

# Inspection Report

8 June 2021



## Donard Healthcare

**Type of Service:** Nursing Agency

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Donard Recruitment Limited	<b>Registered Manager:</b> Miss Adela Faye Carson
<b>Responsible Individual:</b> Mr Stephen McBride	
<b>Person in charge at the time of inspection:</b> Miss Adela Faye Carson	
<b>Brief description of the accommodation/how the service operates:</b>  Donard Healthcare is a nursing agency; they supply registered nurses from an office located in Belfast. Staff are supplied to a number of Health and Social Care Trust (HSCT) acute areas and one Nursing Home.	

## 2.0 Inspection summary

An announced inspection took place on 8 June 2021, at 10.30 am by the care inspector. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to criminal records checks (Access NI) and reference checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to the system in place for disseminating Covid-19 related information and guidance to staff.

Service users said that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

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.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the services were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA in respect of the agency. This included the previous inspection report and Quality Improvement Plan (QIP), and any written or verbal communication received since the previous care inspection.

The inspection focused on contacting service users and staff to obtain their views of the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored.

We discussed complaints and incidents during the inspection with the manager and reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

The area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

Information was provided to service users and staff that will encourage feedback on the quality of service delivery. This included an electronic survey to enable staff and service users to provide feedback to the RQIA.

### 4.0 What people told us about the agency?

We spoke with staff and requested feedback from service users. The information provided by service users indicated that there were no concerns regarding the standard of nurses provided by the agency.

#### Comments received:

#### Service users' comments

- "I have no issues or concerns in relation to the supply or standard of nursing staff, or the responsiveness of the agency in relation to any issues or concerns from wards."

#### Staff comments

- "Very helpful; I pick up extra shifts."
- "I can raise any issues, the manager is very approachable."
- "I have no concerns; the training is good."
- "I am placed in areas that I feel competent to work in."
- "I think it is the greatest agency; very personal and individual."

- “I can raise issues; they take anything I feedback on board.”
- “The manager is very helpful; they recently helped me complete my revalidation.”
- “They are very supportive.”
- “I would not be placed anywhere that would not be suitable for me.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 17 February 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection 17 February 2020		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.4 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that the information held on record is accurate, up to date and necessary.  This relates specifically to the use of correction fluid.  <b>Ref:</b> 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was noted from records viewed that the information held on record is accurate, up to date and necessary; there was no evidence that correction fluid had been used on the records viewed.	

## 5.2 Inspection findings

### 5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, pre-employment checks are completed before nurses are supplied to the various health care settings. Records viewed evidenced that Access NI checks had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. One staff member stated that the manager had recently supported them to complete their NMC revalidation.

There was a system in place to ensure that the nurses' skills were appropriately matched to the placements. The manager stated that the agency does not supply volunteers. It was identified that registered nurses receive quarterly supervision and annual appraisal. The agency requests feedback from service users with regards to staff supplied.

Nurses were provided with training appropriate to the requirements of the hospitals they were being placed in. This included Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The manager had a system in place to monitor alerts issued by the Chief Nursing Officer (CNO). This ensures that the appropriate checks are undertaken before the nurses are employed.

### **5.2.2 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 20 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users and staff. The reports included details of the review of accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

The review of incidents identified that appropriate action had been taken in regards to any incidents the agency had been informed of. Training requirements were reviewed and provided as necessary, in response to any incidents which occurred.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

It was noted that staff are required to complete adult safeguarding training during their induction and required updates thereafter.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices to staff.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

## 6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Adela Faye Carson, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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