



# Announced Care Inspection Report 15 January 2019



## **Carrik Care Ltd**

**Type of Service: Nursing Agency**  
**Address: 18 Barn Mills, Carrickfergus, BT38 7GZ**  
**Tel No: 07846425873**  
**Inspector: Michele Kelly**

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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

Carrik Care Ltd is a nursing agency operating out of an office located at 18 Barn Mills, Carrickfergus. The agency currently supplies registered nurses to nursing homes within Northern Ireland.

### 3.0 Service details

<b>Organisation/Registered Provider</b> Carrik Care Ltd	<b>Registered Manager</b> Mrs Ghada Ahmed Ragab Abdou
<b>Responsible Individual</b> Mrs Ghada Ahmed Ragab Abdou	
<b>Person in charge at the time of inspection</b> Mrs Ghada Ahmed Ragab Abdou	<b>Date manager registered:</b> 29 November 2016

### 4.0 Inspection summary

An announced inspection took place on 15 January 2019 from 10.15 to 14.00 hours.

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

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Feedback received indicated that the manager was responsive to the needs of the service users and staff. Service users said that they were satisfied with the service provided by the agency.

Areas of good practice include maintaining good working relationships and staff training

Areas requiring improvement made under the Nursing Agencies Regulations related to collecting information about the performance of nurses employed for the purposes of the agency and providing an annual quality of services report.

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.

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

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with the 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 01 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 March 2018.

## 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five staff responded and their views are included in the body of this report.

During the inspection process the inspector spoke with the registered manager, and following the inspection had telephone conversations with two staff members employed by the agency and two service users.

The following records were examined during the inspection:

- Recruitment records
- Staff induction and training records
- Records confirming registration of staff with the Nursing and Midwifery Council(NMC)
- Records relating to staff supervision and appraisal
- Records relating to performance feedback
- Monthly quality monitoring reports
- Incident records
- Statement of Purpose
- Service User Guide
- Staff Handbook

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

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 01 March 2018.

The most recent inspection of the agency was an announced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 01 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> First time	The registered person shall ensure that no nurse is supplied by the agency unless  (c)he is physically and mentally fit for that work; and (d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that one person has been recruited since the last inspection and that recruitment procedures were compliant with Regulation 12 and Schedule 3.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14(3) <b>Stated:</b> First time	The registered person shall  (i)collect information from service users about performance of nurses employed for the purposes of the agency; and (ii)take such steps as may be necessary to address any aspect of a nurse's clinical practice.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The manager had taken steps to address an aspect of a nurse’s clinical practice however the inspector noted that only one service user had been directly approached by the agency to get feedback about the performance of the agency nurses supplied by Carrik Care. This area for improvement will be restated.</p>	
<p><b>Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 1.15  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that arrangements are put in place for dealing with alert letters.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the agency has satisfactory arrangements and procedures for dealing with alert letters.</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 inspector reviewed staffing arrangements in place within the agency.

The agency’s recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of all checks completed. The manager stated that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed indicated that required checks had been completed and that the agency’s recruitment process is robust.

The agency requires registered nurses to complete an induction and in addition to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process. The agency requires that staff also receive an induction at the commencement of a work placement and registered nurses are provided with a checklist for completion.

Staff are provided with induction information which was noted to include the agency's staff handbook, a job description, key policies and details relating to booking and cancellation of shifts.

The manager stated that staff are not permitted to work if training is not updated and identified a staff member who cannot be supplied for work until training has been updated. Staff records viewed also indicated that staff are not provided until documentation relating to training has been received and verified.

The agency's supervision and appraisal policies outline the processes for staff supervision and appraisal. Records of staff supervision and appraisal indicated that staff had received supervision and appraisal in accordance with the agency's procedures

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The registered manager is the identified Adult Safeguarding Champion (ASC).

Discussions with the registered manager provided assurances that they had knowledge and oversight of the management of safeguarding and could describe the procedures for reporting of any incidents of suspected, alleged or actual abuse. The responsible person could also describe the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Discussions with the registered manager and records viewed indicated that staff were provided with safeguarding vulnerable adults training during their initial induction and that they were required to complete a yearly update. The registered manager could describe the mechanisms in place to support staff in achieving the requirements for revalidation and registration with the NMC.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The registered manager confirmed that the majority of information, including staff training and supervision records is held electronically. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The registered manager could describe the process for assessing the needs and requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency retains records of such assessments which are completed during interview with the staff member and reviewed on an ongoing basis. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for staff members employed; records maintained were viewed by the inspector.

The inspector noted that the agency had not consistently collected information from service users about the performance of nurses supplied for work. One placement area had been approached for feedback but the majority of service users had not. This is an area for improvement which will be restated.

## Areas of good practice

Areas of good practice were evident in relation to staff training.

## Areas for improvement

One area for improvement was identified during the inspection and refers to collecting information about the performance of nurses employed for the purposes of the agency. This area has been restated.

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

### 6.5 Is care effective?

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

The inspector reviewed the 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 detailed within the Statement of Purpose and Service User Guide.

It was identified from the records viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The agency's management of records policy outlines the procedures for the creation, storage, retention and disposal of records. The responsible person confirmed the majority of information, including staff training and supervision records, policies and procedures was stored electronically. There was evidence that records were maintained in accordance with legislation, standards and the organisational policy.

There was evidence that the agency completes a monthly audit of the effectiveness and quality of care provided to service users, including a review of training, complaints, compliments, incidents and safeguarding referrals. The manager confirmed that there had been no safeguarding referrals since the last inspection.

The manager also described the process for addressing concerns relating to individual staff members following incidents which had been notified to RQIA. The inspector was satisfied that the manager had responded and investigated appropriately.

The agency's complaints policy and procedure was reviewed during inspection. There were no complaints received since the previous care inspection on 1 March 2018.

## Areas of good practice

Areas of good practice were evident in relation to record keeping.

## Areas for improvement

No areas for improvement were identified in this domain 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 staff handbook is provided to all staff at induction and it includes details on staffs' responsibility in respect of confidentiality.

The agency has a process for obtaining the views of service users in relation to staff performance; the responsible person outlined the process for engaging with the relevant managers in order to obtain feedback but stated that there had only been engagement with one service user since the last inspection. This matter is an area for improvement as discussed in section 6.4.

The feedback from staff members on the quality of the service provided is obtained via a number of methods including monthly surveys, supervisions and appraisals. Staff feedback is included in the monthly quality monitoring reports completed by the responsible person and this was evidenced during the inspection.

The manager stated that prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed and conversations with two staff members indicate that staff provided by the agency had received the relevant training.

It was confirmed by the manager that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. Information is also included in the staff handbook. The policy references the role of RQIA in relation to whistleblowing and other bodies which staff could report to such as NMC.

Following the inspection the inspector spoke with two nursing staff and two service users. All those consulted with indicated that they were generally happy with the care and support offered by the agency.

#### Areas of good practice

Areas of good practice were evident in relation to communicating with staff.

#### Areas for improvement

No areas for improvement were identified in 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 inspector reviewed management and governance arrangements in place within the agency to meet the needs of service users. The responsible person, Mrs Ghada Ahmed Ragab Abdou is also the registered manager.

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

A range of policies and procedures were inspected and there was evidence that they were in accordance with the Minimum Standards, relevant legislation and guidelines.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency had not received any complaints since the previous care inspection in March 2018. Review of records and discussion with the responsible person indicated that the agency could deal with complaints received in accordance with their policy and procedure.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the responsible person. Records viewed provided evidence that quality monitoring was in accordance with the agency policy and procedure but that service user consultations about the standard and quality of care should be carried out on a more regular basis. This has been identified as an area for improvement in section 6.4. The manager also confirmed that an annual report had not been compiled and this is also an area for improvement.

The agency provides the majority of mandatory training via an online training programme. The responsible person stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. It was confirmed by the responsible person that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during the inspection. Records viewed indicated that staff had received the necessary mandatory training.

Discussion with the manager indicated that there are good working relationships with external stakeholders. Two service users were consulted during this inspection and both indicated satisfaction with the agency and described them as responsive.

### Areas of good practice

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

## Areas for improvement

The quality of service provided should be evaluated on at least an annual basis and follow-up action taken. Key stakeholders should be involved in this process.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Ghada Ahmed Ragab Abdou, 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14.3</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 March 2019</p>	<p>The registered person shall</p> <p>(i) collect information from service users about performance of nurses employed for the purposes of the agency;</p> <p>Ref:6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Information about the performance of the nurses provided to different nursing homes will be collected annually. Service users were contacted immediately after the inspection and majority of their feed back received.</p>

### Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 March 2019</p>	<p>The registered person shall ensure that the quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Feedback from stakeholders will be collected and evaluated annually. Follow up actions will be taken accordingly. Service users contacted immediately after the inspection and majority of feed back has been received.</p>

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



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