

# Announced Care Inspection Report 01 March 2018



## **Carrik Care Ltd**

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

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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> Ghada Ahmed Ragab Abdou
<b>Responsible Individual:</b> Mrs Ghada Ahmed Ragab Abdou	
<b>Person in charge at the time of inspection:</b> Ghada Ahmed Ragab Abdou	<b>Date manager registered:</b> 29 November 2016

### 4.0 Inspection summary

An announced inspection took place on 01 March 2018 from 10.10 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.

Areas of good practice were identified in relation to staff induction and the agency's adult protection processes. Records were stored appropriately and there was evidence of good communication with service users. Feedback received indicated that the manager was responsive to the needs of the service users and staff.

Areas requiring improvement made under the Nursing Agencies Regulations related to the recruitment processes and in relation to nurse practice and training. An area for improvement made under the Nursing Agencies Minimum Standards related to the management of staff alert letters.

Service users said that they were satisfied with the service provided by the agency.

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>	2	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 did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 30 August 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 August 2016.

#### **5.0 How we inspect**

Prior to inspection we analysed the following records:

- 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. No responses were received.

During the inspection process the inspector spoke with the registered manager, three staff nurses employed by the agency and two service users.

The following records were examined during the inspection:

- recruitment records
- staff induction and training records
- supervision records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC)
- incident records
- staff meeting' minutes
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide

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 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 30 August 2016**

The most recent inspection of the agency was an announced pre-registration inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

**6.2 Review of areas for improvement from the last care inspection dated 30 August 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 22(2)(b)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider shall, if the Regulation and Improvement Authority so requests, provide the Regulation and Improvement Authority with such information and documents as it may require in order to consider the financial viability of the agency, including-</p> <p>(b) a certificate of insurance for the registered provider in respect of liability which may be incurred by him in relation to the agency in respect of death, injury, public liability, damage or other loss.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed that the agency had public and employers liability insurance.</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.**

During the inspection the staffing arrangements in place within the agency were reviewed.

The agency's recruitment policy outlined the mechanism for ensuring that required staff pre-employment checks were completed prior to commencement of employment. Although the review of the recruitment records confirmed that most of the required information was checked, prior to commencement of employment, a number of deficits were identified in relation to information that is required in line with regulation. This has been identified as an area for improvement made under regulation 13 of the Nursing Agencies Regulations (Northern Ireland) 2005.

A review of records confirmed that all staff had received an induction programme at the commencement of their employment with the agency. This included issuing a staff handbook to all employees. Although there was evidence that a staff handbook had been developed; the inspector was unable to verify whether or not the staff had consistently been given the handbook. This was discussed with the manager, who agreed to record evidence of when the staff handbooks had been issued to staff.

The inspector noted that whilst the agency was not yet operational for a year, annual appraisals were due to commence with staff. There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings and feedback on practice. However, the inspector was not assured that these processes were being effective. For example, a review of the incident/complaints records confirmed that the agency had undertaken supervision with nursing staff, as appropriate; however, in relation to the practice of one identified registered nurse, additional training requirements had not been identified. This was raised with the registered manager, who agreed to confirm to RQIA when this matter had been addressed. Confirmation that this matter had been addressed was not received, as agreed during the inspection. This has been identified as an area for improvement made under the Nursing Agencies Regulations (Northern Ireland) 2005.

The agency had a process in place for checking the NMC register monthly for staff nurses employed; electronic records maintained were viewed by the inspector and were deemed to be satisfactory. The manager also described the support that was provided to staff to enable them to achieve the requirements for revalidation and re-registration with the NMC.

Staff nurses were required to complete induction training in a range of mandatory areas. Individual staff records viewed indicated that nursing staff were not provided until all the documentation relating to training have been received and verified. Advice was given to the manager, in relation to developing a training matrix, which would give better oversight over renewal dates for staff training.

Discussion with the manager and documentation viewed indicated that the agency had made no referrals in relation to adult protection matters from the previous inspection.

The nursing staff spoken with were knowledgeable about how to report any concerns they may have. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility. The manager described the process 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 may be required to be involved in. However, advice was given in relation to specific training in relation to the ASC role that would enhance her own knowledge

and awareness of the responsibilities of this role. Following the inspection, the manager confirmed to RQIA, by email on 2 March 2018, that this training had been arranged.

The manager described the process for appropriately assessing the requirements of individual service users; it was noted that this included assessing the knowledge, skills, training, experience and suitability of the nurse to be provided. It was noted from discussion with service users that relevant staff profiles were provided to them, when shifts had been confirmed.

The agency's registered premises included an office which is suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was noted to be retained securely and in an organised manner.

### Areas of good practice

Areas of good practice were identified in relation to staff induction and the agency's adult protection processes.

### Areas for improvement

Areas for improvement made under the Nursing Agencies Regulations related to recruitment practices and in relation to nurse practice and training.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

#### 6.5 Is care effective?

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

During the inspection the inspector 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.

It was noted during the inspection that records were maintained in an organised and secure manner; and in accordance with legislation and standards.

Discussions with the manager and records viewed evidenced that the agency has systems in place to monitor and review the effectiveness and quality of the service provided to service users. The systems included processes for the review of complaints, incidents and service user feedback.

Processes to promote effective communication with service users and agency staff nurses were evident on inspection. Discussion with nursing staff and service users during the inspection indicated that the agency communicated appropriately with them.

Discussion 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 staff nurses provided. The agency had a process for obtaining the comments of service users in relation to staff provided.

### Areas of good practice

Areas of good practice were identified in relation to record keeping, communication and the agency's quality monitoring process.

### 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.**

It was identified that staff were provided with information relating to confidentiality during their induction programme.

The agency had processes in place for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with service users in order to obtain feedback. It was noted from records viewed that this process involved providing a feedback form for staff provided.

The agency had on call arrangements in place to ensure that nurses and service users could report any concerns they may have regarding a placement or to access support and guidance.

The agency's 'Whistleblowing Policy' outlined the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency's compliments records were viewed; these contained positive feedback from service users. One compliment recorded related to the 'efforts that agency goes to, to cover shifts'.

During the inspection, the inspector spoke with three nursing staff and two service users. All those consulted with indicated that they were generally happy with the care and support provided by the agency. Some comments received are detailed below:

### Nursing staff

- "The agency seems to be good, I am happy."
- "I am quite happy."
- "I have no concerns, I am getting on quite well."

## Service users

- “I have no concerns, the staff have been excellent.”
- “The nurses supplied to us are very thorough, I have no issues.”

## Areas of good practice

Areas of good practice were identified in relation to communication and effective engagement with service users.

## 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 the agency’s management and governance systems in place to meet the needs of service users. 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. It was identified that policies and procedures are retained in paper format stored within the agency’s office.

Records viewed and discussions with the manager indicated that the agency’s governance arrangements promoted the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; monthly review of registration status with the NMC, complaints and incidents. However, in discussion, it was evident that there was no system in place for managing alert letters for staff that had sanctions imposed upon them by their professional bodies. This has been identified as an area for improvement under the Nursing Agencies Minimum Standards.

Records viewed evidenced that the agency has received a number of complaints since the previous inspection. Discussion with the manager indicated that they had a clear understanding of the agency’s complaints procedure and the process for managing complaints, and that complaints received had been managed appropriately.

There was a clear organisational structure within the agency. Nursing staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. All those consulted with described the manager in positive terms. Comments include ‘she is very approachable’ and ‘she is very quick to respond if there are any issues’.

The agency’s Statement of Purpose and Service User Guide were accurate.

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

Discussion with the manager indicated that there are effective collaborative working relationships with service users. The agency has a process for ensuring that they actively sought feedback from service users following staff placements. The inspector viewed feedback received by the agency and noted that they contained no concerns in relation to the service provided.

### Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures; engagement with service users and the management of complaints.

### Areas for improvement

The registered person shall ensure that a system is implemented for dealing with alert letters for staff that have sanctions imposed upon them by their professional bodies.

	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 Ghada 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 12 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of the inspection</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless</p> <p>(c)he is physically and mentally fit for that work; and</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p><b>Ref:</b> Section 6.4</p>
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**Response by registered person detailing the actions taken:**

- Following the inspection an audit was conducted on all staff files to identify any gaps in the recruitment process and rectify it.
- A statement of medical fitness form created, where the staff self-certify that they are fit, physical and mentally, beside the current occupational health form.
- No staff has been/will be provided unless full and satisfactory information are available.
- Random audit of files will be conducted monthly.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 April 2018</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; and</p> <p>(ii)take such steps as may be necessary to address any aspect of a nurse's clinical practice.</p> <p><b>Ref:</b> Section 6.4</p>
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**Response by registered person detailing the actions taken:**

(i) Information about performance of nurses are gathered from service users at three points:

- On the timesheet, there is a tick box to evaluate the overall performance of the staff which provides the agency with an immediate impression.
- 6 monthly service user feedback form.
- Phone calls and personal visits to the service users if there is a serious problem.

All of these procedures are already in place and implemented.

(ii) Steps to be taken in case of nurse's clinical malpractice;

- Supervision meeting will be held immediately.
- Depending on the nature of the malpractice, decisions will be made regarding further training and any other steps that would deem necessary and agreed upon in the supervision meeting.

<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 1.15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 April 2018</p>	<p>The registered person shall ensure that arrangements are put in place for dealing with alert letters.</p> <p><b>Ref:</b> Section 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> All received alerts will be printed out, actioned as required and filed in a folder created specifically for this purpose.</p>



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