

Announced Care Inspection Report 30 September 2019



TTM Healthcare

Type of Service: Nursing Agency
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Inspector: Bridget Dougan

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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

TTM Healthcare Ltd is a nursing agency which currently supplies nurses to Health and Social Care (HSC) Trust facilities in Belfast, Southern and South Eastern HSCT areas.

3.0 Service details

Organisation/Registered Provider: TTM Healthcare Ltd	Registered Manager: Coleen Elizabeth Waugh
Responsible Individual: Paula McDonnell	
Person in charge at the time of inspection: Paula McDonnell	Date manager registered: 1 May 2018

4.0 Inspection summary

An announced inspection took place on 30 September 2019 from 11.45 to 15.00.

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.

Evidence of good practice was found in relation to recruitment, staff training, systems in place for communication and ongoing engagement with service users and staff.

Two areas for improvement were identified in relation to ensuring the views of service users and staff are included in the monthly quality monitoring reports and annual quality report.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Paula McDonnell, responsible individual, the registered manager, head of compliance, the business manager and the compliance 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 19 April 2018

No further actions were required to be taken following the most recent inspection on 19 April 2018.

5.0 How we inspect

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

- previous inspection report
- record of notifiable events since the previous inspection
- all correspondence received by RQIA since the previous inspection

On the day of inspection the inspector spoke with the responsible individual, the manager, the head of compliance, the business manager and the compliance manager.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of this report.

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of Purpose.
- Service User Guide.
- Two staff members' recruitment records.
- Staff induction template
- Staff members' training records
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Quality audits and governance arrangements.
- Annual Quality Report 2019.

The findings of the inspection were provided to the responsible individual, the manager, the head of compliance, the business manager and the compliance manager.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 April 2018

The most recent inspection of the agency was an announced pre-registration care inspection. No areas for improvement were made.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The agency's recruitment policy outlines the procedures for ensuring that the required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and verified by the manager and that registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed evidenced that required checks had been completed in accordance with the agency's recruitment policy.

Registered nurses are required to complete an induction and in addition, to complete training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process.

The agency has a system for recording training completed by staff and for highlighting when training is required. The head of compliance and the manager stated that registered nurses are not permitted to work if annual training updates have not been completed. It was good to note that additional training for staff in human rights had been planned for the end of November 2019.

Staff supervision and appraisal arrangements were examined and the agency's policy details the frequency of supervision as six monthly and appraisal as annually. The manager stated when concerns are identified in relation to staff practice, additional supervision may be required. The manager confirmed that supervision had been completed for one staff and a planner had been developed with dates for the remaining staff supervision to be carried out in October/November 2019.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. Arrangements were in place to embed the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015 into practice. The review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents since the previous inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager is the identified ASC. The annual position report had not yet been completed and the manager was advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020. The manager was signposted to further guidance on the annual position report, following the inspection.

The manager stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during

their initial induction and three yearly thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety.

The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the induction process.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the head of compliance described the process for checking the NMC register on a monthly basis to ensure that all staff are registered.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided. The responsible individual acknowledged the challenges in relation to obtaining this feedback from service users.

The inspector was informed that no accidents /incidents had occurred since the previous inspection. A process was in place to ensure that accidents/incidents are reviewed by the management team as part of their monthly quality monitoring procedures.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and training.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the agency’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose.

The agency’s management of records and information policy details the process for the creation, storage, retention and disposal of records. The majority of records are maintained electronically. It was noted from records viewed that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the responsible individual, the head of compliance and documentation viewed provided evidence that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, the NMC registration status of nurses, audits of complaints, accidents and incidents. The responsible individual meets monthly with the quality and safety committee to discuss the effectiveness of the service provided and to review any identified matters of concern.

Monthly quality monitoring audits are completed by the responsible individual and a monthly report developed. The reports contain details of the review of compliance with recruitment procedures, mandatory training and any complaints received, accidents/incidents and safeguarding referrals made in the previous month. Discussion with the responsible individual and review of a sample of monthly monitoring reports confirmed that feedback from service users and staff had not been included. An area for improvement has been identified.

The annual quality report for 2019 was reviewed and evidenced an overview of the quality of services provided in the previous year. It was observed that feedback from service users and staff had not been included in this report. An area for improvement has been identified.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the responsible individual and the manager provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The responsible individual stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include face to face meetings with service users prior to placing staff, staff feedback forms and regular phone contact with service users.

The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective.

An annual survey of the views of staff is carried out by the business manager and improvements are put in place as a result of feedback obtained from staff. For example, a workplace feedback platform was set up to enable staff to communicate with other staff in different parts of the country as a result of feedback received through the staff survey.

Areas of good practice

Areas of good practice were identified in relation to record keeping, systems for communication with service users, staff, the agency's training programme and systems for reviewing the quality of the service provided.

Areas for improvement

Two areas for improvement were identified to ensure the views of service users and staff are included in the monthly quality monitoring reports and the annual quality report.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

It was noted that the agency's staff handbook and information provided to all registered nurses during their initial induction programme contains details of a number of key policies and procedures including the agency's confidentiality policy. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement, or to access support and guidance. The agency's staff handbook clearly outlines the process for staff in relation to reporting concerns.

The agency has a range of methods for obtaining the views of service users in relation to staff performance. The responsible individual and the manager described the processes for engaging with service users in order to obtain feedback; this includes requesting that service users complete a feedback proforma and telephone contact with service users to obtain their views as to the quality of the service provided.

Discussions with the responsible individual and management team during the inspection indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

The agency's 'Whistleblowing Policy' provided to staff, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

Areas of good practice

Areas of good practice were identified in relation to the systems in place for communication and ongoing engagement with service users, and the promotion of values such as confidentiality, dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency's management and governance systems in place to meet the needs of service users were reviewed. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Staff are provided with a number of key policies during induction and in the staff handbook; in addition policies and procedures are stored electronically in a shared area for access by all staff.

The agency's Statement of Purpose and Service User Guide are kept under review.

The organisational and management structure of the agency as outlined in the Statement of Purpose identifies lines of accountability and the roles of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

Discussions with the manager and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. They include the provision of required policies and procedures, provision of induction and training update; monitoring of staff training, registration status of staff with the NMC, complaints, safeguarding referrals and accidents and incidents including those notifiable to RQIA and review of feedback received. Feedback from service users and staff had not been included in the monthly quality monitoring reports or the annual report and areas for improvement have been identified under section 6.4 in this regard.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their policy and procedures. Discussions with the responsible individual and manager demonstrated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints. It was noted that staff are provided with information during their induction programme in relation to handling complaints.

Records viewed by the inspector indicated that the agency has a robust process for recording details of complaints received and the actions taken, and in addition for reviewing complaints on a monthly basis as part of the quality monitoring process. Records viewed were noted to contain comprehensive accounts of the outcome of the investigation of the complaint received and any further actions taken by the agency.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. No incidents had been reported to RQIA since the previous inspection.

The inspector identified that the agency has management and governance systems in place to drive quality improvement. The agency's arrangements for the ongoing monitoring of incidents and complaints were reviewed. The manager stated that the agency has a process for regularly reviewing the service provided to identify areas for improvement.

Electronic and paper records viewed by the inspector provided evidence of appropriate staff induction, and training. The agency has a system for recording staff training and a compliance system for identifying training needs of staff provided and for reviewing the registration of staff with the NMC.

Areas of good practice

Areas of good practice were identified in relation to the agency's governance arrangements, monitoring of compliance and the management and monitoring of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paula McDonnell, responsible individual and Coleen Waugh, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Minimum Standards, 2008.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008

<p>Area for improvement 1</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure the monthly quality monitoring reports summarises the comments of service users and staff about the quality of the service provided.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: TTM Healthcare has created a template within the monthly monitoring reports which will include the comments of service users and staff about the quality of service provided. The monthly report include formal feedback received and calls to service users and staff to obtain their views as to the quality provided. The report will be reviewed by the Nurse Manager and the Responsible Person and any actions taken to reflect same.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.13</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the views of service users and staff are included in the annual quality report.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The views of service users and staff will be included into TTM's Healthcare Annual Quality Report.</p>



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