

Announced Care Inspection Report 26 March 2019



Pulse Nursing Agency Ltd

Type of Service: Nursing Agency
Address: Knockbreda House, 414 Ormeau Road, Belfast BT7 3HY
Tel No: 028 9033 3388
Inspector: Caroline Rix

www.rqia.org.uk

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

Pulse Nursing Agency is a nursing agency which supplies registered nurses to a range of health care providers. The nurses are supplied into a private nursing home and to a variety of facilities within the Belfast, Southern and Western Health and Social Care Trusts.

3.0 Service details

Organisation/Registered Provider: Pulse Care Agency Ltd Responsible Individual: Brenda McKay	Registered Manager: Kathleen (Kate) Patricia Lee
Person in charge at the time of inspection: Kate Lee	Date manager registered: 18 December 2017

4.0 Inspection summary

An announced inspection took place on 26 March 2019 from 10.00 to 14.45 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 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 throughout the inspection in relation to governance arrangements in place including: staff recruitment, training, the agency's quality monitoring process and communication with service users and other relevant stakeholders.

An area requiring improvement was identified in relation to staff supervisions.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Kate Lee, registered manager and Brenda McKay responsible person, 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 8 March 2018

No further actions were required to be taken following the most recent inspection on 8 March 2018.

5.0 How we inspect

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

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

- discussion with the responsible person and manager
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- Staff recruitment records
- Staff induction and training records
- Records relating to staff appraisals
- Records relating to Adult Safeguarding
- Service user feedback records
- Monthly quality monitoring reports
- Complaint record
- Incident records
- Statement of Purpose
- Service User Guide

The manager was asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No responses were received by RQIA.

In addition the inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

The findings of the inspection were provided to Kate Lee, registered manager and Brenda McKay responsible person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 March 2018

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

6.2 Review of areas for improvement from the last care inspection dated 8 March 2018

There were no areas for improvement made as a result of the last care inspection.

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.

Staffing arrangements in place within the agency were reviewed by the inspector. The agency's recruitment policy outlines the procedures for ensuring that all required staff pre-employment checks are completed prior to commencement of employment or supply of staff. The manager stated that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified.

Records viewed during the inspection indicated that the required checks had been completed prior to the commencement of employment and details retained in individual staff personnel files. It was noted that the information relating to the checks is reviewed and verified by the manager. Staff recruitment records viewed indicated that the agency's recruitment process is robust.

Registered nurses supplied by the agency are required to complete an initial induction and undertake 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. In addition the agency requires that staff receive an induction/orientation at the commencement of a work placement. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description, and key policies. Staff are required to sign a statement indicating that they have received and understood all information provided during their induction process.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are informed when training updates are required. The manager stated that registered nurses are not provided with work placements if required training updates have not been completed.

The manager discussed their plan to introduce an electronic system for recording compliance of staff training.

The agency's supervision and appraisal policies outline the processes for staff supervision and appraisal. Records of staff appraisals indicated that staff had received an annual appraisal in accordance with the agency's procedures. However, the manager stated that staff have not received twice yearly supervisions. This was identified as an area for improvement. The manager discussed the current schedule to carry out staff supervision and appraisal meetings with relevant staff and expected these to be completed by the end of May 2019. It was identified that feedback received from service users in relation to individual staff is discussed with the registered nurse at the time of receipt and during the appraisal processes.

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 procedure includes details of the agency's identified Adult Safeguarding Champion (ASC). The ASC had completed an annual 'position report' in February 2019 which was found to be comprehensive and is to be commended.

The manager stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. Training records viewed indicated that staff had completed appropriate training in relation to adult and child protection.

The manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. It was noted that the monthly quality monitoring audits, review referrals made in relation to adult and child protection.

The inspector reviewed records maintained in relation to safeguarding service users. Discussions with the manager and documentation viewed indicated that the agency had not identified or received any reports of alleged safeguarding matters since the previous inspection.

The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and competency profile for each nurse. The manager could describe the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, experience, skills and suitability of the nurse to be provided.

The agency provides service users with relevant staff profiles when confirmation of a shift is provided; those viewed were noted to include details of skills/competencies, experience, training and registration status with the Nursing and Midwifery Council (NMC).

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status, expiry dates and revalidation dates.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected.

Areas of good practice

Areas of good practice were identified in relation to the agency's staff recruitment, induction, staff training and appraisal processes.

Areas for improvement

One area for improvement was identified during the inspection. The registered person shall ensure that each employee receives appropriate supervision.

	Regulations	Standards
Total number of areas for improvement	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 outlined within the Statement of Purpose and Service User Guide.

Discussions with the manager and documentation viewed provided evidence that the agency has effective systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, the nurses' registration status with the NMC, audits of any complaints, accidents, incidents and referrals relating to safeguarding of service users.

Monthly quality monitoring audits are completed and a monthly report developed. The reports viewed contain details of the review of incidents, complaints and potential safeguarding matters. Reports included comments relating to the quality of the service provided.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager provided evidence that the agency seeks to develop and maintain effective working relationships with service users.

The agency requests that service users provide feedback in relation to the performance of registered nurses provided. The feedback documentation requests information relating to a variety of areas such as; staffs' timekeeping, appearance, interaction and delivery of care.

Comments/ feedback examples received:

- 'Very good quality of care.'
- 'I am very happy with staff nurse xxx.'

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users, the agency's training programme and systems for reviewing the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency's staff handbook and information provided to all registered nurses during their initial induction contains details of a number of key policies and procedures. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

Discussions with the manager during the inspection indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement or to access support and guidance at any time including out of hours. The inspector noted that staff are provided with the agency's 'Whistleblowing Policy' within their staff handbook which outlines their responsibility in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency has a range of methods for obtaining the views of service users in relation to staff performance. The inspector viewed a range of feedback that had been received by the agency and noted that information was recorded in relation to matters that needed further action. The manager described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process and calls to the service users to obtain their views as to the quality of the service provided.

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, and the promotion of values such as confidentiality, dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency's Statement of Purpose and Service User Guide are kept under review and had been updated in October 2018. The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

The agency's management and governance systems in place to meet the needs of service users were reviewed. 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 timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Policies are retained both electronically and in a paper format stored within the agency's office. Staff are provided with a number of key policies during induction and in the staff handbook; in addition staff can access required policies in the agency's office.

Discussions with the manager and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include the provision of required policies and procedures, monitoring of staff training, registration status of staff with the NMC, monitoring of feedback received, complaints, safeguarding referrals, accidents and incidents including those notifiable to RQIA.

The agency's complaints policy outlines the process and timescales for managing complaints. Records viewed indicated that the agency had received one complaint in the last year, which had been managed appropriately, in accordance with their policy and procedures, and it was resolved.

The manager described the process for addressing concerns relating to individual staff members; and indicated that the agency's procedure for dealing with concerns is effective.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. A number of incidents have been reported appropriately to RQIA since the previous care inspection.

It was identified that the agency has management and governance systems in place to drive quality improvement. The manager stated that the agency has a process for continually reviewing the service provided to identify areas for improving the quality of the service.

The inspector noted the feedback received by the agency following their annual satisfaction survey for May 2018 was very positive and a report had been shared with service users, representatives and staff.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures, governance arrangements, engagement with stakeholders, monitoring of compliance and the management and monitoring of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kate Lee, registered manager and Brenda McKay responsible person, 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>Area for improvement 1</p> <p>Ref: Regulation 16 (4)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager shall ensure that all employees have access to clinical supervision in a timely fashion in line with Pulsecare's policies.</p>

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



The **Regulation** and
Quality Improvement
Authority

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

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