

## **Announced Care Inspection Report 29 August 2019**



### **Bionical Solutions Limited**

**Type of Service: Nursing Agency**

**Address: The Piazza, Mercia Marina, Findern Lane, Willington,  
Derbyshire, DE65 6DW**

**Tel No: 07388380574**

**Inspector: Bridget Dougan**

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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

This is a nursing agency which supplies nurses to provide care and specialised treatment to service users in their own homes. Referrals are received from hospital consultants to assist patients with the administration and follow up of specific treatments.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Bionical Solutions Limited  <b>Responsible Individual:</b> Ms Helen Miles	<b>Registered Manager:</b> Mrs Julie Ann Perry
<b>Person in charge at the time of inspection:</b> Ms Helen Miles	<b>Date manager registered:</b> 13 June 2018

### 4.0 Inspection summary

An announced inspection took place on 29 August 2019 from 11.00 to 14.30.

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 recruitment, staff training, supervision and support. There was evidence of compassionate care and the agency's engagement with service users and staff.

One area for improvement was identified in relation to the development of monthly quality monitoring reports.

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
<b>Total number of areas for improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Helen Miles, responsible individual, the registered manager, 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
- 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, the quality assurance director and two registered nurses.

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. One response was received prior to the issue of this report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Three staff members' induction records.
- Three staff members' training and competency assessment records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents.
- Quality audits and governance arrangements.
- Annual quality report 2018/19.

The findings of the inspection were provided to the manager, the responsible individual and the quality assurance director, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 03 May 2018

The most recent inspection of the agency was an announced pre-registration care inspection. No areas for improvement were made.

## 6.2 Inspection findings

### 6.3 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. Staff recruitment records viewed evidenced that required checks had been completed and that the agency's recruitment process is robust.

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, competency assessments 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 end of 2019.

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. It was good to note that additional training had been provided to staff in areas such as consent, record keeping, confidentiality, whistleblowing and the Mental Capacity Act.

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 review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents since the previous inspection.

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 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.

The inspector was informed that no accidents or incidents had occurred since the previous inspection. Accidents/incidents are reviewed by the management team as part of their monthly quality monitoring processes.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

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

The inspector was informed that there were no persons in receipt of services from the nursing agency at the time of the inspection. The inspector was therefore unable to review care records. Discussion with the manager confirmed that all referrals are received from hospital consultants. Consent for treatment is obtained by the hospital consultant prior to referral and reviewed by registered nurses prior the treatment being provided. Service users can opt out of treatment at any time.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. The manager stated that collaborative working arrangements were in place with service users' next of kin, hospital consultants and other relevant stakeholders.

Weekly teleconferencing meetings were held with staff and six weekly field visits were carried out.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and other healthcare professionals.



## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the agency's engagement with service users and staff.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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 human rights and confidentiality during their induction programme.

The processes in place to ensure the views and opinions of service users and their families had been sought and taken into account included a feedback survey at the end of treatment.

One staff member completed an electronic survey post inspection. The staff member was very satisfied that the agency was delivering safe, effective and compassionate care and the service was well led. No additional comments were provided.

The inspector spoke with two staff members following the inspection. Both staff members were confident that the agency was delivering a high standard of care and that the management team were very supportive. A few comments received from staff are included below.

- "I love working for Bionical. The reason I enjoy it is because I believe the patient support programme is essential to improving patient outcomes."
- "Management is lovely, you get good support."
- "We work well together; there is no hierarchy within the business."
- "We get regular e mails from managers to say thank you."

## Areas of good practice

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

## 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 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 the agency's management and governance systems in place to meet the needs of service users. The agency's statement of purpose and service user guide fully and accurately reflected the regulations and care standards.

There was a complaints policy and procedures in place which was in accordance with the legislation and Department of Health (DOH) handling on complaints. Service users and/or their representatives were made aware of how to make a complaint by way of the service user's guide. Review of records evidenced that no complaints had been received to date.

The agency's incident policy details the procedure for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a record of incidents and of actions taken. The inspector was informed that no incidents had occurred since the previous inspection.

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 a monitoring report is not completed and this is required in accordance with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005. An area for improvement has been identified accordingly.

Discussion with the responsible individual confirmed that the management team are in the process of implementing an annual quality review report and this will be made available to service users and their representatives.

### 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

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

	Regulations	Standards
Total number of areas for improvement	1	0



## **6.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Helen Miles, responsible individual and Mrs Julie Anne Perry, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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. It is the responsibility of the registered person 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 dental practice. 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.

### **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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2019	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.  Ref: 6.6
	<b>Response by registered person detailing the actions taken:</b> Monthly reports will be completed on a monthly basis starting from the 1 <sup>st</sup> December 2019 detailing the quality of services delivered in the previous month.

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



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