



# Announced Care Inspection Report 31 March 2021



## Alpha24 Healthcare

**Type of Service: Nursing Agency**  
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**Inspector: Kieran Murray**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Alpha24 Healthcare a nursing agency which supplies nurses to provide care to patients in hospitals and nursing homes in Northern Ireland. The company's office is in England.

### 3.0 Service details

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

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the date of the last care inspection on 21 November 2019, RQIA was informed of a small number of concerns which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 31 March 2021 from 10.00 to 13.00 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by us in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. We contacted stakeholders to obtain their views on the service quality.

As a result of the inspection undertaken on 31 March 2021, RQIA had concerns that the governance arrangements within Alpha24 Healthcare had fallen below the required minimum standards.

In accordance with RQIA's Enforcement Policy and Procedures, an intention to serve two Failure to Comply Notices meeting was convened via teleconference on 19 April 2021. The meeting was to discuss with the responsible individual and the manager, RQIA's concerns in respect of Regulation 12 (1) (d) Schedule 3 and Regulation 18 (a) Schedule 4 of the Nursing Agencies Regulations (Northern Ireland) 2005.

During the intention meeting the responsible individual and manager from Alpha24 Healthcare acknowledged the failings and provided a full account of the actions and arrangements being taken to date to ensure the improvements being implemented to achieve full compliance with the required regulations. RQIA were not sufficiently assured that the necessary improvements to ensure full compliance with the regulations had been made as a number of areas required time to ensure that processes were fully embedded into practice.

As a result two Failure to Comply Notices (FTC Ref: FTC000143 and FTC000144) were issued under The Nursing Agencies Regulations (Northern Ireland) 2005. These related to the lack of oversight and governance by the responsible individual and manager in relation to the fitness of nurses supplied by the agency and maintenance of records.

A further area requiring improvement was identified in relation monthly quality monitoring reports for the second time.

Despite enforcement action being taken, areas of good practice were found in relation to staff registrations with the Nursing Midwifery Council (NMC), safeguarding, complaints and incident records. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

#### **Service user comments:**

- “No difficulties reported with staff so far.”

#### **Nurse comments:**

- “They are a good agency.”
- “They look after me well.”
- “I have the policy on donning (putting on) and doffing (taking off) of PPE procedures.”
- “We get supervision from the agency.”
- “I had on-line training for Covid-19.”
- “The agency sent me hand sanitisers and masks.”
- “If I have any adult safeguarding concerns I would tell the manager on the ward.”
- “I am happy and have no concerns.”

All those spoken with indicated that they were happy with the care and support provided.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

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.

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**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	*1	0

\*An area for improvement has been stated for the second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eunice Asiedu-Turkson, Registered Manager and the Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

Two failure to comply notices under Regulation 12 (1) (d) Schedule 3 and Regulation 18 (a) Schedule 4) were issued with the date of compliance to be achieved by 20 July 2021.

FTC Ref: FTC000143 with respect to Regulation 18 (a) Schedule 4

FTC Ref: FTC000144 with respect to Regulation 12 (1) (d) Schedule 3

The enforcement policies and procedures are available on the RQIA website.

[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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 21 November 2019**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 November 2019.

#### **5.0 How we inspect**

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned Quality Improvement Plan (QIP), concerns, and any written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and nurses to find out their views of the service.

We ensured that the appropriate recruitment staff checks were in place before nurses were supplied to health care settings.

- Recruitment records specifically relating to Access NI and NMC registration;
- Covid-19: guidance for Northern Ireland; and
- A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

RQIA provided information to staff and other stakeholders that will support feedback on the quality of service delivery. This included a staff poster to enable the stakeholders to feedback to the RQIA.

No electronic responses were received prior to the issue of the report.

During the inspection we met with the manager and responsible individual via video technology. Following the inspection we had telephone communications with one service user and three nurses.

We would like to thank the manager, responsible individual, service user and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

<b>Areas for improvement from the last care/finance inspection dated 21 November 2019</b>		
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time	The registered person shall ensure that each employee of the agency – receives appropriate supervision.  <b>Ref:</b> 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  We reviewed records relating to staff supervisions and found them to be satisfactory.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (2) (3) <b>Stated:</b> First time	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.  <b>The reports must be submitted to RQIA no later than 5 days after the last day of the month until further notice.</b>  <b>Ref:</b> 6.7	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b>  We reviewed completed monthly quality monitoring reports and we were assured they included evidence of consultation with service users and their representatives. However, the completed monthly quality monitoring reports were not robust enough to capture all the governance arrangements of the agency.	

## 6.1 Inspection findings

### Recruitment

Discussions with the manager and responsible individual and review of documentation in relation to Access NI evidenced that a nurse was supplied to a service user before their Access NI check was received by the nursing agency. A failure to comply notice FTC000144 has been served in this regard.

We noted that the manager had a system in place each month for monitoring registration status of staff with NMC and the manager confirmed that staff were aware that they are not permitted to work if their NMC registration had lapsed.

### Governance and Management Arrangements

On the day of the inspection we noted that the nursing agency had not made any safeguarding referrals to either of the Health and Social Care Trusts (HSCT) since the last inspection 21 November 2019.

Prior to the inspection the nursing agency forwarded to RQIA an alphabetical index of nurse's supplied or available for supply by the nursing agency. However, during discussions with the manager and responsible individual it became apparent that they were not aware that the list was not up to date as nurses had been supplied but not recorded on the index. The manager had to seek confirmation from the compliance team. An FTC notice FTC000143 has been served in this regard.

The nursing agency also forwarded to RQIA an alphabetical index of service users prior to the inspection. Again, during discussions with the manager and responsible individual it became apparent that they were not aware that the list was not up to date and that the nursing agency had supplied nurses to service users which were not recorded on the index submitted to RQIA. This has been subsumed into the FTC notice FTC000143.

The agency maintains a policy relating to complaints and compliments; these records are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection we noted that the agency had received a number of complaints since the last inspection undertaken on 21 November 2019 and they were handled in accordance with policy and procedure. We noted that complainants were satisfied with outcomes.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection 21 November 2019.

We reviewed monthly quality monitoring reports and found they did not capture all of the governance and management arrangements within the agency. An area for improvement has been made in this regard for the second time.

However, we noted the following comments from service users during monthly quality monitoring:

#### Service User:

- "No issues or cause for concern with regard to performance with nurses supplied."

**Covid-19:**

The nurses we spoke to were knowledgeable in relation to their responsibilities around Covid-19. The nurses who spoke to us were aware of the guidance in relation to use of PPE for activities that brought them within two metres of patients. The nurses told us they were aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed records relating to IPC policies, training and use of PPE which were in-line with the regional guidance. The policies and procedures had been updated to include Covid-19 and were available within the nursing agency office for staff to access.

The nurses who spoke to us described how and where donning (putting on) and doffing (taking off) of PPE happened within their ward environment. The nurses advised us that they had been given guidance on these procedures.

The nurses who spoke to us were aware of the need to ask and look out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste in patients or staff.

The nurses informed us that hand sanitisers were placed in different areas throughout the wards for staff and visitors to use to ensure good hand hygiene. The nurses also advised us that the nursing agency had also provided them with a supply of hand sanitisers.

The manager advised us that monitoring of staff practices was carried out by the nurse managers on HSCT wards.

The responsible individual and manager advised us that information was available for staff on the nursing agency website. We noted updates were attached to the IPC Policy which was available in the nursing agency office.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to completion of checks of NMC registrations, safeguarding, incidents and compliance with Covid-19 guidance.

**Areas for improvement**

Two FTC notices were issued under The Nursing Agencies Regulations (Northern Ireland) 2005.

One area for improvement at the last inspection has been stated for a second time. This relates to monthly quality monitoring reports which did not capture all of the governance and management arrangements within the agency.

	Regulations	Standards
<b>Total number of areas for improvement</b>	*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 Ms Eunice Asiedu-Turkson, Registered Manager and the Responsible Individual, 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

An area for improvement has 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (2)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> <b>Immediate and ongoing.</b></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 nursing agency.</p> <p>This relates specifically to the responsible individual ensuring that monthly quality monitoring reports completed for the agency are completed in a more robust manner to include up to date information on all governance and management arrangements within the agency.</p> <p><b>The reports must be submitted to RQIA no later than 5 days after the last day of the month until further notice.</b></p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>I can confirm monthly monitoring reports are being completed in a more robust manor and have been sent on to our inspector. This includes up to date information on all governance and management arrangements within the agency.</p>

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



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