

Unannounced Care Inspection Report 08 March 2018



Pulse Nursing Agency Ltd

Type of Service: Nursing Agency

Address: Knockbreda House, 414 Ormeau Road, Belfast BT7 3HY

Tel No: 028 9033 3388

Inspector: Bridget Dougan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Pulse Nursing Agency operates from premises in Ormeau Road, Belfast. The agency currently supplies eight registered nurses to the nursing home sector within South Eastern Health and Social Care Trust area.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 08 March 2018 from 10.30 to 13.00.

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

Evidence of good practice was found in relation to staff recruitment, training, records management, teamwork and governance arrangements.

No areas requiring improvement were identified.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Brenda McKay, responsible person, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- records of notifiable events for 2017/18
- records of complaints notified to the agency.

During the inspection the inspector met with the responsible person and the training manager.

The following information was examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and NMC checks of nurses' registration status.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Three staff members' induction records.
- Three staff members' supervision and appraisal records.
- Three staff members' training and competency assessment records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Three monthly monitoring reports by the registered person.
- Complaints (none recorded since the previous inspection on 18 October 2016)
- Compliments.
- Incidents.
- Records relating to adult safeguarding

The findings of the inspection were provided to the 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 18 October 2016

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

6.2 Review of areas for improvement from the last care inspection dated 18 October 2016

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.

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

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The responsible person stated that all the relevant pre-employment checks are completed prior to nurses being provided to work in any healthcare setting. Review of three staff records confirmed that staff members had received the appropriate recruitment checks prior to being placed by the agency.

A policy for the supply and placement of registered nurses was in place. The responsible person could describe the process for matching nursing skills to placement, which includes obtaining information during the interview process to identify the skills and experience of staff and the completion of a skills profile by staff. The skills profile was updated following supervision, appraisal and training. The agency's induction and orientation policy outlined the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; the records for three new staff members supported this process of induction.

The agency's supervision and appraisal process was reviewed during inspection. The agency maintains a record of staff supervision; records viewed indicated that they were completed in accordance with the agency's procedural timeframes. Staff appraisals are completed on an annual basis and this was confirmed from staff records reviewed during inspection.

The inspector examined the agency's provision for the welfare, care and protection of service users. The responsible individual described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was noted that the agency has recently reviewed and updated their policy and procedures to reflect information contained within the guidance.

The policy and procedure for adult safeguarding was discussed with the responsible person. The inspector was informed that no safeguarding incidents had occurred since the previous inspection on 18 October 2016. Discussions with the responsible person 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 responsible person and records viewed indicated that staff were provided with adult safeguarding training during their initial induction and that they were required to complete a yearly update.

The responsible person could describe the mechanisms in place to support staff in achieving the requirements for revalidation and registration with the NMC.

The agency's registered premises include a range of offices which are suitable for the operation of the agency, as outlined in the statement of purpose. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained. This is good practice.

The responsible person 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and records management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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. 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 responsible person confirmed they are in contact with service users on an ongoing basis through site visits and monthly monitoring to obtain their views on the service provided.

The responsible person stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided. It was identified that the agency has a process for obtaining the comments of service users in relation to staff provided.

The responsible person could describe the process that would be adhered to for addressing concerns relating to a staff member and stated whilst the process was ongoing the staff member would not be provided to work.

Service user feedback is incorporated into the annual quality process, which involves key stakeholders, including staff members.

The agency's complaints policy and procedure was reviewed during inspection. No complaints had been received since the previous care inspection on 18 October 2016.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the arrangements for monitoring the effectiveness and quality of the services 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 staff handbook is provided to all staff at induction and it includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during the inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the responsible person described the process for engaging with the relevant managers in order to obtain feedback. It was noted from records viewed that this process involves face to face contact with managers during monthly monitoring completed by the responsible person.

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

The responsible person 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 indicate that staff provided by the agency had received the relevant training.

It was confirmed by the responsible person 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. The policy references the role of RQIA in relation to whistleblowing and other bodies which staff could report to such as the NMC.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to obtaining the views of people who use the services provided by the agency.

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 inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff.

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

A comprehensive range of policies and procedures were in place and were observed to have been reviewed ongoing and 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 received no complaints since the previous care inspection on 18 October 2018. Discussion with the responsible person indicated that the agency could deal with any 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.

The agency employs a training manager, who provides the mandatory training. The training manager 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. Review of three recently recruited staff members' files confirmed compliance with the recruitment procedures.

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. The training manager described the procedure for

informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

Discussion with the responsible person indicated that there are good working relationships with external stakeholders. No external stakeholders were consulted during this inspection.

The agency has a process for requesting feedback from service users during monthly monitoring, site visits. The inspector viewed three monthly reports and noted that they contained positive feedback in relation to the service provided.

One registered nurse provided feedback to the inspector via telephone following the inspection. They confirmed they had a comprehensive induction and adequate training to enable them to carry out their roles and responsibilities effectively. They had regular supervision and staff meetings were held four to six monthly. They confirmed there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

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

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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