

Inspection Report

31 May 2022



Sir Henry Recruitment Ltd

Type of service: Nursing Agency
Address: Office 3, 56 University Street, Belfast, BT7 1HB
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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:	
<p>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.</p> <p>Sir Henry Recruitment also acts as a Recruitment Agency and supplies Health Care Assistants (HCA) to various healthcare settings. RQIA do not regulate Recruitment Agencies.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 31 May 2022 between 9:50 a.m. and 3:45 p.m. This inspection was conducted by a care inspector.

Prior to the inspection RQIA received intelligence from the Adult Gateway Protection Service (AGPS). The concerns were in relation to an adult safeguarding investigation involving a HCA employed by Sir Henry Recruitment.

RQIA subsequently became aware that the agency may not have been consistently undertaking criminal records (AccessNI) checks as part of part of the pre-employment checks of HCAs.

Whilst RQIA do not regulate the supply of HCAs, RQIA reviewed the information and decided to undertake an inspection to ensure that the nurses supplied by the agency, were also being appropriately checked. We focused the inspection on the following areas:

- recruitment processes
- managerial oversight and governance.

The concerns raised were largely substantiated. AccessNI checks had not been consistently undertaken by Sir Henry Recruitment for the nurses.

Given the concerns raised, a Failure to Comply (FTC) Intention meeting was held with the Responsible Individual on 13 June 2022 with the intention of issuing one FTC notice under the Nursing Agencies Regulations (Northern Ireland) 2005, in relation to:

- Regulation 12 (3) Schedule 4 – relating to the fitness of nurses supplied by the agency.

At this meeting the Responsible Individual discussed the actions they had taken since the inspection to address these shortfalls and provided an action plan with assurance to confirm how these deficits would be addressed. RQIA was provided with an assurance of the actions the Responsible Individual had in place to ensure compliance with Regulation 12 (3) of The Nursing Agency Regulations (Northern Ireland) 2005. However, we were not assured that the deficits would be managed in a sustained manner.

Based on the lack of assurances received, one FTC notice was issued under The Nursing Agencies Regulations (Northern Ireland) 2005:

FTC000186 – staff recruitment and selection

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

The Responsible Individual is required to demonstrate compliance with this regulation on or before 28 June 2022. Actions required to be taken are detailed in the FTC notice. For this reason, these are not included in the QIP.

RQIA will continue to monitor and review the quality of service provided by Sir Henry Recruitment. It should be noted that continued non-compliance may lead to further enforcement action.

One area for improvement previously stated was not met and has been stated for the second time.

Eight new areas for improvement were identified in relation to recruitment, monthly quality monitoring visits, records management, supervision, the alphabetical list of staff names, adult safeguarding training, dysphagia training and the acting management arrangements.

Comments received from service users are included in the main body of this report.

The findings of this report will provide the responsible person with the necessary information to improve the recruitment practices.

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.

To prepare for this inspection, we reviewed information held by RQIA about this agency. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

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 of nursing agencies, 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 nursing care 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.

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

4.0 What did people tell us about the agency?

Users of this service were contacted and the following responses were received:

- "There are no big issues, they are very quick at getting back to us. Nothing in relation to any problems."
- "I am happy, they are very responsive and very good. They are even better out of hours and that is unusual for a nursing agency."

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 3 December 2019 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in the 2020/2021 because the agency was non-operational up to May 2021.

Areas for improvement from the last inspection on 3 December 2019		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 Stated: First time To be completed by: 31 January 2020	<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> <p>Action taken as confirmed during the inspection: Review of the policy identified that it had not been updated to reflect incidents which are notifiable under the Nursing Agencies Regulations. This area for improvement was not met and has been stated for the second time.</p>	Not met
Area for improvement 2 Ref: Regulation 22 (2) (b) Stated: First time To be completed by: 31 January 2020	<p>The registered person shall submit a copy of the Agency's insurance indemnity certificate with the returned QIP.</p> <p>Action taken as confirmed during the inspection: The agency's insurance indemnity certificate was up to date.</p>	Met
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for Improvement 1 Ref: Standard 8.1 Stated: 31 January 2020	<p>The registered person shall ensure the complaints policy and procedure has been reviewed and amended and is in accordance with legislation and Department of Health (DOH) Guidance in relation to the Health and Social Care Complaints Procedure (April 2019).</p> <p>The amended complaints policy and procedure should be submitted with the returned QIP.</p>	Met

	<p>Action taken as confirmed during the inspection: The complaints policy had been updated and was satisfactory.</p>	
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5.2 Inspection findings

5.2.1 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that whilst pre-employment checks including criminal record checks (AccessNI) had been undertaken, a number of deficits were identified.

There was limited evidence that the documentation used to support the AccessNI application had been verified appropriately.

The records expected to be retained to evidence that the checks had been completed were not appropriately retained.

Examination of the recruitment records identified a number of checks that had been undertaken by other organisations the nurses had been employed by, rather than the checks being undertaken by Sir Henry Recruitment. The manager explained that the agency's policy was to accept recently undertaken criminal records checks if they were satisfactory and accompanied by a self-declaration completed by the nurse, that they had not been involved in any criminal activity since the check was undertaken. The AccessNI certificate is accurate on the day of issue. Not undertaking their own AccessNI check potentially places patients/service users at risk of harm. These shortfalls were discussed with the Responsible Individual during the meeting on 13 June 2022; actions to address these deficits are included in the FTC notice issued under Regulation 12 (3) of The Nursing Agency Regulations (Northern Ireland) 2005.

Whilst there was evidence that employment references were received before the nurses commenced working for the agency, a number of further deficits were identified in relation to the recruitment processes. Full employment histories were not consistently recorded. It is expected that the employment history would be provided back to school leaving age. An area for improvement has been identified.

Whilst there was a system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland, the system was not up to date and would not have been sufficiently robust to ensure that the appropriate checks were undertaken before the nurses were employed. This was discussed with the manager who agreed to develop the system to ensure that it was robust.

A review of the records confirmed that all nurses were appropriately registered with the Nursing and Midwifery Council (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.

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

There were quality monitoring arrangements in place in compliance with Regulations and Standards. However, the review of the reports identified that the quality monitoring visits were not consistently undertaken on a monthly basis. An area for improvement was identified.

Whilst the quality monitoring reports routinely monitored any incidents and complaints as part of the monthly checks, it was noted that the reports included all incidents pertaining to nurses and HCAs. The monitoring reports should only include information pertaining to the nurses. An area for improvement has been identified.

The alphabetical list of staff supplied or available for supply by the agency was not up to date. An area for improvement was identified.

Whilst there was no evidence that there had been any incidents involving nurses that had been referred to the Adult Gateway Protection Service, discussion with the manager identified that she was not knowledgeable in relation to her role as the Adult Safeguarding Champion (ASC). Training in respect of this role would lead to improved oversight of safeguarding incidents. An area for improvement was identified.

Discussion also took place regarding the need for the agency to complete the annual safeguarding position report. Given that the agency had only been operational for one year, it was agreed that this would be completed within a specified timescale and submitted to RQIA when complete.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Whilst it was good to note that supervisions had been undertaken with the nurses in response to any issues about their practice being raised, the review of the supervision records identified significant gaps in relation to the completion of planned supervisions. This meant that supervisions had not been undertaken in accordance with the agency's policies and procedures. An area for improvement was identified.

Advice was also given in relation to formalising the process of nurses receiving feedback on their practice. The manager agreed to further develop the policy and procedures in this regard.

There was a system in place to ensure that the nurses were placed into settings where their skills closely matched the needs of patients. Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), moving and handling, First Aid, Medication awareness and adult safeguarding, as appropriate to their job roles.

The need for the nurses to undertake training in relation to Dysphagia was discussed. The manager provided assurances that this element of training would have been undertaken in the nurses' substantive posts. It was agreed that evidence of this training would be forwarded to RQIA within two weeks of the inspection. Following the inspection, the manager confirmed to RQIA that the training had been undertaken by all staff. However, we were not assured that all the nurses had undertaken this training. An area for improvement was identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current of employers' liability insurance. Evidence of public liability insurance was retained in the nurses' personnel records.

We discussed the acting management arrangements which have been ongoing since July 2021. The manager, who is also the responsible person, was advised that a manager who meets the criteria for registration as manager with RQIA would need to be recruited. An area for improvement was identified.

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 and the Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
Total number of Areas for Improvement	*7	2

* the total number of areas for improvement includes one that has been stated for a second time.

The areas for improvement and details of the QIP were discussed with Penelope Roberts, 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 13</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<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> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Accidents and Adverse Incidents Policy and Procedure has been updated and put in place in respect of reporting notifiable events to RQIA.</p>
<p>Area for improvement 2</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 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> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All active Registered Nurses on the Agency's register were contacted and asked to provide full employment history and written explanation of any gaps in employment as well as any current employment other than for the purposes of the Agency. Five Nurses are still to respond.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20</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 quality monitoring visits are undertaken on a monthly basis.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Visits to Client's establishments were requested. Clients who responded were visited and the Agency spoke to some service users with consent. Even though some Managers accepted the visit, on arrival access was declined. The majority of the Clients did not respond.</p>

<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 HCAs must be retained separately.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Records pertaining to HCAs were removed and a separate folder was created. A folder for Registered Nurses' records relating to RQIA Inspection purposes is available.</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>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: An alphabetical list of Registered Nurses and that of Service Users was updated.</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>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Feedback received from Clients was used to inform supervision. Each supervision took 15-20 minutes. To be able to supervise all the Nurses on the Agency's books every six months, the Acting Registered Manager aims to supervise 2-3 Nurses each week.</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>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: The post for a Registered Manager has been advertised and remains active on Indeed and Gumtree websites. No applicants have come forward so far. I therefore would like to put myself forward for the post. I have 'Level 5 Award in Leadership and Management' awarded by The City and Guilds of London Institute. I completed the training over a period of a year</p>

	through the HSC Leadership Centre in 2019. The course consists of Level 5 Making Professional Presentations (2 credits) and Level 5 Becoming an Effective Leader (5 credits). I am confident that with the support and supervision/mentorship from a Registered Manager for six months to a year as well as my work experience I will be well equipped to manage the Agency. Currently I am also conducting interviews for two Recruitment Consultants and an Office Administrator.
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 9.4 Stated: First time To be completed by: 31 December 2022	The registered person shall ensure that they undertake training in respect of the Adult Safeguarding Champion role. Ref: 5.2.2 Response by registered person detailing the actions taken: Adult Safeguarding Champion online training was booked for 8/11/2022 10am - 15.30 with Volunteernow.
Area for improvement 2 Ref: Standard 6.5 Stated: First time To be completed by: 28 June 2022	The registered person shall ensure that all nurses undertake training in respect of Dysphagia. Ref: 5.2.2 Response by registered person detailing the actions taken: Dysphasia & Swallowing awareness training certificates for 34 Registered Nurses were submitted on 10/6/2022. About eight or more Nurses have since completed the training (certificates in folders). Dysphasia & Swallowing training is now requested off new Nurses upon joining the Agency.

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