

Inspection Report

15 September 2022



Sir Henry Recruitment Ltd

Type of service: Nursing Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Sir Henry Recruitment Ltd	Registered Manager: Ms Penelope Roberts – not registered
Responsible Person: Ms Penelope Roberts	Date registered: Acting
Person in charge at the time of inspection: Ms Penelope Roberts	
Brief description of the agency operates: Sir Henry Recruitment is registered with RQIA as a Nursing Agency and currently supplies registered nurses to private nursing homes and supported living services. The agency operates from an office located in Belfast. Sir Henry Recruitment also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA does not regulate Recruitment Agencies.	

2.0 Inspection summary

An announced inspection took place on 15 September between 10.15 a.m. and 4.30 p.m. This inspection was conducted by a care inspector.

At an inspection undertaken on 31 May 2022, serious concerns were identified with regard to recruitment practices. Enforcement action resulted from the findings of that inspection. Following a meeting with the registered person, one Failure to Comply (FTC) Notice was issued on 13 June 2022; the date of compliance was 28 June 2022.

An inspection was undertaken on 28 June 2022. Not all actions were assessed as met, therefore RQIA determined to extend the FTC Notice with the date of compliance being extended to 15 September 2022.

This inspection was planned to assess compliance with the actions detailed in the aforementioned FTC notice. The outcome of this inspection evidenced that sufficient progress had been made to comply with the FTC notice.

For the purposes of the inspection report, the term 'service user' describes the health care settings, the agency's nurses are supplied to work in.

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.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of care and support have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included: the FTC Notice, the previous quality improvement plan issued, registration information, and any other written or verbal information received.

A range of documents were examined to determine that effective systems were in place to manage the agency.

4.0 What people told us about the agency?

Given the focused nature of this inspection, no feedback from service users 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?

The last care inspection of the agency was undertaken on 28 June 2022 by a care inspector. That inspection was to assess compliance with a Failure to Comply notice issued on 13 June 2022. During that inspection, evidence was not available to validate compliance with the FTC, therefore RQIA extended the FTC Notice to 15 September 2022. The QIP identified at the inspection on 31 May 2022 was not reviewed during that inspection and was validated during this inspection.

Areas for improvement from the last inspection on 31 May 2022		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that a policy and procedure in respect of reporting notifiable events to RQIA is in place.</p> <p>This policy and procedure should be submitted with the returned QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the policy confirmed that this had been updated.</p>	Met
Area for improvement 2 Ref: Regulation 12 (1)(d) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that recruitment records include a full employment history, together with a satisfactory written explanation of any gaps in employment and details of any current employment other than for the purposes of the agency.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of recruitment records confirmed that these specific deficits were addressed. While this area for improvement was met in relation to the specific deficits previously identified, a new area for improvement was identified in relation to the appropriateness and verification of references – this is referenced in Section 5.2.1.</p>	Met
Area for improvement 3 Ref: Regulation 20 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that quality monitoring visits are undertaken on a monthly basis.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of records confirmed that the visits had been consistently undertaken. The manager was signposted to consider the template for monthly quality monitoring visits on the RQIA website.</p>	Met

<p>Area for improvement 4</p> <p>Ref: Regulation 18 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all records provided for inspection purposes relate solely to registered nurses; records pertaining to Health Care Assistants must be retained separately.</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection: Review of records confirmed that this had been addressed.</p>	<p style="text-align: center;">Met</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 18 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>		<p>The registered person shall ensure that the Alphabetical list of Nurses and Service Users is up to date.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection: Review of records confirmed that this had been addressed.</p>	<p>Area for improvement 6</p> <p>Ref: Regulation 14 (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that each nurse receives appropriate supervision.</p>	
<p>Action taken as confirmed during the inspection: Review of records confirmed that sufficient progress had been made in this regard.</p>	<p>Area for improvement 7</p> <p>Ref: Regulation 8 (1)(a) and (2) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>		<p>The registered person shall appoint an individual to manage the agency where there is no registered manager in respect of the agency; and where the registered provider appoints a person to manage the agency, he shall forthwith give notice to the RQIA of the name of the person so appointed; and the date on which the appointment is to take effect.</p>
<p>Action taken as confirmed during the inspection: RQIA has agreed to consider Penelope Roberts for registration as manager. This area for improvement has been deemed as met; RQIA will keep the matter under review.</p>			

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 9.4 Stated: First time To be completed by: 31 December 2022	<p>The registered person shall ensure that they undertake training in respect of the Adult Safeguarding Champion role.</p> <p>Action taken as confirmed during the inspection: It was confirmed that the registered person is scheduled to undertake this training in November 2022.</p>	Met
Area for improvement 2 Ref: Standard 6.5 Stated: First time To be completed by: 28 June 2022	<p>The registered person shall ensure that all nurses undertake training in respect of Dysphagia.</p> <p>Action taken as confirmed during the inspection: Review of records confirmed that all nurses had undertaken training in this regard.</p>	

5.2 Inspection findings

FTC Ref: FTC000186E1

Notice of failure to comply with Regulation 12 (1) (d) of *The Nursing Agencies Regulations (Northern Ireland) 2005*

Fitness of nurses supplied by an agency

Regulation 12 (1) *The registered person shall ensure that no nurse is supplied by the agency unless –*

(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Schedule 3: information and documents required in respect of nurses to be supplied by an agency

4. Details of any criminal offences –

(a) of which the person has been convicted, including details of any convictions which are spent within the meaning of Article 3 of the Rehabilitation of Offenders (Northern Ireland) Order 1978(1) (rehabilitated persons and spent convictions) and which may be disclosed by virtue of the Rehabilitation of Offenders (Exceptions) Order (Northern Ireland) 1979(2); or
(b) in respect of which he has been cautioned by a constable and which, at the time the caution was given, he admitted.

In relation to this notice the following three actions were required to comply with this regulation:

The registered person must ensure that:

1. at all times staff are recruited and employed in accordance with statutory legislation and that all necessary checks are carried out prior to an offer of employment being made
2. AccessNI enhanced checks are completed and robustly scrutinised prior to an individual commencing employment with the agency
3. a policy is in place for staff selection and recruitment which clearly defines the roles and responsibilities of those involved in the selection and recruitment process and is regularly reviewed.

Action taken by the registered persons:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. Review of records confirmed that the nurses recruited since the last inspection had AccessNI checks undertaken by Sir Henry Recruitment. This action has been assessed as met.
2. Review of records identified that AccessNI enhanced checks had been undertaken for all nurses identified through the auditing process. This action has been assessed as met.
3. Review of the selection and recruitment policy identified that it had been developed to include the roles and responsibilities of those involved in the recruitment process. This action has been assessed as met.

As all actions have been assessed as met, compliance has been achieved with this FTC Notice.

5.2.1 What are the arrangements to ensure robust managerial oversight and governance?

As previously discussed in Section 5.1, review of recruitment records confirmed that full employment histories had been recorded, together with a satisfactory written explanation of any gaps in employment, where appropriate. However, review of recruitment records identified that the references received prior to the nurses being supplied by the agency had not been supplied by an appropriate person within the nurses' current/former employment. Failing to seek references from an appropriate level in respect of the nurses' former employer, has the potential to place patients at risk of harm. An area for improvement has been identified in this regard.

Additionally, the policy on Selection and Recruitment requires to be further developed to ensure that it clearly outlines the procedure to be followed in relation to the management of references. The policy also requires inclusion of the agency's parameters for defining nurses as being 'inactive', when they do not take any shifts from the agency for a six month period. An area for improvement was made in this regard.

Review of complaints records identified that follow up action taken by the manager was not consistently recorded. An area for improvement has been identified in this regard.

Whilst the review of incident records identified that the manager had met with the nurses to discuss any incidents, there was no information available to evidence that the identified training needs had been addressed. An area for improvement has been identified in this regard.

6.0 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.

	Regulations	Standards
Total number of Areas for Improvement	4	0

The areas for improvement and details of the QIP were discussed with Penelope Roberts, responsible person/acting 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that employment references are sought and received from an appropriate person within the nurses' current/former employment; and that evidence is retained to verify the source of the references received.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Selection and Recruitment Policy has been amended to include references from current or most recent Line Manager and/Deputy Manager as acceptable source. The reference MUST either be – stamped; accompanied with compliment's slip or MUST be sent from a business email. These are to be retained to verify source of the references.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the policy on Selection and Recruitment is further developed and embedded into practice; to ensure the appropriateness and verification of employment references; and the re-recruitment process of nurses who are defined as being 'inactive'.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Selection and Recruitment Policy has been ammended to include action to be undertaken for Nurses deemed 'inactive'. Where a Nurse is inactive for 3 months an email is sent reminding them that they have not picked a shift in 3 months and advised that if they do not take a shift at six months they will be made 'inactive'. If the Nurse wishes to return to work after 6 months of being 'inactive' Enhanced AccessNI check will be carried out and appropriate references obtained.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that, 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>Ref: 5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 12 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: Complaints Policy has been amended to include that the Registered Manager shall inform the complainant of the action (if any) that is to be taken in response to their complaint within the period of 28 days of the complaint being made. The Policy also includes that the Registered Manager ensures every complaint and resolution is recorded in Complaints Records Log including date complaint was made and date action/resolution was agreed (if any) and date complainant informed.</p> <p>The registered person shall ensure that no nurse is supplied by the agency unless they have the qualifications, knowledge, skills and competencies which are necessary for the work which they are to perform; this refers particularly to the registered person's responsibility to ensure that training needs identified as a result of any incidents are addressed in a timely manner.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Accidents and Adverse Incidents Policy has been amended to include that following an incident, the Registered Nurse will complete the Agency's Incident Report and Reflective Account; meet with the Registered Manager and agree on Action/Protection Plan; conduct supervision and/appraisal as appropriate. Where a training is identified an agreed timescale will be provided for completion and training Matrix updated. Where the Registered Nurse fails to comply, they will be temporarily removed from taking shifts.</p>

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