

Announced Care Inspection Report 21 November 2019



Alpha24 Healthcare

Type of Service: Nursing Agency
Address: 107-111 Fleet Street, London, EC4A 2AB
Tel No: 0203 6977 7129
Inspector: Michele Kelly

www.rqia.org.uk

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

This is a nursing agency which supplies nurses to provide care to service users in hospitals and nursing homes in Northern Ireland. The company's office is in England.

3.0 Service details

Organisation/Registered Provider: Alpha24 Healthcare Ltd Responsible Individual: Mr Zomir Hussain	Registered Manager: Eunice Asiedu-Turkson
Person in charge at the time of inspection: Eunice Asiedu-Turkson	Date manager registered: 31 December 2018

4.0 Inspection summary

An announced inspection took place on 21 November 2019 from 10.00 to 13.30 hours.

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 and staff training. There was also evidence of compassionate care and the agency's engagement with staff.

Two areas for improvement were identified in relation to monthly quality monitoring reports and supervision in line with policy.

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Zomir Hussain, responsible individual and Eunice Asiedu-Turkson, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 6 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 November 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 pre- 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 manager and the responsible individual.

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 and confidentiality.
- Statement of purpose.
- Service user guide.
- Two staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents.
- Complaints.
- Quality audits and governance arrangements.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 6 November 2018

The most recent inspection of the agency was a pre-registration inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 6 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 9 (2) (b) (ii) Stated: First time	The applicant registered person shall ensure that the applicant registered manager has the qualifications, knowledge, skills and competencies necessary to manage the agency.	Met
	Action taken as confirmed during the inspection: Since the pre-registration inspection the agency have appointed a new manager whose application to be registered with RQIA has been successful.	

6.3 Inspection findings

6.4 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 an electronic record of checks completed; the responsible individual and 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 the required checks had been completed and that the agency's recruitment process is robust.

The agency requires registered nurses 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; electronic records viewed outlined the information and support provided to staff during the induction process.

Records of staff supervision indicated that staff had not received supervision in accordance with the quarterly time frames specified in the agency's procedures. The agency has not been supplying nurses for a year as yet and appraisals are planned for early 2020. The manager outlined the frequent supportive measures used to maintain contact with staff i.e. emails and

telephone calls and the inspector advised formal recording of all supervision contacts; including face to face and skype. This is an area for improvement.

The agency has a system for recording training completed by staff and for highlighting when training is required. 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 had been provided to staff in areas such as managing challenging behaviours. The inspector advised of the need to ensure nurses are fully appraised of guidance in respect of human rights, mental capacity legislation and Deprivation of Liberty Safeguards (DOLs) especially given the highly complex needs of service users in the areas nurses are being placed.

The manager described the procedure in place for matching appropriately skilled and experience of staff to the commissioned placement. This was documented by the manager within individual staff profiles. A copy of the profile is forwarded to the commissioning service detailing qualifications, skills and experience of the staff allocated to the placement.

Policies and procedures on adult safeguarding, were noted to be in accordance with DOH policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015). The manager is the identified Adult Safeguarding Champion for the nursing agency. The annual position report has not yet been completed and the inspector advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020.

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

The inspector discussed progress in respect of incidents recorded and reviewed evidence that matters had been investigated and appropriate actions taken. The agency has a robust process for investigating recording and taking action in respect of issues identified.

Areas of good practice

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

Areas for improvement

One area for improvement has been identified and refers to ensuring supervision of staff is undertaken and recorded according to regulations and agency policy.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

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.

The inspector was informed that there were no persons in receipt of private care in their own homes from the nursing agency at the time of the inspection. The inspector was therefore unable to review care records.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. The manager stated that collaborative working arrangements were in place with all relevant stakeholders.

Discussions during the inspection 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 the NMC registration status of nurses, audits of complaints, accidents and incidents. The agency had systems in place to record, monitor and retain service user comments regarding the quality of care provided by the nurses supplied by the agency. Methods identified included service user questionnaires and telephone contact surveys.

The inspector noted feedback from service users included the following comments:

- "Excellent nurse."
- "Brilliant nurse."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

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 care compassionate?

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

Discussions with the responsible individual and manager and review of records retained indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

The agency had a wide range of policies and procedures that direct the quality of services provided. Policies were readily available within the electronic staff handbook. The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The agency operates an "on call" system so that staff can access out of hours support when necessary.

Areas of good practice

There were examples of good practice described during the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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. The agency's Statement of Purpose (2018) and Service User Guide (2018) 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.

The agency has a process of obtaining the views of service users; satisfaction surveys of service users are conducted, with responses analysed and if necessary action taken to address any areas where improvement is required. The manager confirmed that an annual report will be

compiled when the agency has been operational for twelve months. This matter will be reviewed at the next inspection.

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. Where necessary, measures were put in place to minimise recurrence. Records viewed by the inspector indicated that the agency has a robust process for recording details of complaints and incidents and the actions taken in response.

The inspector was informed that processes were in place to monitor the quality of the services provided on a monthly basis and includes feedback from service users; however the monitoring reports reviewed by the inspector were not detailed or specific and did not reflect a thorough audit of working practices and action plan to address issues identified. An area for improvement has been identified accordingly.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in respect of the monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Zomir Hussain, responsible individual and Eunice Asiedu-Turkson, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 including possible prosecution for offences. It is the responsibility of the registered provider 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 agency. 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 Regulations (Northern Ireland) 2005.

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 Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that each employee of the agency – receives appropriate supervision.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We have now taken the appropriate steps to record all staff supervisions on a quartley basis via our internal systems.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that a report is completed on a monthly basis in respect of the review of the quality of services provided by the agency. The review shall provide for consultation with service users and their representatives.</p> <p>The reports must be submitted to RQIA no later than 5 days after the last day of the month until further notice.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: We have implemented certain days within the month to soley focus on completing this report. This will ensure we keep to the QIP and have a report ready at the end of every month to send on for review.</p>

Please ensure this document is completed in full and returned via Web Portal



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