

Inspection Report

22 February 2022



Just Nurses

Type of Service: Nursing Agency
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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: BHSCT – The Placement Group	Registered Manager: Mrs Polly Adgey
Responsible Individual: Mr Paul Carnera	Date registered: 10 March 2021
Person in charge at the time of inspection: Mrs Polly Adgey	
Brief description of the agency operates: This is a nursing agency which supplies nurses to a range of healthcare settings including four Health and Social Care Trusts. Plans are in place to start supplying nurses to care homes. The agency currently has 199 nurses available for supply within Northern Ireland.	

2.0 Inspection summary

An announced inspection was undertaken on 22 February 2022 between 9.45 a.m. and 2 p.m. by the care inspector.

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

Progress with any areas for improvement identified during and since the last inspection was reviewed and found to be compliant.

Good practice was identified in relation to appropriate checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

Areas requiring improvement were identified in relation to supervision of nurses, the system for requesting an alert to be raised by the Chief Nursing Officer (CNO) and the Adult Safeguarding policy, which required to be updated in keeping the regional guidance in Northern Ireland.

The information provided by service users indicated that there were generally no concerns in relation to the nurses being supplied. There were varying responses received in relation to operational matters.

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 Quality Improvement Plan (QIP), notifiable incidents and written and 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.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

We discussed any complaints and incidents during the inspection with the manager and we 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.

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

4.0 What people told us about the agency?

The information provided by service users indicated that there were generally no concerns in relation to the nurses being supplied. Where concerns had been raised, the agency had managed the matters appropriately. Feedback received indicated that there had been some difficulties getting in touch with the office and there was poor communication between the consultants; and that if there were issues there was no central point of contact. The telecommunications issue which may have contributed to this was remedied on the day of the inspection.

Further feedback indicated that:

- "Nurses were not always accommodating when it comes to being redeployed to an area of greater need mid-shift."
- "Nurses on long term-placements (block bookings) often do not provide sufficient notice, where they are leaving the placement."
- "The consultants bypass the agreed protocol and approach the wards directly, as opposed to arranging shifts for nurses, through the HSCT Bank Office."

- “The agency offer shifts to nurses who are on block bookings, potentially leading to the nurses working excessive hours.”

These matters were relayed to the manager for review and action, as appropriate. It was good to note that manager indicated that agency would review its processes to rectify these matters.

A number of nurses responded to the electronic survey. Written comments included:

- “I have enjoyed working with Just nurses for the past two years. Polly is very professional and (takes) time to listen when it is important and I feel well supported by her.”
- “I have worked within 'Trust departments' for over 20 years and I have to really Commend 'Just Nurses'. Their manager Polly and newly appointed manager are supportive, informative, always updating about relevant topics and areas of interest.”
- “The Consultant I deal with on a daily basis goes above & beyond his role in assisting me with shift allocation.”
- “The Team at Just Nurses have been supportive in helping me do my job. Clinical supervision and regular 1:1 as and when needed! A dedicated team to finding me roles that I was happy to help in.”
- “I feel like the management team for Just Nurses are very supportive & approachable.
- They are very fair and professional. I feel that my advisor is amazing at her job she is always there with any queries always making sure I am working in safe areas and ensures to resolve any issues immediately. She is an asset to Just Nurses.”

A number of service users responded to the electronic survey, indicating that they were very satisfied with the nurses being supplied. Written comments included:

- “I am very grateful to the team at Just Nurses, They are very prompt in replying to all your queries.”

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 2 March 2021 Year by a care inspector. A Quality Improvement Plan was issued. The written response by the provider was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 2 March 2021		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall 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.</p> <p>This relates specifically to: Full employment histories, together with satisfactory explanation of any gaps in employment Reasons for leaving previous position References are received from the nurses' present or most recent employer.</p> <hr/> <p>Action taken as confirmed during the inspection: A review of the recruitment records identified that a robust system was in place to ensure compliance with the regulations.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: 02 June 2021</p>	<p>The registered person shall undertake an audit of all recruitment records to identify and rectify any deficits.</p> <p>Records of the audits, including any remedial action taken, must be retained for inspection purposes.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that this area for improvement had been met.</p>	Met
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p>	<p>The registered person shall further develop the application form and supervision form to ensure that staff involvement in safeguarding incidents is captured at the start of employment and during supervisions, on an ongoing basis.</p>	Met

To be completed by: Immediate from the date of the inspection	Action taken as confirmed during the inspection: Discussion with the manager and a review of records confirmed that this area for improvement had been met.	
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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 were supplied to the various health care settings. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

There was a system in place to ensure that the nurses were placed into settings where their skills closely matched the needs of service users. Nurses were provided with training appropriate to the requirements of the hospitals in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, dysphagia, National Early Warning Score (NEWS) and the Management of Actual or Potential Aggression (MAPA), as appropriate to their job roles.

5.2.2 Are there robust governance processes in place?

The manager had a system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicated that the appropriate checks were undertaken before the nurses were employed. However, the manager was unfamiliar with the process for requesting an alert to be raised by the CNO's office. This pertained to two nurses, who had been referred by the agency to the NMC. Information was shared with the manager, to enable her to retrospectively request the alerts to be raised. Ensuring that the CNO alert process is embedded into the agency's policies and procedures has been identified as an area for improvement.

Whilst it was good to note that supervisions had been undertaken with nurses in response to any issues about their practice being raised, the review of the supervision records identified significant gaps in relation to the completion of planned supervisions. This meant that supervisions had not been undertaken in accordance with the agency's policies and procedures. No records were retained of clinical supervisions that the nurses had availed of during long term placements. An area for improvement has been identified in this regard.

Advice was also given in relation to formalising the process of nurses receiving feedback on their practice. This advice was welcomed by the manager, who agreed to further develop the policy and procedures in this regard.

The Adult Safeguarding policy reviewed identified that it required to be updated in keeping with regional guidance in Northern Ireland. An area for improvement was identified in this regard.

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. It was good to note that complaints were monitored on a monthly, quarterly and annual basis, to identify any patterns or trends.

It was established 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).

The alphabetical list of staff employed by the agency was 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 Nursing and Midwifery Council (NMC). Information regarding registration details, renewal and revalidation dates was 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 finding three areas for improvement were identified. Despite this, RQIA were assured that the agency was providing nurses who provide safe, effective and compassionate care. The agency was deemed to be well led.

7.0 Quality Improvement Plan/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 the Nursing Agencies Minimum Standards (2005).

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Polly Adgey, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that each employee of the agency receives appropriate supervision; records of supervisions should be retained and include the dates nurses availed of clinical supervision undertaken on long term placements.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: JustNurses Supervision Policy states that our nurses will be offered 2 x Clinical Supervisions per year. Due to Covid 19 and the impact on internal staffing it was not possible to complete 2 x Supervisions for every nurse in the previous 12 month period as this would have accounted for over 400 Supervisions. This is clearly documented throughout the monthly monitoring reports and was flagged to the Responisble Individual. However all nurses were offered Supervision in 2021 on a voluntary/request basis as this was the best that could be achieved with the capacity available. They were advised that if they wanted to take this up, to contact the Nurse Manager accordingly. Nurses going through Revalidation, who had complaints made against them, were involved in incidents or allegations, who raised concerns or who requested a Supervision all had a Supervision completed. All records for these were retained as per policy.</p> <p>As regards the advice for those nurses in block-bookings/long term assignments to have Supervisions offered by the manager in their assignment, JustNurses were not aware of this as an additional requirement. All nurses have since been advised of the need to request this and to submit dates and records (where appropriate) to be logged on our system.</p> <p>The Supervision Policy has also been updated to reflect this.</p>
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Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008

<p>Area for improvement 1</p> <p>Ref: Standard 1.15</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of</p>	<p>The registered person shall ensure that policy and procedure is further developed, to ensure reporting incompetence and poor performance is in line with guidelines issued by the DHSSPS; this refers to the process for requesting alerts to be raised by the Chief Nursing Officer (CNO).</p> <p>Ref: 5.2.2</p>
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<p>the inspection</p>	<p>Response by registered person detailing the actions taken: Following the supply of information relating to CNO Alerts this policy has now been put in place. It is important to note that "incompetence and poor performance" had been appropriately reported to the NMC and that sanctions were in place accordingly. The CNO office has advised that where a referral to the NMC has been made and sanctions are in place, a CNO Alert is not indicated, therefore the correct procedures had been followed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure the Adult Safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: JustNurses' Adult Safeguarding Policy has been regularly revised and reviewed in line with the 2015 Prevention and Protection in Partnership Policy as per RQIA Standards. The Inspection identified that two sentences in the JustNurses Policy with regards to the Definitions of Abuse were not entirely as per the 2015 Prevention and Protection in Partnership Policy. This has now been rectified.</p>

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