

# Unannounced Care Inspection Report

## 10 August 2017



### Just Nurses

**Type of service: Nursing Agency**

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**Inspector: Priscilla Clayton**

[www.rqia.org.uk](http://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 range of healthcare settings and to work with service users in their own homes.



### 3.0 Service details

<b>Registered organisation/registered person:</b> The Placement Group/Paul Carnera	<b>Registered manager:</b> Adela Faye Carson
<b>Person in charge of the home at the time of inspection:</b> Adela Faye Carson	<b>Date manager registered:</b> 12/06/2017

### 4.0 Inspection summary

An unannounced inspection took place on 10 August 2017 from 10.00 to 14.30 hours.

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 the operational systems and process in place for safe, effective, compassionate and well led service.

Areas requiring improvement included; review and revision of the agency's policy/procedure in regard to adult safeguarding and the provision of update staff training in this regard.

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.

The inspector wishes to thank the registered manager and clerical administrator for their warm welcome, co-operation and assistance throughout the inspection.

### 4.1 Inspection outcome

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Adela Carson, 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 16 December 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 December 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 care inspection report and QIP
- Notifications submitted to RQIA
- Correspondence

During the inspection the inspector met with the registered manager and clerical administrator. No agency nursing staff visited the office during the inspection.

The following records were examined during the inspection:

- Statement of Purpose/Service user Guide
- Liability Insurance
- Pre-employment checks
- Staff induction programme
- Supervision/appraisal programme
- Policies/procedures relating to this inspection
- Skill matching
- Accident/incident
- Complaints
- Monitoring reports May, June and July 2017
- Audits
- Satisfaction surveys
- Staff training

Ten satisfaction surveys were given to the registered manager for distribution to staff. One was returned within the timescale.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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



## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 December 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 16 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 4.2  <b>Stated:</b> First time	The registered provider should ensure that a record is maintained detailing the date an Enhanced Access NI employment check was completed and if the outcome was satisfactory	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that a record detailing necessary information was being maintained. This was available at the time of inspection.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 2.1  <b>Stated:</b> First time	The registered provider should further develop the Monitoring and Auditing the Quality of Services policy to include a reference to the monthly monitoring visits undertaken by the responsible person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the policy evidenced that this recommendation had been addressed.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 8.10  <b>Stated:</b> First time	The registered provider should ensure that  (a) the complaint procedure is revised to reflect the DOH Complaints in Health and Social Care Standards and Guidance for Resolution and Learning (updated 2013).	<b>Met</b>



	(b) all records relating to a complaint investigation are maintained and include details of all communication with the person making the complaint and the results of any investigation along with the action taken.	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>(a) Review and revision of the complaints procedure had been undertaken. This reflected DOH guidance for resolution and learning.</p> <p>(b) Records of complaints were being retained. These were observed to include communication with complaints and outcome of investigation and action taken.</p>	

### 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 registered manager confirmed that at all times sufficiently qualified, competent and experienced staff are working in the agency to meet the needs of patient care commissioned from service providers.

The agency's "Staff Recruitment" policy and procedures, dated May 2017 and "International Recruitment of Nurses" policy, dated May 2017, was reviewed and discussed with the registered manager. Policies reflected details of the recruitment process and pre-employment checks to be undertaken.

Two staff records reviewed and discussed contained all relevant pre-employment information and documents in accordance with The Nursing Agencies Regulations (Northern Ireland) 2015. The registered manager confirmed that each newly appointed staff member is provided with a staff handbook and issued with a written job description and terms and conditions of the job.

The manager confirmed that each newly appointed staff member was issued with a copy of the staff handbook that details the organisational structure; role and responsibilities, record keeping requirements; recruitment procedures; information on complaints and training/development.

Agency employed staff receive structured induction programmes which were retained within the agency office. Induction was also provided and recorded for staff on short notice/emergency arrangements.

Records and all documentation relating to the recruitment process were kept in compliance with the Data Protection Act 1998 and Access NI's Code of Practice.

The registered manager described the system and process in place for the matching of appropriately skilled staff to placements requested. The registered manager, who is a qualified nurse, explained that she reviews the previous roles, practice experience and competency of each nurse to the requirements of the placement setting. This data was retained within the agency's electronic system.

The registered manager explained that the agency had a system in place to ensure that nurses providing clinical care receive supervision every four months or more frequently if required. The supervision programme, which is pre-planned, was retained within the agency's electronic data base. Annual appraisals were provided with records retained.

The registered manager described the procedures in place to ensure all staff are appropriately trained and competent to undertake treatments as commissioned. All newly appointed staff are required to provide written evidence of training most recently undertaken that fulfils mandatory training requirements. The training needs of individual agency staff for their roles and responsibilities (including infection control) are identified, and arrangements made to provide and record training attendances provided by the agency. Records of all mandatory and professional development training were held electronically. Review of the training indicated that training requirements were being met.

The agency's policy/procedure on adult safeguarding was dated July 2016. Staff training in safeguarding was provided during induction with updates provided as required. Records examined evidenced that all staff had received training in adult safeguarding. Discussion was held regarding the Department of Health (DoH) current policy titled "Safeguarding Prevention and Protection in Partnership" (2015) and DoH "Safeguarding Operational Procedures" (2016). A copy of the policy was retained within the agency. Review and revision of the agency's policy was recommended to ensure this reflected current DoH policy/ procedures. The named safeguarding champion for the agency should to be included. Up to date staff training, taking account of the changed policy/procedures, will also be necessary.

One safeguarding issue arising since the last care inspection had been promptly reported, investigated and recorded in accordance with policy/procedures.

The agency's whistleblowing policy and procedure was dated July 2016. This was readily available within the agency office to staff.

The agency's registered premises include an office which was considered suitable for the purposes of the agency as set out in the Statement of Purpose.

One completed staff satisfaction questionnaire was returned to RQIA within the timescale requested. This respondent indicated they were "very satisfied" that care provided was safe and that training, supervision and appraisal had been provided by the agency.

### **Areas of good practice**

There were examples of good practice found throughout the inspection of this domain in relation to staff selection and recruitment, induction, training, supervision and appraisal.



## Areas for improvement

One area identified for improvement related to review and revision of the agency's policy/procedure on adult safeguarding and provision of staff up-date training in this regard.

	Regulations	Standards
Total number of areas for improvement	0	1

### 6.5 Is care effective?

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

The registered manager described the record keeping arrangements and associated policies and procedures in place to ensure compliance with legislation, minimum standards and practice guidelines.

The agency's policy and procedure on record storage and data protection, dated 2017, was available for inspection. The policy reflected procedures in relation to creation, storage, recording and disposal of records in accordance to the Data Protection Act 1998. Observation of the handling of records during the inspection confirmed that this was in accordance with the agency's policy.

The agency's Statement of Purpose and Service User Guide were reviewed and discussed with the registered manager who confirmed that the service operated in accordance with the documents which were in compliance with legislative requirement.

The registered 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 sisters) satisfaction surveys; regular audits of service provision and monthly quality monitoring visits.

The registered manager explained that the agency monitors all new placements of staff on a regular basis and maintains good communication with service users to ensure the expected quality of care is being provided by agency staff. Quality monitoring questionnaires are provided for service users to complete and return to the agency. Analysis of questionnaires is undertaken by the registered manager and where necessary action taken to address any issues arising.

Regular communication with service users was made by the registered manager to discuss the placement of agency staff and if necessary meetings would be organised.

The responsible person for the agency monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. Monthly monitoring reports were available for inspection.

One staff satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated that they were "very satisfied" that the service was effective. No issues or concerns were recorded.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintenance of records, audits and reviews, 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
<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.**

The registered manager confirmed that agency nurses employed are suitably recruited and assessed by her so that their skills and expertise are matched to the requirements of the placement prior to that placement.

The registered manager confirmed that staff are provided with information pertaining to confidentiality which was in accordance within the agency's policy and procedure dated May 2017. All staff can have access to this policy and all other policies/procedures which are held electronically and some in hard copy format.

The registered manager undertakes competency assessments of each nurse employed in order to monitor performance; a required safe level is to be achieved before being deemed competent in the clinical practice.

The registered manager confirmed that staff and service users are enabled to report any concerns they may encounter regarding a placement directly to her. There is an "on call" system in place so that staff can access out of hours support and guidance if required.

The registered manager seeks and records the views on the quality of the service from service users on a regular basis through the distribution and return of completed questionnaires. Where required the registered manager establishes action plans in order to develop and continuously improve the services provided.

Staff mandatory training data retained within the electronic system was discussed and reviewed. This was retained in matrix format which provided the registered manager with an efficient method to monitor training undertaken by staff and identify those who require training. Up to date staff training in adult safeguarding policy/procedure as cited under section 6.4 is necessary.

The registered manager explained how she provided support to staff in regard to the Nursing and Midwifery Council (NMC) revalidation process/procedure.



One staff satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated that they were “very satisfied” that the service provided was compassionate and people treated with dignity and respect. No issues or concerns were recorded.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care including communication and involvement of service users in the promotion of continuous quality improvement.

### Areas for improvement

No areas for improvement were identified within this domain 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 registered manager who was appointed during February 2017 is a registered nurse and is based in the agency office on a daily basis. The registered manager operates an “on call” system to ensure that any issues arising can be communicated and addressed. The registered manager is supported in her role by the agency’s registered person and human resource department. Regular visits to the agency headquarters is undertaken to attend managers’ meetings and attend training or seminars.

The register manager has settled very well into her post and demonstrated good knowledge and understanding of the legislative requirements, DoH Minimum Standards, and other standards set by professional regulation bodies.

Audits undertaken by the registered manager included for example; staff files, accidents/incidents; complaints; NMC registration status of agency staff and staff training. All electronic data in this regard was reviewed by the inspector. Action plans are developed to address any issues identified as a result of audits undertaken. A report on the outcome of audits is developed and submitted to the agency’s governance team.

The agency had a wide range of policies and procedures which were centrally indexed and retained electronically. A selection of policies was also available in hard copy format. Review of a number of policies confirmed these had been reviewed during 2016/2017. Staff can have direct access to policies/procedures.

A cursory view of the agency’s complaints policy, dated 2017, was undertaken. The policy reflected a step by step procedure to deal with complaints; receiving; recording, investigating and resolution process.



The arrangement for dealing with complaints is published within the agency's statement of purpose. Complaints recorded within the agency and those notified to RQIA from 1 April 2016 to March 2017 were discussed with the registered manager. Complaints received had been addressed with complainants fully satisfied with the outcome of investigation. When required action is taken and lessons learned. This information was reflected within complaints records reviewed by the inspector. Monthly audit of complaints received were undertaken and by the registered manager in order to identify any trends/patterns or lessons to be learned.

The registered manager confirmed that staff are aware of their roles and responsibilities and action to be taken should they have a concern.

The agency retains records of all reported accidents/incidents. One accident notification submitted to RQIA was discussed with the registered manager and the agency record reviewed. This was effectively documented and investigated. Appropriate action was taken to deal with the accident and minimise the risk of recurrence.

One staff satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated that they were "very satisfied" that the service was well led. No issues or concerns were recorded.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### 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 Adela Faye Carson, 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 Regulations (Northern Ireland) 2005 and/or the Nursing Agencies Minimum Standards, 2008.

## 7.2 Actions to be taken by the service

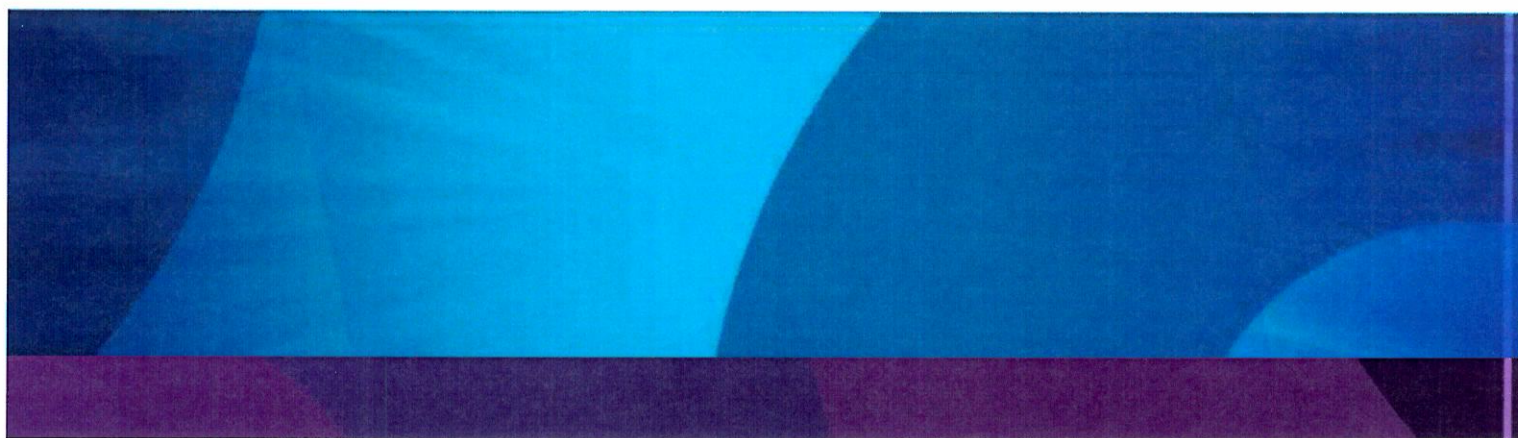
The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<b>Area for improvement</b> <b>1</b>  <b>Ref:</b> Standard 09  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2017	<p>The registered person shall address two identified areas including;</p> <ul style="list-style-type: none"> <li>(a) Review and revision of the agency's policy/procedure on adult safeguarding</li> <li>(b) Provision of staff up-date training in adult safeguarding to include the current DoH policy/procedures and named champion.</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            JustNurses has now reviewed and revised the agency's adult safeguarding policy and procedure to reflect the policy document : Adult Safeguarding:Prevention and protection in partnership, DOH. JustNurses has now updated the staff training to reflect the agency's policy's and procedures. The JustNurses, nurse manager has been identified in the agency's policy and training, as the safeguarding champion for the agency.            All staff have been emailed requesting that they complete the training. An accurate record of the date that each nurse completes the training will be maintained.</p>



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