

# Unannounced Care Inspection Report 16 December 2016



## Just Nurses

**Type of service: Nursing Agency**  
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**Inspector: Maire Marley**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Just Nurses took place on 16 December 2016 from 10.30 to 15.00hrs. The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the nursing agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Just Nurses has written procedures in place regarding the recruitment and selection of nurses that ensures staff employed by the agency are suitably skilled, competent and qualified.

Records examined provided evidence that the registered manager is involved in the recruitment and selection of nurses and appropriate records are maintained.

Suitable arrangements were in place to protect service users and identify any safeguarding issues, there was evidence of safeguarding procedures and working in partnership with service users and HSC Trust representatives.

One area for quality improvement was identified during the inspection of this domain and related to the records pertaining to Enhanced Access NI employment checks.

### Is care effective?

Evidence was reviewed which confirmed that the agency was contributing to the delivery of effective care.

Robust arrangements were in place to ensure that the selection of nurses matches the requirements of each placement.

Systems were in place to monitor and review the placements of nurses.

Records examined provided evidence of the arrangements in place to promote effective communication with service users.

One area for improvement was identified and related to the further development of the policy titled "Monitoring and Auditing the Quality of Services".

### Is care compassionate?

There was evidence that the agency contributed to the delivery of compassionate care. There were arrangements in place to communicate, listen and value the views of services users. This was established during the review of service users' feedback regarding staff attitudes and the provision of care and support provided by nurses supplied by the agency.

No areas for quality improvement were identified during the inspection in relation to the domain 'Is care compassionate?'

### Is the service well led?

The agency has robust management and governance systems in place to meet the needs of service users.

It was evident from the returned staff questionnaires that agency staff have a clear understanding of their roles and responsibilities within the management structure, and have

confidence in the lines of accountability. The registered manager is based in the Belfast office and fulfils her responsibilities in a manner which encourages the respect of staff and promotes effective service delivery; this ensures that the agency operates in accordance with the regulatory framework.

One area for improvement was identified and related to the development of the complaint procedure.

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

### 1.1 Inspection outcome

Just Nurses is a nursing agency operating from an office in Belfast. The nursing agency was initially registered with RQIA in January 2015 and this was their first inspection since registration.

The service currently supplies 21 nurses to the Northern and Belfast Trusts and to service users within nursing homes.

The inspector would like to thank the registered manager and staff member for their support and co-operation throughout the inspection process.

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ann Spear, registered manager and with Paul Carnera, responsible person, via telephone conference 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> The Placement Group/Paul Carnera	<b>Registered manager:</b> Ann Karen Spear
<b>Person in charge of the home at the time of inspection:</b> Ann Spear	<b>Date manager registered:</b> 10 September 2015

### 3.0 Methods/processes

- Prior to inspection we analysed the following records:
- RQIA pre-registration inspection report
- Records of notifiable events

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Induction Policy
- Recruitment Policy
- Matching Skills and Expertise
- Confirmation of NMC Status Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Incident Policy
- Confidentiality Policy
- Evaluation and feedback

During the inspection the inspector met the registered manager and a member of staff, and spoke to the responsible person via telephone. The inspector requested that questionnaires were distributed for completion by staff members. Five questionnaires have been returned to RQIA. Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 3 September 2016

There were no requirements or recommendations made as a result of the last care inspection.

#### 4.2 Is care safe?

The agency's recruitment procedures were examined during the inspection and included a review of the agency's recruitment and selection procedures; it was noted that the policy had been subjected to a review in October 2016 and the manager explained this was to ensure the policies were current and up to date. This is commended.

The recruitment policy detailed the arrangements regarding staff pre-employment checks and a review of staff records established all required checks had been completed. A record was

maintained of the date the pre-employment checks had been received along with the Access NI number; it was recommended that the record is further developed to demonstrate that the agency had assessed and were satisfied with the outcome of the pre-employment checks. The registered manager stated that nurses are not provided until all required documentation is in place. Discussions with the registered manager and review of records confirmed that arrangements are in place to audit the recruitment files to ensure they are compliant with the relevant regulations and minimum standards.

Records examined and discussion with a newly appointed staff member confirmed that the agency provides staff with structured induction. The records examined were appropriately dated and signed by the new member of staff and the registered manager.

Each new staff member is provided with a staff hand-book that details the structure of the organisation; information on complaints, whistle-blowing; safeguarding vulnerable adults and other relevant information.

The agency's supervision and appraisal policy details the timescales and processes for staff supervision and appraisal. Records examined established that staff were receiving supervision in accordance with procedures. It was noted that appraisals had commenced for staff that had been in post for a year. The registered manager reported that during appraisals documentation relating to recruitment is revisited to ensure information is relevant and up to date.

The registered manager could describe the details of the agency's policy for matching appropriately skilled staff to placements and stated that a staff profile is forwarded to each service user detailing the knowledge, skills and experience of the staff member being supplied. Each nurse had a copy of their profile on file. The agency has a process for checking the NMC register monthly for staff nurses employed; records maintained were viewed by the inspector and found to be up to date.

The agency's safeguarding arrangements were examined and it was noted that safeguarding training has been received by all staff and is included in the staff induction programme. The agency's adult safeguarding policy was examined and it was good to note that the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) July 2015: 'Adult Safeguarding Prevention and Protection in Partnership' was in place. The registered manager confirmed that the policy was discussed with staff during supervision.

The agency obtains feedback through telephone contact and a quality monitoring form issued to all service users regarding the supply and placement of nurses. The registered manager outlined some of the difficulties obtaining written feedback and reported that the agency has introduced telephone contact to ascertain if this would be more productive; some of the difficulties with the telephone contact were also discussed.

The agency's registered premises include an office which is suitable for the operation of the agency.

Five staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care provided by them was safe.

## Areas for improvement

One area for improvement was identified during the inspection of this domain, relating to the records regarding Access NI employment checks.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.3 Is care effective?

The agency's record keeping arrangements and associated policies were reviewed and discussed with the registered manager.

The data protection policy was examined and contained the procedures for the creation, storage, retention and disposal of records. It was noted from the range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisation's policy. It was good to note that the agency had also reviewed this policy in October 2016.

Discussions with the registered manager and records viewed confirmed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users. It was recommended that the policy Monitoring and Auditing the Quality of Services includes a reference to the monthly monitoring visits undertaken by the responsible person.

The inspector established that the agency monitors all new placements monthly for a period and has regular contact with service users, such as providers of regulated services or placement officer in trusts, to ensure the effectiveness and quality of care provided to service users. When a nurse is placed in any setting the service user is requested to complete a quality monitoring form. The registered manager confirmed that the returned responses are then analysed and incorporated into the annual quality review report. The quality annual survey report for the year September 2015 to September 2016 was available for inspection and reported on the contact with service users and feed-back received.

Monthly audits include a review of training, supervision, staff records, complaints, incidents and safeguarding referrals.

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

The registered manager described how the agency maintains effective working relationships with service users and provided examples of liaison with stakeholders in relation to achieving better outcomes for service users.

Information provided to service users included the procedure for contacting the agency to discuss concerns in relation to the competency of staff provided. The registered manager could describe the process that would be followed for addressing concerns relating to a staff nurse and stated that whilst the process was ongoing the staff member would not be provided to work.

Discussions with the registered manager and review of records confirmed that the agency has a process for maintaining a record of compliments and complaints received.

## Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the further development of the Monitoring and Auditing the Quality of Services Policy to include a reference to the monthly monitoring visits undertaken by the responsible person.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.4 Is care compassionate?

Staff are provided with information in relation to the agency's confidentiality policy; it was confirmed that all staff can access policies and procedures electronically.

Evidence was provided of the arrangements in place to monitor the performance of nursing staff. These included competency assessments completed for each nurse employed; it was confirmed that all staff must achieve a required level before being deemed competent.

The agency also has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback, and discussed the challenges in receiving a return of feedback forms distributed.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and service user satisfaction surveys. It was noted that the agency's monthly quality monitoring report incorporated the feedback received from service users.

A review of staff training established that an electronic system is in place that details when staff training is completed, and identifies those staff who require refresher training. In addition, the registered manager also maintains a record of all training. The registered manager could describe their role in identifying and highlighting gaps on a monthly basis. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

The registered manager confirmed that all staff employed are in receipt of the required safeguarding training and have been made aware of the action to be taken in the event of a suspicion of, or actual abuse. A random selection of staff training records examined confirmed this information.

A system is in place to ensure that nurses can report concerns they may have regarding a placement. The agency has an on call system that staff can access out of hours for support and guidance. Responses made by staff in returned questionnaires were positive regarding the support arrangements and no issues were identified.

The 'Whistleblowing Policy' available for staff details the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising these concerns; the role of RQIA in relation to whistleblowing is appropriately referenced.

Five staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that care was compassionate.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The registered manager is based in the agency on a daily basis and was available for discussion and feedback during the inspection.

The agency's management and governance arrangements were reviewed and established that the systems in place were suitable to meet the needs of service users and provided evidence that the service was well led.

The review of a number of policies and procedures established the policies had all been reviewed in October 2016 and were in keeping with the minimum standards and relevant legislation. It was identified that staff have access to the policies and procedures electronically and additionally in paper format stored within the agency's office.

Documentation viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. These include appropriate policies and procedures; monitoring of training; monthly audit of registration status with the NMC; complaints; safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints. The organisation has a dedicated complaint department and a global complaint procedure in place. It is recommended that the complaint procedure is revised to reflect the DOH Complaints in Health and Social Care Standards and Guidance for Resolution and Learning (updated 2013).

A review of the information returned to RQIA relating to complaints received between 1 January 2015 and 31 March 2016 evidenced that the agency received one complaint for this period. This was confirmed in discussion with the registered manager who was fully familiar regarding the agency's complaints procedure. Discussion centred on a complaint received 21 October 2016 as it was noted that the record relating to the discussion the registered manager held with a staff member was not available for inspection. It is recommended that all records relating to the complaint 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.

The incident policy and records of incident audits were examined during the inspection. There had been no incidents notified to RQIA.

There was evidence of the management and governance systems that drive quality improvement, and these included a monthly operation report that commented on a range of audits undertaken, including staff meetings, audits of files, complaints, training and supervision and accidents/incidents.

Suitable arrangements are in place to ensure that staff are appropriately recruited, complete training during their initial induction and thereafter attend the required refresher training.



The inspector viewed the staff training records; as previously stated in this report the system highlights when training updates are required. Records viewed indicated that staff have completed required mandatory training, and in addition training specific to meet the needs of service users.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. This information is also included in the handbook provided to staff, which outlines the role and responsibilities of their individual job roles.

The agency has a process for obtaining feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency.

Five staff questionnaires were returned to the inspector; responses indicated that staff were satisfied that the service was well led.

### Areas for improvement

One recommendation was made during the inspection of this domain and refers to the development of the complaint policy and maintenance of records relating to a complaint investigation.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann Spear, registered manager and with Paul Carnera, responsible person, via telephone conference, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 Nursing 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. 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.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b> JustNurses had kept a record of the unique candidate number and date the Access NI was completed and has now amended the Recruitment of Staff Policy &amp; Procedure:-pre employment Access NI to reflect the RQIA recommendation. When a decision has been made on the suitability of a candidate based on the Access NI Report this will be recorded on the applicants file (soft and hard copy) as a Record Reference number, date check completed, date candidate was approved by JustNurses. The record will be also be signed by the recruiting consultant. This policy will apply to annual rechecks of Access NI or return to Agency checks by Nurses after a period of absence. Please see attached document 1 Recruitment of Staff Policy.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 2.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b> JustNurses has amended the Monitoring and Auditing the Quality of Services Policy to include:- JustNurses Responsible Person as part of the Monitoring of Services conducts a monthly visit to the Agency offices to audit the quality of services. During the monitoring visit the Responsible Person will meet with the Registered Manager to review the returned monitoring</p>

	<p>documents from clients and staff, Complaints and Incidents reported and the actions they prompted, the outcomes and learning. The Responsible Person carries out an audit of recruitment files, client management documentation, records on recruitment and placement of staff, training records and adherence to Nursing Agency Standards and best practice. The Responsible Person also reviews the ongoing CPD of the Nurse Manager and Recruitment Consultant. The Responsible Person completes the Monthly Monitoring Report Please see attached document 2 Monitoring and Auditing the Quality of Services Policy</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2017</p>	<p>The registered provider should ensure that</p> <ul style="list-style-type: none"> <li>(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).</li> <li>(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.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> JustNurses has amended the Complaints Procedure to reflect the recommendations and the DOH Complaints in Health and Social Care Standards and Guidance for Resolution and Learning (Updated 2013) The policy has been amended to reflect NI operations only. JustNurses keeps records of all complaints and communication with all parties during the complaints procedure. This process will be expanded to record and minute all meetings with all parties signing agreement to the minutes recorded. JustNurses will add the amended policy to the Statement of Purpose, The JustNurses Clients Information Pack, The JustNurses Assignee Handbook and a soft copy will be sent to all staff currently registered. Please see the attached Document 3 Complaints Policy Please also see amended Statement of Purpose Document 4 to reflect policy change and personnel change in management structure flowchart.</p>

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****



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