

# Inspection Report

30 August 2022



## Top Class Nursing Services

Type of service: Nursing Agency

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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Top Class Healthcare Ltd	<b>Registered Manager:</b> Mrs Marina Mary Burns
<b>Responsible Individual:</b> Mrs Acknowledge Ngwena	<b>Date registered:</b> Registration pending
<b>Person in charge at the time of inspection:</b> Mrs Acknowledge Ngwena	
<b>Brief description of the agency operates:</b>  This is a nursing agency which supplies nurses to independent sector nursing homes and residential homes.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 30 August 2022 between 10.30 a.m. and 3.50 p.m. The inspection was conducted by a care inspector.

The Regulation and Quality Improvement Authority (RQIA) had completed an unannounced inspection on 31 March 2022 which resulted in four Failure to Comply (FTC) notices being issued. The FTC notices related to: the agency's failure to have robust recruitment processes in place, inadequate safeguarding training for staff, failure to retain safeguarding records and a lack of governance, management and oversight of the monthly monitoring reports in in keeping with the regulations and minimum standards.

This inspection sought to assess the level of compliance achieved in relation to the FTC notices issued on 27 May 2022:

### Failure to Comply Notices

FTC Reference: FTC000182

FTC Reference: FTC000183

FTC Reference: FTC000184

FTC Reference: FTC000185

The date of compliance with the notices was 27 August 2022.

During this inspection, evidence was available to validate compliance with each FTC.

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

- the requirements as indicated in the failure to comply notices **FTC Ref: FTC000182 , FTC000183, FTC000184 and FTC000185**
- the registration status of the agency
- written and verbal communication received since the previous care inspection
- previous care inspection reports.

The following methods and processes used in this inspection include the following:

- a discussion with the manager and Responsible Individual
- review of information relating to the failure to comply notices.

As this inspection focused solely on the actions included in the FTC notices, the areas for improvement previously made were not reviewed as part of this inspection and have been carried forward to the next inspection.

### 4.0 What people told us about the agency?

Given the focused nature of this inspection, no feedback from service users/patients was sought; such feedback will be obtained at the follow up inspection.

### 5.0 The inspection

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

Significant concerns were identified during the last inspection undertaken on 31 March 2022. The concerns related to: the recruitment process of the agency not being robust, lack of monitoring of the professional registrations of the nurses, safeguarding training not being in line with Northern Ireland legislation, safeguarding records not being retained and the inadequate governance, management and oversight of the Responsible Individual by way of the monthly monitoring reports. As a consequence, RQIA held a meeting with the Responsible Individual and the manager on 24 May 2022, with the intention of issuing FTC notices.

At the meeting, RQIA was not assured regarding the recruitment process, safeguarding training, robust safeguarding records and the Responsible Individual's governance,

management and oversight of the agency. Four FTC notices were issued, with the date of compliance to be achieved by 27 August 2022. Actions required to be taken were detailed in the FTC notices.

<b>Areas for improvement from the last inspection on 31 March 2022</b>		
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 19(1)(4)(5)(6)  <b>Stated:</b> First time	<p>The registered person shall establish a procedure ("the complaints procedure") for considering complaints made to the registered person by a service user or a person acting on behalf of the service user. The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigation made, the outcome and any action taken in consequence and the requirements of regulation 18 shall apply to that record.</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14(2)(a)  <b>Stated:</b> First time	<p>The registered person shall ensure that each employee of the agency –</p> <p>(a) receives appropriate supervision;</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 18(a) Schedule 4.3 and 4.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are –</p> <p>(a) kept up to date, in good order and in a secure manner; and</p> <p>An alphabetical index of service users, including the full name, address and telephone number of each of them and any serial numbers assigned to them.</p> <p>An alphabetical index of nurses supplied or available for supply by the agency, including any serial numbers assigned to them.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 7(3)(c) Schedule 2.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.</p> <p>In respect of a manager to whom regulation 9(2) applies or a nurse to whom regulation 12(3) applies, confirmation of current registration with the Nursing and Midwifery Council, including details of the Parts of the register in which the nurse is registered.</p> <p>This relates to the Responsible Individual maintaining records of a check of the nurses' registration with the NMC.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Evidence was provided during the inspection of monthly checks of the NMC registrations and if any restrictions/conditions have been imposed.</p>	<p><b>Met</b></p>

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6.5  <b>Stated:</b> First time	The training needs of individual agency staff for their roles and responsibilities (including infection control) are identified, and arrangements are in place to meet them.	<b>Met</b>
	This relates to Dysphagia training.	
	<b>Action taken as confirmed during the inspection:</b> Dysphagia training is now being offered to nurses by the agency therefore they are assessed as compliant with this standard.	

## 5.2 Inspection outcome

### 5.2.1 Failure to Comply Notices

FTC Ref: FTC000182

#### Notice of failure to comply with The Nursing Agencies Regulations (Northern Ireland) 2005

##### **Regulation 12**

12.—(1) *The registered person shall ensure that no nurse is supplied by the agency unless –*  
 (a) *he is of integrity and good character;*  
 (b) *he has the qualifications, knowledge, skills and competencies which are necessary for the work which he is to perform;*  
 (d) *full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.*

In relation to the notice, the following eight actions were required to comply with this regulation.

- At all times staff are recruited and employed in accordance with statutory legislation and all necessary checks are carried out prior to an offer of employment being made.
- All staff recruitment and selection records are reviewed to ensure that they contain all necessary information in keeping with statutory legislation and mandatory requirements.
- All staff involved in the recruitment and selection of staff have received up to date training in recruitment and selection and such training is periodically reviewed in keeping with best practice.
- A policy is in place for staff recruitment and selection which clearly defines the roles and responsibilities of those involved in the process.
- Anyone involved in the recruitment and selection process can clearly articulate these roles and responsibilities as they pertain to recruitment and selection.

- There are robust arrangements in place to ensure that where potential issues are identified during the recruitment and selection process, these are effectively addressed in a timely manner by the manager and/or Registered Person.
- A robust monitoring system is in place to ensure that the recruitment and selection process is compliant with statutory legislation and mandatory requirements including review during monthly monitoring visits.
- Staff are not supplied to any service user until all pre-employment checks are completed and the recruitment file is fully checked and approved in writing by the Registered Person.

During this inspection the recruitment policy was reviewed. Advice was given in relation to updating the policy as per the actions set out in the notice. This was submitted to RQIA following the inspection and was assessed as appropriate. Training certificates were reviewed for the staff members who were involved in the recruitment and selection process. The agency had not recruited any nurses since the most recent inspection; however, the inspector reviewed six recruitment files for healthcare workers to ensure improvements had been made and sustained with the recruitment process and it was evident that all pre-employment checks had been completed prior to a start date being issued. The files were audited by the manager and the Responsible Individual.

Evidence was available to validate compliance with the Failure to Comply Notice.

#### **FTC Ref: FTC000183**

#### **Notice of failure to comply with The Nursing Agencies Regulations (Northern Ireland) 2005**

##### ***Regulation 14***

**14.—(1)** *Where an agency is acting as an employment business, the registered person shall, having regard to the size of the agency, its statement of purpose and the number and needs of the service users, take all reasonable measures to ensure that there is at all times an appropriate number of suitably qualified, skilled and experienced persons employed for the purposes of the agency.*

In relation to the notice, the following eight actions were required to comply with this regulation.

- Safeguarding training is relevant to Northern Ireland legislation and must include information pertaining to the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.
- Every staff member completes safeguarding training and they are aware of the procedure for reporting concerns.
- A training matrix is developed to encompass all training that is considered mandatory by the agency, to ensure a composite record of staff training can be maintained.
- All staff partake of the mandatory training programme and a record of such training is maintained to ensure that the care being delivered to service users is safe and effective.
- Training records are monitored frequently and refresher training booked within appropriate timeframes prior to expiry. Where training has expired, the Responsible Individual ensures staff members are booked onto the next available training date and records are maintained when the training has been successfully completed.
- The nursing agency to retain the contents of the training and dates on which staff attended.

- The nursing agency retains the qualifications of the trainers providing any training and records are available for review by RQIA.
- Any areas for improvement identified during monitoring of practice and/or during supervision are acted upon immediately and the staff member is provided with refresher training to ensure their competence and skills are up to date.

During this inspection the Responsible Individual provided evidence of a training matrix which showed the nurses training was up to date. It was queried, however, if the content of the safeguarding training included information pertaining to the DoH's regional policy. The Responsible Individual contacted the training provider and submitted the content of the training after the inspection. The Responsible Individual was advised to source additional training for staff to enhance their safeguarding training. This was achieved and training dates for all staff were provided to RQIA following the inspection. It was positive to note that the agency has all the details for the safeguarding team within the relevant trust area, as well as the details for reporting concerns out of hours. It was also positive to note that staff had been provided with refresher training when issues about their practice have arisen.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref: FTC000184**

## **Notice of failure to comply with The Nursing Agencies Regulations (Northern Ireland) 2005**

### ***Regulation 18***

*18. The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are –*  
*(a) kept up to date, in good order and in a secure manner; and*

### ***Schedule 4***

*10. Details of every allegation of abuse –*  
*(a) against a nurse; or*  
*(b) by a nurse (which is not the subject of a complaint made under regulation 19), who is employed by the agency, including details of the investigations made, the outcome and any action taken in consequence.*

In relation to the notice, the following eight actions were required to comply with this regulation.

The Registered Person must ensure that:

- all staff including the Registered Person and manager are provided with training in adult safeguarding as it applies in Northern Ireland and staff are deemed competent in this regard.
- there is an Adult Safeguarding Champion in the nursing agency who is fully trained and their knowledge and skills are current.
- all safeguarding allegations are referred to the relevant Trust team for screening in a timely manner.
- there is a comprehensive written record of every safeguarding investigation and actions taken.



- strategy meetings arranged by the relevant Trust are attended and a minute of the meeting is retained and any actions addressed.
- the conclusion of any safeguarding investigation is accurately recorded.
- the agency to notify RQIA of any safeguarding investigation in a timely manner.
- the documentation relating to every safeguarding investigation is available for review by the RQIA.

During this inspection it was noted that one safeguarding referral had been made. While this was at the initial stages, it was positive to note that the agency had a record detailing the allegation and the actions taken. It was also positive to note that the agency had informed RQIA of the investigation in a timely way. In relation to the safeguarding training, as indicated in the notice above, additional training has been sourced by the agency with a local training provider to enhance the staffs' knowledge of safeguarding pertaining to Northern Ireland. Currently, the Responsible Individual is the Adult Safeguarding Champion; however, this position and responsibility will be transferred to the manager following the successful completion of training on 26 October 2022. Due to the fact that certain actions are being progressed and not completed to date, an area for improvement has been identified in this regard.

Evidence was available to validate compliance with the Failure to Comply Notice.

#### **FTC Ref: FTC000185**

#### **Notice of failure to comply with The Nursing Agencies Regulations (Northern Ireland) 2005**

##### ***Regulation 20***

*20.—(1) The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.*

*(2) The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.*

*(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.*

*(4) The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.*

In relation to the notice, the following eight actions were required to comply with this regulation.

The Registered Person must ensure that:

- there is a system in place to monitor the operation of the nursing agency on a monthly basis.
- there is a suitably skilled and competent person to undertake the monitoring visits of the nursing agency.
- all records are provided to the monitoring officer for review.
- the quality monitoring reports contain feedback from relevant stakeholders, obtained independently by the monitoring officer.

- the person with the responsibility of undertaking the monthly quality monitoring visits specifically reviews the recruitment process and associated records.
- the quality monitoring reports include a review of the nurses' registration with the Nursing and Midwifery Council (NMC).
- the information reviewed is solely in relation to the nursing agency.
- the quality monitoring reports are signed by the Registered Person to provide RQIA with assurances that the reports are reviewed and any actions identified are taken forward.

During this inspection it was evident that the Responsible Individual had a system in place to monitor the operation of the agency; however, from reviewing the monitoring reports, there was a query regarding the experience of the monitoring officer due to the reports not being robust or providing an overall assessment of the agency. There was limited feedback from stakeholders, the FTC notices had not been referred to in the reports and the action plans differed in the reports reviewed. It was evident that the information contained in the reports, related solely to the nursing agency. It was positive to note that the reports were signed by the Responsible Individual which gave assurances that there was an oversight of the operation of the agency. It was decided that RQIA would make contact with the monitoring officer to discuss the detail required to be contained in the monthly reports and an area for improvement was identified in this regard.

Evidence was available to validate compliance with the Failure to Comply Notice.

## 6.0 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notices. Two new areas for improvement were highlighted.

## 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. Three areas for improvement were previously made at the last care inspection. Given that this inspection focused solely on the actions outlined in the FTC notices, compliance with the areas for improvement was not reviewed. These areas for improvement have been carried forward to the next inspection.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	0

\* the total number of areas for improvement includes three regulations that have been carried forward for review at the next inspection.

The areas for improvement and details of the QIP were discussed with Mrs Acknowledge Ngwena, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19(1)(4)(5)(6)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>The registered person shall establish a procedure ("the complaints procedure") for considering complaints made to the registered person by a service user or a person acting on behalf of the service user.</p> <p>The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.</p> <p>The registered person shall, within the period of 28 days beginning on and including the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken in response.</p> <p>The registered person shall maintain a record of each complaint, including details of the investigation made, the outcome and any action taken in consequence and the requirements of regulation 18 shall apply to that record.</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14(2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>The registered person shall ensure that each employee of the agency –</p> <p>(a) receives appropriate supervision;</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 18(a) Schedule 4.3 and 4.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are –</p> <p>(a) kept up to date, in good order and in a secure manner; and</p> <p>An alphabetical index of service users, including the full name, address and telephone number of each of them and any serial numbers assigned to them.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 18(a) Schedule 4(10)(a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are –</p> <p>(a) kept up to date, in good order and in a secure manner; and</p> <p>10. Details of every allegation of abuse –</p> <p>(a) against a nurse; or</p> <p>(b) by a nurse (which is not the subject of a complaint made under regulation 19), who is employed by the agency, including details of the investigations made, the outcome and any action taken in consequence.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Process/Systems:</p> <p>1. Following an allegation ,Concern or complaint the Registered Manager at Top Class Nursing Agency will investigate and request written records Which gives a factual account of the alleged abuse in the individuals own words.</p> <p>2. Robust guidelines will be followed adhering to Top Class Nursing Agency's procedures and policies. All Safeguarding matters will be dealt with in accordance with local, regional and national guidelines and legislation.</p> <p>3. If the alleged complaint leads to a suspension of the health care worker then the agencies protocol will be followed.</p> <p>4. The Registered Manager will continue throughout this process to liase with the Safeguarding team.</p>

	<p>5.All lead and instructions will be taken from the Safeguarding team.</p> <p>6. All relevant authorities, including local safeguarding teams, the RQIA,Police,HSCT will be informed if requested necessary.</p> <p>7. Documentation will be completed including APP1 Form, and send through RQIA Web Portal if necessary</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20(3)(4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.</p> <p>The registered manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly /Monitoring Reports:</p> <p>1.Independent Officer comes monthly to do an Audit and report on what they find. This visit can be announced or on unannounced basis.</p> <p>2.Home Managers are contacted and feed back is recorded on their views of the service rendered. Staff working for the nursing agency are also contacted and any actions are incorporated into an improvement plan, which is clearly set out with associated timescales and actions relevant to the matter.</p> <p>3.Registered Manager reviews the report and acts upon any action required. Progress between monitoring visits can be tracked and any Improvement actions specified, can be followed up by the Registered Manager.</p> <p>4.These Monthly Audits are used to enhance improvement within the nursing Agency improving the quality and standard of the care provided.</p> <p>5. All Audits are available for inspection by the RQIA if requested.The registered appointed an independent officer who visits the agency and carries out some reviews once a month. The independent officer will contact residential and nursing home managers and check if the agency is delivering quality staff who are well trained to do the job. All those reports will be filed in the office and if there are some issues the registered manager will be told to put things in place as a way of improving the service. The independent officer will also get in touch with the staff to check if they are happy with the</p>

	agency and any complaints will be passed on to the managent to solve the issues.
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***\*Please ensure this document is completed in full and returned via Web Portal***



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