

Inspection Report

3 August 2021



Bond Search & Selection Ltd

Type of service: Nursing Agency
Address: 21 James Street South, Belfast, Antrim, BT2 7GA
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Bond Search & Selection Ltd	Registered Manager: Ms Tanya-Rose Mitchell
Responsible Individuals: Mr Jonathan Mark St Clare	Date registered: 11 December 2014
Person in charge at the time of inspection: Ms Tanya-Rose Mitchell	
Brief description of the agency operates: 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.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 3 August 2021 between 10.00 am and 13.30 pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before nurses were supplied to health care setting and on an annual basis thereafter. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and any written or verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

We discussed any complaints and incidents with the manager and reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to provide feedback to the RQIA.

4.0 What people told us about the agency?

The information provided by service users indicated that there were no concerns in relation to the agency. They confirmed that they were satisfied with the standard of the nurse being supplied and the responsiveness of the agency to any issues that may occur. Staff told us that they were happy with the support provided by the nursing agency.

No electronic feedback was received prior to the issue of the report.

Service user comments:

- "The manager is very responsive."
- "We get a good supply and standard of nurses."
- "There is good communication within the agency."

Staff comments:

- "Good training is available."
- "I work in the Emergency Department(ED) and I know my responsibilities about reporting Adult Safeguarding concerns."
- "Great agency to work with."

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 19 December 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before nurses are supplied to the health care setting. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

There was a good system in place to ensure that the nurses' skills were appropriate to the setting in which they were to be placed in and the nurse was provided with the appropriate training.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

An examination of quality monitoring processes used by the agency found that areas such as complaints and incidents were reviewed monthly. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

There was a system in place to ensure that staff received supervision, appraisal and training in keeping with the agency's policies and procedures.

Staff have undertaken Deprivation of Liberty Safeguards (DoLS) Level Two training appropriate to their job roles. However, it was established during the discussion with the manager that no staff had completed DoLS Level Three training. The manager forwarded evidence of completed DoLS Level Three training within an agreed timeframe. Review of the information received was found to be satisfactory.

The nursing agency has a system for retaining a record of referrals made to appropriate HSCT's in relation to adult safeguarding. Records viewed and discussions with the manager indicated that a number of adult safeguarding referral had been made since the last inspection and that the referrals had been managed appropriately. The latest position report was available for inspection.

It was established that the agency had received a number of complaints since the last inspection on 19 December 2019. Review of records confirmed that these had been dealt with in accordance with the policy and procedures and that the complainants were satisfied with the outcome.

It was noted during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

It was confirmed that the alphabetical lists of service user and staff held by the agency were up to date.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

A review of the records confirmed that all staff provided were appropriately registered with the NMC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

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

	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 Ms Tanya-Rose Mitchell, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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