeholders in regard to achieving better outcomes for service users.

The operations team manager confirmed that service users were informed of the process for contacting the agency to discuss any issues in relation to the competency of staff provided. It was identified that the agency had a process for obtaining the comments of service users in relation to staff provided.

One staff questionnaire was completed and returned to RQIA within the timescale. The respondent indicated they were "very satisfied" that care provided was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

Agency staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. It was noted that all staff could access relevant policies and procedures in the agency's office and are provided with a staff handbook.

The agency had systems in place to monitor and support the performance of nursing staff; these included training updates, feedback from service users and appraisal. The provision of staff supervision was recommended within Section 4.2 of this report.

The agency had 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.

The manager described the key processes which support quality improvements which included: team meetings; stakeholder feedback including monthly surveys and planned review meetings; staff performance reviews and complaints/compliments; and accident/incident reviews. Where necessary, action is taken to address issues arising through additional training and monitoring.

The manager described the process for staff induction and orientation in placement which included staff reporting for duty earlier than their shift start time, on occasions shadowing prior to placement or attending the area of work for a structured induction and orientation.

The agency had an electronic system for recording staff training completed and in addition for highlighting when updates were required. The manager confirmed that employment of staff was not commenced until all the necessary pre-employment checks and documentation relating to training have been received and verified.

Records reviewed indicated that staff had received the necessary mandatory training and in addition training specific to the needs of commissioning service users.

The agency had a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided.

One completed staff questionnaire was returned to RQIA within the timescale. The respondent indicated the domain of “Is care compassionate?” as “very satisfied”.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The agency’s management and governance systems in place to meet the needs of service users were discussed with manager. Documentation viewed and discussions with the operations team manager indicated that the agency’s governance arrangements promoted the identification and management of risk. These included appropriate policies and procedures; monitoring of training; monthly audit of registration status with the NMC; audit of complaints; safeguarding incidents and incidents notifiable to RQIA.

It was identified that the agency had in place management and governance systems to drive quality improvement. There were arrangements in place for managing and monitoring of incidents and complaints. Records viewed provided evidence of staff training and appraisal. The provision of staff supervision is to be established. One recommendation was made in this regard within Section 4.1 of this report.

The inspector reviewed a number of policies and procedures; it was noted that the agency had in place a range of policies and procedures which were noted to have been recently reviewed and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures were retained within the agency's office in both hard copy and electronic format, so that staff could access if required.

The agency's complaints policy outlined the procedure in handling complaints; discussion with the registered manager and documentation reviewed indicated that the agency had knowledge of the agency's complaints procedure and had managed complaints appropriately.

It was identified that staff were required to complete mandatory training prior to being provided to work. It was noted that the agency had a process for ensuring that staff were not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The inspector reviewed the agency's electronic system for recording training completed by staff; it was noted that the system highlighted when training updates were required.

Records reviewed indicated that staff had received the necessary mandatory training and in addition training specific to the needs of service users. One of the agency's administrators could describe the process for informing staff when training updates were required and stated that staff were not provided to work if training updates had not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. Staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job. The agency has a process for supporting nursing staff in completing the NMC revalidation process.

The agency had a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided.

One completed staff questionnaire was returned to RQIA. The respondent indicated they were "very satisfied" that the agency was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

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

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 Nursing Agencies. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 2.1

Stated: Second time

To be completed by:
31 January 2017

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.

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.

Response by registered provider detailing the actions taken:
Bond Healthcare has amended The Safeguarding of Vulnerable Adults and Children Policy which now includes the Named Safeguarding Champion for the agency

Recommendation 2

Ref: Standard 12

Stated: First time

To be completed by:
31 March 2017.

The registered provider should ensure that formal nursing staff supervision is provided, with records retained within the agency.

Response by registered provider detailing the actions taken:
Bond Healthcare has created individual clinical supervision documentation to be included in each nurse's file which will be retained for inspection

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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