

Inspection Report

14 May 2021



Direct Healthcare 24 Plc

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Coyle Personnel Plc	Registered Manager: Mr Benjamin Brown
Responsible Individual: Mr Nicholas Paul Poturicich	Date registered: 18 October 2019
Person in charge at the time of inspection: Mr Benjamin Brown	
Brief description of how the agency operates: Direct is a nursing agency which operates from offices located in England. The agency currently supplies nurses to private nursing homes and to a number of Trust acute settings within Northern Ireland (NI).	

2.0 Inspection summary

The care inspector undertook an announced inspection on 14 May 2021 between 10.00 am and 5.30pm.

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

Significant concerns were identified during the inspection regarding the retention of staff records. This suggested that the registered persons were not knowledgeable in respect of the Nursing Agencies Regulations and Standards as they apply in NI.

This resulted in enforcement action being taken and one Failure to Comply (FTC) notice was issued under the Nursing Agencies Regulations (Northern Ireland) 2005.. Actions required to be taken are detailed in the FTC notice. For this reason, this is not included in the Quality Improvement Plan (QIP). Further areas for improvement included in the QIP related to the monthly quality monitoring processes and the content of the adult safeguarding training.

Good practice was identified in relation to criminal records checks and reference checks being undertaken before nurses were supplied to the various health care settings and on an annual basis thereafter. Good practice was also found in relation to the system in place for disseminating Covid-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. Despite this, the RQIA was not sufficiently assured that this agency has been well led by the responsible person and the registered manager.

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 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.

Prior to inspection we reviewed the information held by RQIA in respect of the agency. This included the previous inspection report and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the 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 line with Regulation 20.

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

4.0 What people told us about the agency?

The information provided by service users indicated that there were no concerns regarding the standard of nurses provided by the agency and that any incidents or training requirements were managed accordingly. The agency's response was described as being professional and timely, with action plans and training updates provided when incidents have occurred.

No staff responded 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?

The last inspection of the agency was undertaken on 27 February 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 27 February 2020		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (d) Schedule 3 (8) Stated: Second time	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless—</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to the need for full employment histories to be recorded, together with a satisfactory written explanation of any gaps in employment.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that employment histories were recorded. There were no gaps in employment evident in the records reviewed.</p>	
Area for Improvement 2 Ref: Regulation 20 (1) Stated: First time	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>This refers specifically to the need for the monthly quality monitoring reports to include a review of the employment histories obtained as part of the recruitment process.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>Whilst the monthly quality monitoring reports did not specifically include review of recruitment records, it was good to note that there were no issues with the recording of employment histories. However, new areas of concern were identified in relation to the lack of governance and management oversight. This meant that the monthly quality monitoring process was not effective in accordance with the Regulations and Standards. Refer to section 5.2.2 for further detail.</p>	

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, before nurses are supplied to the various health care settings. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

There was a system in place to ensure that the nurses' skills were appropriately matched to the placements.

Nurses were provided with training appropriate to the requirements of the hospitals they were being placed in. This included 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?

A number of the records requested for review were not available for inspection. Records relating to nurses, who the agency had supplied, are destroyed after a period of 12 months following the date of when a nurse leaves the agency's employment. This related to all records, with the exception of records of payslips, HMRC records and records pertaining to open complaints. It was further confirmed that the agency had destroyed records, where a number of nurses had requested their data to be erased. This request had been made on the basis that the nurses no longer provided consent to the processing of such information in accordance with GDPR. In this context, the agency destroyed all records, with the exceptions of those previously mentioned.

The responsible person explained that the agency's records retention procedures were operating under UK frameworks, which differ to the NI Regulations and Minimum Standards. Failure to retain information, in keeping with Regulation 18 has the potential to place patients at risk of unsafe or inappropriate care and treatment arising from the lack of proper information being held about them.

In respect of destroying records at the specific request of nurses, RQIA was concerned that that the responsible person is not aware of his responsibility, as controller and processor of personal information. RQIA was also concerned that he was not fully cognisant of the Nursing Agencies Regulations which are applicable in Northern Ireland and to which Direct Healthcare 24 Plc is governed under.

Following the inspection and in accordance with RQIA's Enforcement Policy and Procedures, the registered person was advised of RQIA's intention to issue two Failure to Comply (FTC) notices in respect of the retention of records; and in relation to the fitness of the responsible person to carry on the agency with sufficient care, competence and skill.

RQIA invited the manager and the responsible person, to a meeting on 10 June 2021. At this meeting, the registered persons provided a full account of the actions taken and planned to be taken to ensure the improvements necessary to achieve full compliance with Regulation 10 (1) of the Nursing Agencies Regulations, 2020. For this reason, RQIA did not serve the FTC. However, RQIA did not receive the necessary assurances required in relation to records managements. A FTC Notice was issued on 11 June 2021 in respect of Regulation 18 (a) and (b) of the Nursing Agencies Regulations (Northern Ireland) 2005. The registered person is required to demonstrate compliance with these regulations on or before 19 July 2021. Actions required to be taken are detailed in the FTC notice. For this reason, this is not included in the QIP.

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20. The monthly quality monitoring reports identified that they did not include service user' or staff feedback. The reports did not include sufficient detail about the specific records which had been reviewed. This was discussed with the manager, who agreed to address the matters. An area for improvement previously made, has been stated for the second time in this regard

The review of incidents identified that appropriate action had been taken in regards to any incidents the agency had been informed of. There was a system in place to ensure that staff received supervision in keeping with the agencies' policies and procedures. Training requirements were reviewed and provided as necessary, in response to any incidents which occurred.

The nurse training records were not up to date. These were updated and resubmitted to RQIA following the inspection and were deemed to be satisfactory. The adults safeguarding training contents were reviewed. It was identified that the training provided was not in line with regional guidance in NI. An area for improvement has been made in this regard.

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.

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. The manager had referred nurses to the NMC as appropriate, where concerns about their practice had been raised.

6.0 Conclusion

Significant concerns were identified during the inspection regarding the retention of staff records. RQIA was concerned that the registered persons were lacking in knowledge regarding the Nursing Agencies Regulations as they apply in Northern Ireland. This resulted in [Enforcement action](#) being taken. Based on the assurances received, one Failure to Comply (FTC) notice was issued under the Nursing Agencies Regulations (Northern Ireland) 2005, in relation to Regulation 18 (a) and (b). Actions required to be taken are detailed in the FTC notices. For this reason, this is not included in the Quality Improvement Plan (QIP).

Based on the inspection findings, two further areas for improvement were identified, These related to the monthly quality monitoring process and the content of the adult safeguarding training. Both were in relation to the agency being well led. Details can be found in the Quality Improvement Plan included.

7.0 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 and the Nursing Agencies Minimum Standards (2005).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Benjamin Brown, registered manager, 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	
Area for improvement 1 Ref: Regulation 20 Stated: Second time To be completed by: 11 August 2021	<p>The registered person shall review the system for undertaking quality monitoring visits to ensure they are undertaken by someone with the required level of experience and skill; the monitoring visits shall include the views of nurses currently being supplied and those of the commissioning trusts.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Responsible Person and Registered manager will utilise the new RQIA template supplied for monthly monitoring. A new system of gaining feedback has been developed. Questions mirror those domains outlined by RQIA:</p> <ul style="list-style-type: none"> • Is care safe? • Is care effective? • Is care compassionate? • Is the service well led? <p>'Give us Feedback' Section being updated on webpage- these will be service user/ client and candidate specific.</p> <p>New posters (using RQIA inspection posters as guidance) will be placed in key areas (agency offices, staff bank) and with permission, within Trust settings. QR codes will be disseminated within staff handbooks and reminders will be sent to all staff on a periodic basis.</p>
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 9.4 Stated: First time	<p>The registered person shall review the content of the adult safeguarding training to ensure that it is aligned to the Northern Ireland regional guidance.</p> <p>Ref: 5.2.2</p>

To be completed by: 11 August 2021	
	Response by registered person detailing the actions taken: All training has been updated to align with Northern Ireland regional guidance

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



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