

Inspection Report

17 June 2021



SOS Medical

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

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: SOS Medical Limited	Registered Manager: Mrs Lorraine Gallier – not registered
Responsible Individual: Mr Ankit Goyal	Date registered: Lorraine Gallier – application received 30 April 2021– pending review
Person in charge at the time of inspection: Mrs Lorraine Gallier	
Brief description of the agency operates: SOS Medical is a nursing agency which operates from offices located in England. The agency currently supplies registered nurses to a number of Trust acute settings within Northern Ireland (NI).	

2.0 Inspection summary

The care inspector undertook an announced inspection on 17 June 2021 between 10am and 2.20 pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements. Progress with the areas for improvement identified during and since the last inspection were reviewed

Good practice was identified in relation to criminal records checks and reference checks being undertaken before nurses were supplied to the various health care settings and on an annual basis thereafter. Good practice was also found in relation to system in place of disseminating Covid-19 related information and guidance to staff.

The feedback received indicated that service users were not consistently happy with the standard of the nurses being supplied. They also stated that the agency was not always responsive when issues arose.

An area for improvement was made in relation to the complaints management process.

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.

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.

Prior to inspection we reviewed the information held by RQIA in respect of the agency. This included the previous inspection report and Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to obtain their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

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

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA.

4.0 What people told us about the agency?

The feedback received indicated that service users were not consistently satisfied with the standard of the nurses being supplied. They also stated that the agency was not always responsive when issues arose.

No staff responses were received.

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 inspection of the agency was undertaken on 22 December 2020 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 22 December 2020

Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) and (2) (a) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person and the registered manager must undertake such training as is appropriate to ensure that they have the experience and skills necessary for carrying on the agency. This refers specifically to, but is not limited to, training in Adult Safeguarding and Complaints Management.	Met
	Action taken as confirmed during the inspection: The review of records confirmed that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 12 (d) Schedule 3 (5) and (8) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that no nurse is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to the need for: <ul style="list-style-type: none"> • references to be sought from staff member's present or most recent employer. • full employment histories to be recorded, together with a satisfactory written explanation of any gaps in employment. 	Met
	Action taken as confirmed during the inspection: The review of recruitment records confirmed that this area for improvement had been met.	
Area for improvement 3 Ref: Regulation 12 (1) Schedule 3 (10)	The registered person shall ensure that confirmation of registration with the NMC is checked on a monthly basis and evidence of the records checks are retained.	Met

Stated: First time To be completed by: Immediate from the date of the inspection	Action taken as confirmed during the inspection: The review of records confirmed that the NMC registrations were checked on a monthly basis.	
Area for improvement 4 Ref: Regulation 18 (a) Schedule 4 and 7 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are kept up to date, in good order and in a secure manner; and retained for a period of not less than eight years beginning on the date of the last entry. This refers specifically to the alphabetical list of staff and to the records pertaining to staff training. Action taken as confirmed during the inspection: The review of the alphabetical list of staff confirmed that this was up to date.	Met
Area for improvement 5 Ref: Regulation 12 (1) (b) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the nurses supplied by the agency have the qualifications, knowledge, skills and competencies necessary for the work they are to perform. This refers particularly to, but is not limited to the provision of Management of Actual or Potential Aggression (MAPA) training. Action taken as confirmed during the inspection: Discussion with the manager confirmed that there was only one nurse being supplied to a setting where MAPA training was required. This training had been provided by the BHSCT.	Met
Area for improvement 6 Ref: Regulation 23 (1) (b)	The responsible person shall review the policy in relation to the management and control of the agency, to ensure that it includes the procedure for submitting a Notification of Absence, in the event of the absence of the registered manager.	Met

Stated: First time To be completed by: Immediate from the date of the inspection	Action taken as confirmed during the inspection: The review of the policy confirmed that it had been updated.	
Area for improvement 7 Ref: Regulation 20 (1) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall further develop the system of reviewing the quality of service provision, to ensure that the matters identified in this report are given consideration as part of the monthly monitoring report. Action taken as confirmed during the inspection: Given that all the areas for improvement previously made were met, RQIA were satisfied that the monthly monitoring processes had improved.	Met
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the content of staff training is retained within the agency. This refers particularly to, but is not limited to the content of Adult Safeguarding training. Action taken as confirmed during the inspection: The review of the Adult Safeguarding training content identified that with the exception of one area, it was reflective of the Northern Ireland guidance. The manager agreed to address this with the agency's external training provider. Updated training content was submitted to RQIA on 21 June 2021 and was deemed to be satisfactory.	Met
Area for improvement 2 Ref: Standard 7.3	The registered person shall develop and implement a system to ensure that nurses receive formal supervisions in keeping with the agencies policies and procedures.	Met

Stated: First time To be completed by: Immediate from the date of the inspection	Action taken as confirmed during the inspection: The review of supervision records confirmed that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 1.8 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall review the Statement of Purpose to ensure that it includes the information outlined in Section 2 of the Minimum Standards. Action taken as confirmed during the inspection: The review of the Statement of Purpose confirmed that it had been updated.	Met

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before nurses are supplied to the various health care settings. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

There was a system in place to ensure that the nurses' skills were appropriately matched to the placement.

Nurses were provided with training appropriate to the requirements of the hospitals they were being placed in. This included DoLS' training appropriate to their job roles.

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 are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and incidents were routinely monitored as part of the monthly checks in line with Regulation 20. However, as discussed in section 4.0, the feedback received indicated that service users were not consistently satisfied with the standard of the nurses being supplied. They also stated that the agency was not always responsive when issues arose. The review of the complaints records evidenced that appropriate training had been provided in response to any incidents.

Despite this, RQIA was concerned following review of the complaints records, that the agency had not consistently recorded the outcomes to all complaints. There was also the need for more detail to be recorded on the complaints recording template. An area for improvement has been made in this regard.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices to staff.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The agency had referred nurses to the NMC as appropriate, where concerns about their practice had been raised.

There was a policy in place relating to the agency's system for records retention. The manager was aware that records are required to be retained for a period of eight years, following the date of the last entry. One requested recruitment record was not available for inspection. Given that this record had been archived, it was agreed that the record would be submitted to RQIA by email following the inspection. This was submitted to RQIA by email on 18 June 2021 and was deemed to be satisfactory.

6.0 Conclusion

RQIA was assured that appropriate training had been provided to the nurses, to ensure that they were providing safe, effective and compassionate care. However, an area for improvement was made in relation to the complaints management process. Whilst this indicates that the agency is not well led, RQIA acknowledges that service users stated that the responsiveness of management had improved since the new manager started working with SOS. Additionally all areas for improvement previously made were met.

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 area for improvement and details of the Quality Improvement Plan were discussed with Mrs Lorraine Gallier, manager and Ankit Goyal, responsible person, 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	
Area for improvement 1 Ref: Regulation 19 (6) Stated: First time To be completed by: 21 August 2021	The registered persons must ensure that a record of each complaint is maintained, including details of the investigations made, the outcome of any action taken in consequence and the requirements of regulation 18 shall apply to that record. Ref: 5.2.2
	Response by registered person detailing the actions taken: We can confirm that this has been implemented and all the records are and will be maintained on the regular basis to the detailed length as requested during the inspection.

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



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