



# **Announced Care Inspection Report 14 January 2021**



## **Filo Heartbeat International Ltd**

**Type of Service: Nursing Agency**  
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**Tel No: 028 9042 7742**  
**Inspector: Angela Graham**

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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 provider 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 nursing agency's registered office is located in Hollywood. At the time of the inspection the agency was supplying registered nurses to a number of Nursing Homes.

### 3.0 Service details

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

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 12 November 2019. Since the date of the last care inspection, a number of correspondence were received in respect of the agency. RQIA was also informed as required of any notifiable incidents which had occurred within the agency.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 14 January 2021 from 10.00 to 12.35 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before being supplied to the various health care settings. We checked that all staff were registered with the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the responsible individual, manager and service users. We also reviewed the list of all Covid-19 related information, disseminated to staff.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NMC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

All those spoken with indicated that they were happy with the service provided.

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.

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.

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the responsible individual and 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 12 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 November 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the responsible individual and manager.

Following our inspection we focused on contacting the service users and staff and to obtain their views on the service. We spoke with three service users and four staff post inspection.

We ensured that the appropriate checks were in place before nurses were supplied to the various health care settings.

- Recruitment records specifically relating to Access NI and NMC registrations.

We discussed any complaints and adult safeguarding concerns during the inspection with the manager and we also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 20.

A poster was provided for nurses detailing how they could complete an electronic questionnaire.

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

We would like to thank the responsible individual and manager for their support and co-operation throughout the inspection process.

## 6.0 The inspection

Areas for improvement from the last care inspection dated 12 November 2019		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(2)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	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.  Reports to be submitted to RQIA monthly until further notice	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. We reviewed three monthly quality monitoring reports and these reports included consultation with services users. Monthly quality monitoring reports had been submitted to RQIA as requested.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12 (1) Schedule (3) (5) (8)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure that no nurse is supplied by the agency unless—  (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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. We reviewed two staff recruitment records and these records were in line with Schedule 3.	

## 6.1 What people told us about this agency

The information received shows that staff were generally satisfied with the agency. Nine staff questionnaires were received. Seven staff confirmed they were very satisfied with safe, effective, compassionate and well led care. Two staff outlined they were dissatisfied with safe, effective, compassionate and well led care. No additional comments were provided to support the respondents' dissatisfaction. Eight additional comments were provided and all comments were positive.

All questionnaire responses were shared with the responsible individual following the inspection for further consideration and action, as appropriate.

During the inspection we spoke with the responsible individual and manager with the use of video technology. We also spoke with service users and staff post inspection and obtained their views. The service users spoken with spoke positively in relation to the quality of nurses being supplied by the agency. Comments are detailed below:

### Comments from staff included:

- "The agency provided me with a detailed induction and lots of training; you were unable to start work until all of your training was complete and you had your certificates."
- "A good agency to work for."
- "We get regular supervision; the manager is always checking in with us to ensure everything is alright."
- "The agency look at my skills and matches them to the homes."
- "Good Covid-19 information and updates provided."
- "I have done my IPC and Covid-19 training."
- "My NMC PIN was checked by the agency."
- "Manager always contactable and will always respond."
- "All our paperwork is sent to the home before we start our shift and we have our ID badge."
- "I feel we are given good information regarding Covid-19, we get all the updates from the PHA."

### Comments from service users' included:

- "All nurses supplied by the agency have been very professional and work well within the team."
- "The nurses stick rigidly to all Covid-19 guidance."
- "Reliable service."
- "Filo Heartbeat have at all times supported the home during the pandemic and during a Covid-19 outbreak."
- "The agency always sends a copy of the nurse's profile before they start and also a Filo Heartbeat induction record to be completed alongside our induction."
- "I find the nurses supplied to the home professional and respectful."
- "At all times the agency staff adhere to all Covid-19 guidance."



## 6.2 Inspection findings

### Recruitment

The manager confirmed that the agency's staff recruitment policy and procedure details the system for ensuring that all the required staff pre-employment information has been obtained prior to commencement of employment. We viewed documentation that indicated there is a robust recruitment system in place to ensure all required checks have been satisfactorily completed prior to staff being supplied to the various health care settings.

The NMC matrix reviewed confirmed all staff are currently registered with NMC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NMC registration has lapsed. Discussion with staff confirmed that they were registered with the NMC.

### Covid-19

We spoke with the responsible individual, the manager and to four staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE.

Service users spoken with confirmed that staff wore PPE for activities that brought them within two metres of service users and that they adhered to all current IPC guidance within the health care setting.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE was provided to staff. Staff confirmed they had completed training in relation to infection prevention and control and Covid-19 awareness training. This included training on the donning and doffing of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures. The manager further described how a range of other Covid-19 related information was available on the agency's online library for staff to read.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.

- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

The manager provided a list to RQIA, by email, of the information shared with staff in relation to Covid-19. This included information related to:

- DOH Guidance for employers and businesses on Covid-19
- DOH Novel coronavirus advice for HSC in Northern Ireland
- PHA Key principles for bank and agency staff
- COVID-19 Infection prevention and control guidance PHE
- NI COVID-19 regional surge plan for Domiciliary Care Sector, November 2020
- PHA Key principles for HSC trust staff for visiting community settings
- Minimising risks of Covid-19 outbreaks in healthcare settings
- PHA Guidance on the management of Covid-19 in care homes and other residential facilities.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by service users in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### **Complaints and Compliments Record**

A complaints and compliments record was maintained in the agency. The manager confirmed that no complaints were received since the date of the last inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Comments included “friendly staff nurses, good skills, organised and hard workers” and “their kindness and compassion noted and positive verbal feedback from our residents”.

### **Monthly Quality Monitoring**

We discussed the monitoring arrangements in compliance with Regulation 20 of The Nursing Agencies Regulations (Northern Ireland) 2005. The Regulation 20 quality monitoring visits had been undertaken monthly by the responsible individual. A sample of reports viewed for September to November 2020 provided evidence that the monitoring process included engagement with service users and staff; a review on the conduct of the agency and development of action points.

### **Adult Safeguarding**

The manager confirmed that the organisation’s adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that a number of adult safeguarding referrals were made since the previous inspection.

No areas for improvement were identified 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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