



Announced Care Inspection Report 29 January 2019



Coyle Personnel plc T/A Coyle Medical

Type of Service: Nursing Agency
Address: Hygeia, 66-68 College Road, Harrow, HA1 1BE
Tel No: 020 7562 1815
Inspector: Aveen Donnelly

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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

Coyle Personnel plc T/A Coyle Medical Agency is a nursing agency which was registered in November 2017 to supply registered nurses to a range of healthcare settings, including Health and Social Care Trusts, private sector hospitals and clinics. To date the agency has not been operational.

3.0 Service details

Organisation/Registered Provider: Coyle Personnel Plc Responsible Individual: Mr Richard Button	Registered Manager: Julie Mitchell
Person in charge at the time of inspection: Julie Mitchell	Date manager registered: 14 December 2017

4.0 Inspection summary

An announced inspection took place on 29 January 2019 from 10.00 to 15.30.

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

The inspector was advised that although the agency had not been involved in the supply of nurses to any healthcare setting in Northern Ireland, since registration in November 2017, they intend to supply nurses in the near future. This inspection was undertaken to establish if the agency's policies and procedures continued to be in place, in preparation for them supplying nurses.

Evidence of good practice was found in relation to the information contained within of a range of policies and procedures.

No areas for improvement were made during this inspection.

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 Julie Mitchell, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 16 November 2017

No further actions were required to be taken following the most recent inspection on 16 November 2017.

5.0 How we inspect

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

- the previous care inspection report
- all communications with RQIA

The following information was examined during the inspection:

- Statement of Purpose
- Service User Guide
- recruitment policy and procedure
- whistleblowing policy and procedure
- safeguarding policy and procedure
- induction and training policy and procedure
- supervision and appraisal policy and procedure
- record keeping policy
- quality monitoring policy
- complaints policy

The findings of the inspection were provided to Julie Mitchell, registered manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 November 2017

There were no areas for improvement made as a result of the last care inspection, undertaken on 16 November 2017.

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 manager informed the inspector that, although the organisation has been registered as a nursing agency since 14 December 2017, they have not been involved in the supply of nurses to any healthcare setting in Northern Ireland.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be compliant with related regulations and standards.

The agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information are obtained prior to commencement of employment. Advice was given in relation to retaining the original employment references obtained for all staff.

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body.

The induction programme for new staff was viewed, which included a detailed induction procedure and support mechanisms in place, which is compliant with related regulations and standards.

Staff training and development procedure was viewed and confirmed that all the required mandatory update training subjects are included within the agency's training programme.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed and were deemed to be satisfactory. Advice was given in relation to including the contact details of local adult safeguarding teams within the staff handbook. The manager agreed to address this.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility, to ensure that the agency's safeguarding activity will be managed in accordance with the regional policy and procedures.

The procedure relating to record keeping was viewed. The record keeping procedure was noted not to be in accordance with legislation and should be revised to reflect the timescales in which records should be retained, as a period of not less than eight years from the date of last entry. Following the inspection, the updated policy was forwarded to RQIA by email 4 February 2019. The inspector was satisfied that this had been addressed.

The statement of purpose and service user guide were reviewed and found to be satisfactory.

Policies and procedures are maintained on an electronic system, which will be accessible to all staff. Advice was given in relation to clearly indicating on the policies, the date on which they were reviewed. The manager agreed to address this matter.

The agency's policy and procedure relating to complaints was viewed and was deemed to be satisfactory.

The inspector examined management and governance processes which had been developed. The quality monitoring policy and procedure contained a variety of processes to ascertain and respond to the views of service users including; feedback on individual nurses' performance, monthly review of accident/incident reports and monthly review of complaints received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation procedures in place regarding staff recruitment, induction, training, supervision and appraisal. There were good governance and management arrangements in place.

Areas for improvement

No areas for improvement were made in this domain 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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