

Inspection Report

7 November 2022



Allied and Clinical Recruitments

Type of service: Nursing Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Allied and Clinical Recruitments Limited	Registered Manager: Mrs Esther Olojugba
Responsible Individual: Mrs Esther Olojugba	Date registered: 19 December 2019
Person in charge at the time of inspection: Mrs Esther Olojugba	
Brief description of the agency operates: Allied and Clinical Recruitments is a nursing agency registered to supply registered nurses to a range of healthcare settings and to patients in their own homes.	

2.0 Inspection summary

An announced inspection was undertaken on 7 November 2022 between 12.20 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training.

Adult safeguarding arrangements, complaints, whistleblowing, and the system for retaining records were also reviewed; this included the system for managing alerts issued by the Chief Nursing Officer (CNO)

An area for improvement was identified in relation to recruitment.

Good practice was identified in relation to the monitoring of nurses registrations with the Nursing and Midwifery Council (NMC).

For the purposes of the inspection report, the term 'service user' describes the hospitals or care homes, 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.

In preparation for this inspection, a range of information about the service was reviewed. 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 people told us about the agency?

During the inspection we spoke with a service user.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "... (Nurse) is phenomenal, a real asset and has worked for us for some time. Friendly, reliable and very professional and is liked by the staff and residents. I haven't a bad word to say; great work ethic. Involved in everything we do and has adapted well into the team. We include the nurse in our competency induction and medication competency supervisions. We have no issues with communication with the agency. Exceptional nurse."

There were no responses to the staff electronic survey.

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 1 July 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection. Recruitment has been reinstated for the second time.

Areas for improvement from the last inspection on 1 July 2021		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 12 (1)(d) Schedule 3 Stated: Second time	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.	Not met
	Action taken as confirmed during the inspection: A review of the recruitment records identified that the references received did not match the dates of employment. Gaps in employment had not been explored and a recent photograph of the staff member was not present. This area for improvement has not been met and is stated for the second time. Ref 5.2.1	
Area for Improvement 2 Ref: Regulation 14 (2)(a) Stated: First time	14.— (2) (a) The registered person shall ensure that each employee of the agency- (a) receives appropriate supervision;	Met
	Action taken as confirmed during the inspection: A review of the supervision records confirmed compliance with Regulation 14 (2)(a)	
Area for Improvement 3 Ref: Regulation 20 Stated: First time	20.—(1) 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 submit a copy of the monthly quality monitoring report to RQIA, no later than the fifth day of each month until further notice.	Met
	Action taken as confirmed during the inspection: A review of the monthly quality monitoring reports confirmed compliance with Regulation	

	20.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for Improvement 1 Ref: Standard 6.5 Stated: First time	The registered person shall ensure that all staff undertake training in relation to DoLS, as relevant to their roles and responsibilities. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: A review of staff training confirmed staff had completed DoLS training in compliance with Standard 6.5.	
Area for improvement 2 Ref: Standard 9.4 Stated: First time	The registered person shall ensure that all staff undertake training in relation to adult safeguarding, as relevant to their roles and responsibilities. This also includes ASC training for the person identified as the ASC.	Met
	Action taken as confirmed during the inspection: The inspector confirmed staff had undertaken adult safeguarding training and the registered person had completed ASC training.	

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 not all pre-employment checks were completed and verified before a registered nurse was supplied to the health care setting. The inspector identified that the references received did not match the dates of employment. Gaps in employment had not been explored and a recent photograph of the staff member was not present. An area for improvement has been identified in this regard.

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

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

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

There was a system in place to monitor alerts issued by the CNO for Northern Ireland.

It was good to note that the registered nurse had supervisions undertaken in accordance with the agency's policies and procedures.

Advice was given in relation to formalising the process of registered 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 registered 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), adult safeguarding and dysphagia, as appropriate to their job roles.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff. It was noted that the reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

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

The alphabetical list of staff employed by the agency was up to date.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency's registration certificate was up to date, along with current certificates of public and employers' liability insurance.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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	1*	0*

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

The area for improvement and details of the QIP were discussed with 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) Schedule 3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless –</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Further training has been provided since the inspection took place, to ensure the organisation meets Regulation 12 in future. Roburst checks will be carried out to ensure all reference dates correspond with CV. The manager will also clarify any employment gaps during the interview stage.</p>

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