

# Unannounced Care Inspection Report 11 October 2018



## 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.rqia.org.uk](http://www.rqia.org.uk)

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

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 11 October 2018 from 09.45 to 13.45 hours.

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

The inspection determined 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 and communicating with service users and other relevant stakeholders.

Areas requiring improvement were identified in respect of ensuring the agency improves the process of matching the skills and expertise of the nurses to the requirements of placements and provides profiles of staff for all placements.

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
<b>Total number of areas for improvement</b>	0	2

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 26 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 September 2017.

## 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager.
- examination of records
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- recruitment records
- staff induction and training records
- records relating to staff supervision and appraisal
- monthly quality monitoring reports
- client service questionnaires
- complaints/ compliments records
- incident records
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been issued or reviewed within the timescales detailed in the minimum standards.

During the inspection the inspector met with the manager. At the request of the inspector, the 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 inspector would like to thank the manager for her support and co-operation throughout the inspection process.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 26 September 2017**

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

**6.2 Review of areas for improvement from the last care inspection dated 26 September 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 and Schedule 3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing.	The registered provider shall ensure that no nurse is supplied by the agency unless –  (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.  (Regarding employer references)  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed four recruitment records which demonstrated that full and satisfactory information in respect of each of the matters specified in Schedule 3 is obtained for all nurses prior to placement.	

**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 policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and

verified by the manager and that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed indicated that required checks had been completed and that the agency's recruitment process is robust. Staff records viewed indicated that staff are not provided until the required pre-employment checks and documentation relating to training have been received and verified.

The agency requires registered nurses to complete an induction and in addition to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

Records of staff supervision and appraisal indicated that while staff had received supervision and appraisal it was not in accordance with the time frames specified in the agency's procedures. This matter was discussed with the registered manager who agreed to amend the policy. The inspector viewed supervision and appraisal records for two staff and discussed ways in which telephone contacts with staff could be structured and recorded in addition to the formal supervision and appraisal processes.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that the registered manager will inform registered nurses when training updates are required. The manager stated that registered nurses are not provided with work placements if annual training updates have not been completed.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The registered manager is the identified Adult Safeguarding Champion (ASC).

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. It was identified from discussions and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and in addition an update at least two yearly. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

The manager could describe the procedure for reporting 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.

The inspector reviewed records maintained in relation to safeguarding adults; discussions with the manager and a review of incidents indicated that the agency has acted in accordance with their policies and procedures in relation to adult safeguarding referrals made since the previous inspection. Information viewed was noted to be comprehensive and included details of liaison with HSCT adult safeguarding representatives and other relevant stakeholders.

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process. The manager also described the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, skills, training, experience and

suitability of the nurse to be provided. The template on which this information is stored provides only scant information and requires more detail on the nurses' suitability for roles and responsibilities. This matter was brought to the inspector's attention while reviewing an incident and is an area for improvement

The agency provides service users with relevant staff profiles when confirmation of a shift is made however the inspector noted that this process is not always adhered to when short notice placements are made out of hours. A comment from a service user indicated that this was an issue at weekends; this is also an area for improvement.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the person in charge could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered. The inspector advised the manager not to wait until the expiry date to check this status.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided and an annual satisfaction survey; it was discussed that there are challenges in receiving feedback but the inspector noted some very positive comments regarding the responsiveness of the agency.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment.

**Areas for improvement**

Areas requiring improvement were identified in respect of ensuring the agency improves the matching of the skills and expertise of the nurses to the requirements of placements and provides profiles of staff for all placements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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 that 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 within the Statement of Purpose and Service User Guide.

The agency's management of records and information policy details the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed

that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

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. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. A quality monitoring review and report are completed monthly.

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

Discussions with the manager indicated that the agency seeks to maintain effective working relationships with service users. The 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. The agency has a process for obtaining the comments of service users in relation to staff provided.

The manager could clearly describe the procedure for addressing concerns relating to individual staff members. The inspector discussed with the manager the process followed in relation to one staff member; they indicated that the agency's procedure for dealing with concerns was appropriate and provided evidence of collaborative working with other relevant stakeholders.

### Areas of good practice

Areas of good practice were identified in relation to communication with all stakeholders and the agency's quality monitoring process.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 manager and observations made 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.

It was identified that staff are provided with information relating to confidentiality during their induction programme. The agency also has a system for recording training completed and for highlighting when training updates are required.



The agency has processes in place for obtaining the views of service users in relation to staff performance and attitude.

The agency also has on call arrangements in place to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The manager also described the processes for receiving feedback from service users following the provision of staff nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints and monthly quality monitoring processes.

### 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
<b>Total number of areas for improvement</b>	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 inspector reviewed the agency's management and governance systems in place to meet the needs of service users. It was identified that 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 the 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. These include provision of relevant policies and procedures; monitoring of training; monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency has management and governance systems in place to drive quality improvement. Records viewed by the inspector provided evidence of appropriate staff induction, training and appraisal.

The agency's incident policy details the procedure for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a record of incidents and of actions taken. The manager discussed a number of incidents with the inspector which had received appropriate responses from the agency which helped drive service improvements.

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 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 service provided.

### Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures and engagement with service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 7.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff nurse application forms now include a list of clinical skills for nurses to tick for competency as well as their preferences for placements, according to their experience and skills</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 7.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered person shall ensure the nursing agency establishes the needs and requirements of each request for an agency nurse placement.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Templates have been created on each service user to ensure we have all the information we need to place the appropriate skilled nurse in each setting. A system has also been put in place to allow profiles to be sent to clients outside office hours</p>

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



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