

Inspection Report

11 August 2023



Bionical Solutions Limited

Type of Service: Nursing Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Bionical Solutions Limited	Registered Manager: Ms Gemma Tyrrell
Responsible Individual: Ms Helen Miles	Date manager registered: 20 April 2023
Person in charge at the time of inspection: Ms Gemma Tyrrell	
Brief description of the agency operates: This is a nursing agency which operates from an office in Derbyshire. The agency supplies nurses to an acute hospital setting, to support patients whilst they are commencing on a new medicine treatment. The agency also offers extended support to the patients when they are discharged, in the form of teaching, advice and support, provided within the patients' own homes. The patient's care is commissioned by the Belfast Health and Social Care Trust and paid for by the pharmaceutical company which manufactures the medicine.	

2.0 Inspection summary

An announced inspection was undertaken on 11 August 2023 between 10.00 a.m. and 2.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas including but not limited to: staff selection and recruitment; professional registrations; staff induction and training; adult safeguarding arrangements; and the reporting and recording of accidents / incidents.

Good practice was identified in relation to the training nurses received as part of their induction.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of recruitment, professional registrations and the system for receiving feedback on the nurses' practice. In addition, an area for improvement previously identified was not met and has been stated for the second time.

For the purposes of the inspection report, the term 'service user' describes the hospital the agency's nurses are supplied to work in.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

4.0 What people told us about the agency?

As part of the inspection process we spoke with a number of service users and patients. Comments included:

- "The individual nurses are all very good, happy with their interactions. They (Bionical) are willing to engage and improve upon any procedural issues identified."
- "Happy enough. If we have any trouble we can just phone or refer to the booklet they gave us."

The information provided indicated that there were no concerns in relation to the training and standard of nurses provided by the agency.

No responses were received to the electronic survey.

5.0 The inspection

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

An inspection was not undertaken in the 2020-2021 and 2021-2022 inspection years, due to the agency not being operational. The last care inspection of the agency was undertaken on 29 August 2019 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 29 TH August 2019		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (2) Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: The agency had been using an incorrect template for this purpose, which did not meet the requirements of regulation 20. This area for improvement was not met and has been stated for the second time.	

5.2 Inspection findings

5.2.1 What systems are in place for staff recruitment and are they robust?

Review of records identified that criminal background checks (AccessNI) were undertaken before the nurses were supplied to work within Northern Ireland. However, review of recruitment records identified that the nurses' employment histories only covered that last three years of work and did not include the reasons for leaving any previous employment. An area for improvement has been identified.

5.2.2 What are the arrangements to ensure robust managerial oversight and governance?

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. However, the checks of the NMC register were undertaken on an annual basis. Good practice is that these checks are undertaken on a monthly basis. An area for improvement has been identified.

It was good to note that registered nurses had a comprehensive induction programme which included a robust competency assessment. The nurses did not work unsupervised until after the three-month probationary period.

Whilst there was a system in place for feedback on the agency to be received, this was an anonymised system, that included responses from patients living in England. Whilst there was merit in this system, the fact that it was anonymised meant that the agency would not have been able to trace who had responded. An area for improvement has been identified.

Nurses were provided with training appropriate to their role. This training included all mandatory training elements, in addition to specific training relating to Parkinson's Disease and all aspects of the medicine they were supporting the patients with. Review of the Staff Handbook identified that this required to be updated to include the list of training courses and frequency of update. Following the inspection, an updated Staff Handbook was submitted to RQIA and this was deemed to be satisfactory.

The agency had an identified Adult Safeguarding Champion. Advice was given in relation to specific training for this role.

No Adult Safeguarding incidents had occurred since the date of the last inspection.

As discussed in section 5.1, the quality monitoring arrangements were inadequate. RQIA acknowledges that the agency erroneously used the Annual Safeguarding Position Report Template, rather than the template for monthly quality monitoring that is available on the RQIA website. Nonetheless, the reports viewed did not provide an adequate overview of the quality of service provision. The area for improvement previously identified has been stated for the second time.

There was a system in place to ensure that any complaints would be managed in accordance with the agency's policy and procedure

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date along with current certificates of public and employers' liability insurance.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. Following the inspection, an updated Statement of Purpose was submitted to RQIA and this was deemed to be satisfactory.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	4*	0

* the total number of areas for improvement includes one that has been stated for the second time.

The areas for improvement and details of the QIP were discussed with Ms Gemma Tyrrell, Registered Manager and Ms Helen Miles, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

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: Second time</p> <p>To be completed by: Immediate from the date of the inspection</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>Ref: 5.1</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Report to be sent at the beginning of the month for the previous full month. The first report was sent on the 13/09/2023 for the month of August. 2. This is an action of the registered manage to complete every month.
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (2) Schedule 2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the nurses' employment histories include the reasons for leaving any previous employment</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. The current nurses working within Northern Ireland have been contacted to request full employment history including reason for leaving. This information will be included in their recruitment records by 22/09/23. 2. The Recruitment and onboarding SOP to be updated to reflect a change in process for all employees on-boarding to work within or the potential to work within Northern Ireland. The deadline for this amendment is the 30/09/23.
<p>Area for improvement 3</p> <p>Ref: Regulation 12 (1)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall put in place a system to monitor the registration status of nurses with the Nursing and Midwifery Council (NMC), in keeping with good practice; records of the checks must be retained for inspection purposes.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. The current nurses working within Northern Ireland have been checked against the NMC register and reported in the

	<p>August 2023 monthly report, this was the responsibility of the registered manager.</p> <p>2. The Recruitment and onboarding SOP to be updated to reflect the responsibility of the correct team to check this monthly for all employees on-boarding to work within or the potential to work within Northern Ireland. The deadline for this amendment is the 30/09/23.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (3)(i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a system is developed and implemented relating to seeking and recording feedback from service users relating to nurses' practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken:</p> <p>1. The current system of collecting patient feedback is being adapted to identify Northern Ireland patients from the UK, Scotland and Wales. We will be able to identify feedback from patients in Northern Ireland from 22/09/23.</p> <p>2. A work stream has been created to devise and develop a new way to capture patient feedback, with the ability to identify specific patients/areas in a streamlined consistent way.</p>

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