

Inspection Report

19 August 2021



Top Class Nursing Services

Type of service: Nursing Agency
Address: 1 Castle Street, Portadown, BT62 1BA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

| | |
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| Organisation/Registered Provider: Top Class Healthcare Ltd | Registered Manager: Mrs Acknowledge Ngwena |
| Responsible Individual: Mrs Acknowledge Ngwena | Date registered: 13 March 2019 |
| Person in charge at the time of inspection: Mrs Acknowledge Ngwena | |
| Brief description of the agency operates: This is a nursing agency which supplies nurses to independent sector nursing homes and residential homes. | |

2.0 Inspection summary

The care inspectors undertook an unannounced inspection on 19 August 2021 between 10.00am and 1.15pm.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements, as well as recruitment, registrations with the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to recruitment, staff training, monthly quality monitoring reports and staff registrations with the NMC. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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.

RQIA were assured that this agency supplies nurses who are providing safe, effective and compassionate care; and that the agency is well led.

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 about this agency. This included the previous inspection report, the Quality Improvement Plan (QIP) notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the NMC were monitored by the agency.

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

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA. No staff responses were received.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the agency?

The information provided by one service user indicated that there were no concerns in relation to the agency. It was confirmed that they were satisfied with the high standard, training and the skills and knowledge of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

No staff members responded to the electronic questionnaire.

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 30 October 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 30 October 2020 | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 20 (1) Stated: First time | The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. The registered person shall complete a monitoring report on a monthly basis. This report summarises the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the nursing agency is being managed in accordance with minimum standards. | Met |
| | Action taken as confirmed during the inspection: Samples of the monthly quality monitoring reports were reviewed during the inspection and they were deemed compliant with this regulation. | |
| Area for Improvement 2 Ref: Regulation 14 (4) Stated: First time | The registered person shall provide to each nurse who is employed for the purposes of the agency a written statement of the terms and conditions on which he will be supplied to work for, and under the control of, a service user. | Met |
| | Action taken as confirmed during the inspection: A sample of staff recruitment records was reviewed and it was evidenced that every nurse has a written and signed statement of the terms and conditions. | |

| | | |
|---|--|---------------------------------|
| Area for Improvement 3 Ref: Regulation 4 Stated: First time | The registered person shall ensure the statement of purpose is reviewed and includes the information listed in schedule 1 of the Nursing Agencies Regulations (Northern Ireland) 2005. | Met |
| | Action taken as confirmed during the inspection: The statement of purpose was reviewed and the agency is now compliant with this regulation. | |
| Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008 | | Validation of compliance |
| Area for Improvement 1 Ref: Standard 11.5 Stated: First time | The registered person shall ensure the service user's guide is reviewed and includes the information listed in appendix 1 of the Nursing Agencies Minimum Standards. | Met |
| | Action taken as confirmed during the inspection: The service user's guide was reviewed and is now compliant with this regulation. | |
| Area for improvement 2 Ref: Standard 9.1 Stated: First time | The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures. | Met |
| | Action taken as confirmed during the inspection: The safeguarding policy was reviewed and it is assessed as being compliant with this standard. | |

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 good system in place to ensure that the nurses' skills were appropriately placed. Nurses were provided with training appropriate to the requirements of the settings they were being placed in. This included DoLS training appropriate to their job roles.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

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 of Nursing Agencies Regulations (Northern Ireland) 2005. It was noted that no safeguarding referrals had been made since the previous inspection.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and IPC practices.

A review of the records confirmed that all staff provided were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates were monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

| | 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 Mrs Acknowledge Ngwena, responsible individual, as part of the inspection process and can be found in the main body of the report.



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