

Unannounced Care Inspection Report 15 January 2019



Just Nurses

Type of service: Nursing Agency

Address: Belfast City Office, 54 Elmwood Avenue, Belfast BT9 6AZ

Tel no: 02895531831

Inspectors: Bridget Dougan and Kieran Murray

www.rqia.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 a range of healthcare settings including four Health and Social Care Trusts.

3.0 Service details

Organisation/Registered Provider: The Placement Group Responsible Individual(s): Mr Paul Carnera	Registered Manager: Ms Marsha Deans - application received 13 April 2018 - registration pending
Person in charge at the time of inspection: Ms Marsha Deans	Date manager registered: Registration pending

4.0 Inspection summary

An unannounced inspection took place on 15 January 2019 from 10.30 to 16.00.

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 a number of areas of service delivery including recruitment policies and procedures and communication between service users, staff and other key stakeholders.

Areas requiring improvement were identified including staff induction records, staff training, supervision and adult safeguarding champion training.

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
Total number of areas for improvement	0	5

Details of the Quality Improvement Plan (QIP) were discussed with Ms Marsha Deans, 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 10 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 August 2017.

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 inspection report and QIP
- record of notifiable events since the previous inspection
- record of complaints notified to the agency

On the day of inspection the inspectors spoke with the manager and deputy manager.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Two staff members' supervision and appraisal records.
- Six staff members' training records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports
- Complaints.
- Compliments.
- Incidents.

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 10 August 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 10 August 2017

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 09 Stated: First time To be completed by: 31 October 2017	The registered person shall address two identified areas including; (a) Review and revision of the agency's policy/procedure on adult safeguarding (b) Provision of staff update training in adult safeguarding to include the current DoH policy/procedures and named champion.	Partially met
	Action taken as confirmed during the inspection: The adult safeguarding policy/procedure had been reviewed and updated in April 2018. Review of staff training records evidenced that update training in adult safeguarding had not been completed by a number of staff.	

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.

A team of 161 registered nurses are employed by the agency and work across four Health and Social Care Trusts.

A centralised human resources department oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment records for three registered nurses demonstrated that all the relevant information as outlined in Schedule 2 of The Nursing Agencies Regulations (Northern Ireland) 2005 had been sought and retained.

The agency's recruitment policy outlines the procedures for ensuring that the required pre-employment checks are completed prior to commencement of employment.

The manager confirmed that registered nurses are required to complete an induction which includes online training and a review of the agency's policies and procedures. It is recommended that a record is maintained of the induction provided to all staff. An area for improvement has been identified.

A supervision and appraisal policy (March 2018) is in place which states that staff should have one-to-one supervision at least three monthly. Discussion with the manager and review of supervision records evidenced that supervision was conducted mostly by telephone every four to six months. An area for improvement has been identified.

The agency has an electronic system for recording training completed by staff and for highlighting training required. The inspectors reviewed a sample of staff training records and evidenced that adult safeguarding training had not been completed on an annual basis and was not in accordance with the agency's adult safeguarding policy. A training certificate in one staff member's file stated that they had completed 16 online modules, including mandatory and other training on 26 December 2018, however only one training module (fire safety) had been recorded on the electronic system as having been completed by the staff member. The inspectors concluded that the system for managing staff training was not sufficiently robust to ensure mandatory and other training requirements are met. An area for improvement has been identified in this regard.

Review of the safeguarding adults policy, dated April 2018 evidenced that the policy had been reviewed to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The manager is the identified Adult Safeguarding Champion (ASC); however the manager has not yet received training in this role. This has been identified as an area for improvement.

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.

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction.

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.

A system was in place for monitoring and recording the registration status of nurses with the NMC; the manager described the process for checking the NMC register on a monthly basis to ensure all staff are registered.

The manager explained the systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided by the agency. Methods included for example; agency staff and provider (ward manager) satisfaction surveys; regular audits of service provision and monthly quality monitoring visits.

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 recruitment policies and procedures.

Areas for improvement

Areas for improvement were identified in respect of staff induction records, staff training, supervision and adult safeguarding champion training.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

During the inspection the inspectors 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. Observation of the handling of records during the inspection confirmed that this was in accordance with the agency's policy.

Discussions with the 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 complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation.

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 nurses provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

Areas for improvement

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 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.

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. As previously stated, improvements to these processes have been implemented.

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
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 inspectors reviewed the agency's management and governance systems in place to meet the needs of service users. An application was received by RQIA on 13 April 2018 in respect of Ms Marsha Deans as registered manager and this registration is pending. The manager is supported in her role by the agency's registered person and human resource department. A management consultant is also employed two days per month as deputy manager. Regular visits to the agency headquarters is undertaken to attend managers' meetings and attend training.

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.

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 staff can request these in paper format from the agency's office. The manager stated that these are also available in the agency's staff handbook.

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

Whilst the agency has systems in place to monitor staff training, an area for improvement has been identified in section 6.4 in this regard.

The Statement of Purpose and Service User Guide are kept under review.

Discussion with the manager indicated that there is evidence of 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

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 Ms Marsha Deans, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 9</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure the provision of staff update training in adult safeguarding to include the current Department of Health policy/procedures and named champion.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: The JustNurses handbook has been updated to reflect that our named safeguarding champion is Marsha Deans, JustNurses Registered Manager. Department of Health policy/procedure links have now also been added. JustNurses have now requested that all working Nurses and HCAs review the revised handbook and confirm for our records that they have done so.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2019</p>	<p>The registered person shall ensure a record is maintained of the induction provided to all staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All Nurses and HCAs are required to attend an induction prior to commencing their first shift with JustNurses. Records confirming their attendance of this are now kept on each candidate's file.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that staff have been provided with one-to-one supervision at least three monthly, in accordance with the agency's supervision policy.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In accordance with JustNurses' agency policy, face-to-face staff supervisions are carried out on a three monthly basis. Records confirming their attendance of these are now kept on each candidate's file.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall ensure that the system for monitoring staff training is sufficiently robust to ensure mandatory and other training requirements are met.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Since this inspection, we have reviewed and improved our system for monitoring training renewal dates. The system is based within an</p>

	<p>Excel spreadsheet which lists all training modules completion and renewal dates and provides reminder alerts regarding expiry dates so that Nurses and HCAs are reminded at least 60 days in advance to arrange renewal training. A weekly meeting is held to review this data and ensure that all candidates are continually compliant.</p>
<p>Area for improvement 5 Ref: Standard 9 Stated: First time</p>	<p>The registered person shall ensure that the identified adult safeguarding champion is provided with training relevant to their role and responsibilities. Ref: 6.4</p>
<p>To be completed by: 31 March 2019</p>	<p>Response by registered person detailing the actions taken: The registered person has ensured that the named champion, Marsha Deans, attended the course, Keeping Adults Safe: Recruitment, Selection and Management on the 11.02.2019.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)