

Unannounced Care Inspection Report 12 November 2019



Filo Heartbeat International Ltd

Type of Service: Nursing Agency

Address: 1st Floor, Building 2, St Helen's Business Park, 130 - 134 High Street, Holywood, BT18 9HQ

Tel No: 02890427742

Inspector: Michele Kelly

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

Filo Heartbeat International Ltd is a nursing agency which supplies registered nurses to private nursing homes.

3.0 Service details

Organisation/Registered Provider: Filo Heartbeat International Ltd. Responsible Individual: Mr Troy Trajano	Registered Manager: Mrs Rowena Trajano
Person in charge at the time of inspection: Mrs Rowena Trajano	Date manager registered: 22 January 2019

4.0 Inspection summary

An unannounced inspection took place on 12 November 2019 from 09.15. to 13.30

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

Evidence of good practice was found in relation to communicating with stakeholders, staff training, supervision and support.

Areas requiring improvement were identified and include;

- recruitment practices
- monthly monitoring

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Troy Trajano, Responsible Individual and Rowena Trajano 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 22 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the pre-registration inspection on 22 November 2018.

5.0 How we inspect

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

- pre- registration inspection report
- record of notifiable events since the previous inspection
- all correspondence received by RQIA since the previous inspection

On the day of inspection the inspector spoke with the manager, the responsible individual and the healthcare consultant manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report.

Following the inspection the inspector spoke on the telephone with the manager of one of the areas the agency supplies nurses to work in; their views are included in the body of the report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, whistleblowing and safeguarding adults.
- Statement of Purpose.
- Service User Guide.
- Four staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents.
- Quality audits and governance arrangements.

The findings of the inspection were provided to the manager and responsible individual at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2018

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

6.2 Review of areas for improvement from the last care inspection dated 22 November 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
Area for improvement 1 Ref: Regulation 9 (2) (b) (ii) Stated: First time	The applicant registered person shall ensure that the applicant registered manager has the qualifications, knowledge, skills and competencies necessary to manage the agency. Ref: 6.0	Met
	Action taken as confirmed during the inspection: Following the pre-registration inspection records returned to RQIA confirmed that the applicant registered manager has the qualifications, knowledge, skills and competencies necessary to manage the agency.	

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 agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment

checks have been satisfactorily completed and verified. The inspector viewed three staff records. In one record the nurse did not have a full employment history recorded; gaps in employment were not explained and interview notes detailed competency based questions and did not reflect discussions of gaps, reasons for leaving or other matters declared on the application form. The responsible individual agreed to seek further information from the staff member and provided assurance the staff member would not be supplied for work until all checks had been undertaken. Two other files examined did not provide evidence of a review of employment history or gaps and did not outline the reasons for the staff leaving previous posts within the interview notes.

RQIA had issued guidance to all services on 22 March 2018 detailing the requirement to have two references one of which should come from the applicant's most recent employer and the actions to be taken if this was not possible. In some files reviewed it was evident that this guidance was not adhered to. These recruitment matters are areas for improvement.

Following discussion with the registered persons on the day of inspection and subsequently, the agency has provided sufficient assurances that the agency's processes for ensuring employment history is examined and gaps and reasons for leaving are explored and recorded. In addition greater scrutiny regarding sourcing and verifying references, medical history and extra audits of all recruitment practices with two persons signing off recruitment checklists is advised.

The responsible person acknowledged the failings and provided a satisfactory action plan detailing the actions taken or planned to be taken to ensure compliance with the legislation and to effectively address the concerns identified.

Following consideration of the information and assurances provided by the registered persons, improvements in relation to these matters will be monitored using the Quality Improvement Plan.

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.

There was a rolling programme of training and supervision. Records of staff supervision indicated that staff had received supervision in accordance with the time frames specified in the agency's procedures. A planner was in place and evidenced that appraisals had been arranged for the beginning of 2020.

The agency has a system for recording training completed by staff and for highlighting when training is required. The manager stated that registered nurses are not permitted to work if annual training updates have not been completed. Training is a combination of e-Learning and face to face sessions which are held in the training area of a local nursing home.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The inspector noted that minor amendments to the Safeguarding policy were required; this matter will be reviewed at the next inspection. The review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents involving nurses who had been placed by the agency.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior manager within the organisation is the identified ASC. The Annual Position Report had not yet been completed and the manager was advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020.

The manager and healthcare consultant could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process and ongoing training, development and competency assessments following employment.

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 that all staff are registered.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal.

Areas for improvement

Areas for improvement in respect of recruitment practices were identified during the inspection.

	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.

The agency's management of records and information policy details the process for the creation, storage, retention and disposal of records. It was noted from records viewed that these are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions during the inspection and documentation viewed provided evidence that the agency has 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 the NMC registration status of nurses, audits of complaints, accidents and incidents. The agency had systems in place to record, monitor and retain service user comments regarding the quality of care provided by the nurses supplied by the agency. Methods identified included service user questionnaires, timesheets and telephone contact surveys.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

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.

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

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

The agency had a wide range of policies and procedures that direct the quality of services provided. Policies were readily available in hard copy format. Policies held were current, dated and signed by the responsible person. Policies were centrally indexed for ease of access and were compiled into a policy manual.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns; staff are provided with a copy during the induction process

The agency has a process of obtaining the views of service users; satisfaction surveys of service users are conducted, with responses analysed and if necessary action taken to address any areas where improvement is required. The agency has not been operational for a year as yet but is planning to produce an annual report in the coming months. This matter will be reviewed at the next inspection.

The inspector spoke to the manager of one of the private nursing homes agency nurses are supplied to work in; this person confirmed that staff are appropriately prepared for their allocated placements and that if there were any issues Filo Heartbeat International Ltd would be responsive.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

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 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.

Staff are provided with a number of key policies during induction and in the staff handbook. The agency's Statement of Purpose (2018) and Service User Guide (2018) are kept under review.

The organisational and management structure of the agency as outlined in the Statement of Purpose identifies lines of accountability and the roles 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.

Discussions with the manager and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. They include the provision of required policies and procedures, provision of induction and training update; monitoring of staff training, registration status of staff with the NMC, complaints, safeguarding referrals and accidents and incidents including those notifiable to RQIA. Where necessary, measures were put in place to minimise recurrence. Records viewed by the inspector indicated that the agency has a robust process for recording details of complaints and incidents and the actions taken in response.

The inspector was informed that processes were in place to monitor the quality of the services provided on a monthly basis and includes feedback from service users; however the monitoring reports reviewed by the inspector were not detailed or specific and did not reflect a thorough audit of working practices. An area for improvement has been identified accordingly.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in respect of the monthly quality monitoring reports.

	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 Troy Trajano responsible individual and Rowena Trajano, 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>Area for improvement 1</p> <p>Ref: Regulation 20(2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a report is completed on a monthly basis in respect of the review of the quality of services provided by the agency. The review shall provide for consultation with service users and their representatives.</p> <p>Reports to be submitted to RQIA monthly until further notice</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The Registered Person will ensure that a service feedback form and quality monitoring report will be submitted to rqia for a monthly basis until further notice . * Monthly Quality Monitoring Audit is completed and report developed. *Continuous requests to service user to complete feedbacks report audit and review of the effectiveness and quality of services provided to service users for the performance of the nurses provided.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) Schedule (3) (5) (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless—</p> <p>(a)he is of integrity and good character; (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: The Registered Person shall ensure that nurse are not provided until the required *pre-employment checks and documentation relating to his integrity and good character. *Regular audit for recruitment in place with full and satisfactory information is available in relation to the nurse verified and confirmed. *Two written references , including a reference from the person's present or most recent employer and full employment history and an explored gaps with written explanation and details of any current employment to be confirmed and verified.</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)