

Unannounced Care Inspection Report 15 December 2020



T-Gem Healthcare

Type of Service: Nursing Agency
Address: 17 Main Street, Dundrum, BT33 0LU
Tel No: 028 43 724377
Inspector: Kieran Murray

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

1.0 What we look for



2.0 Profile of service

T-Gem Healthcare is a nursing agency which operates from offices located in Dundrum. The agency had been supplying one nurse to a care homes within the South Eastern Health and Social Care Trust (SEHSCT) area.

3.0 Service details

Organisation/Registered Provider:
Amanda Lacey t/a T-Gem Healthcare

Responsible Individual(s):
Mrs Mandy Lacey

Registered Manager:
Mrs Mandy Lacey

Person in charge at the time of inspection: Mrs Mandy Lacey	Date manager registered: 12 September 2019
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4.0 Inspection summary

An unannounced inspection took place on 15 December 2020 from 10.00 to 12.30.

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 last inspection on 02 August 2019, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within T-Gem Healthcare. A decision was made to undertake an on-site inspection adhering to social distancing guidance.

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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

No areas requiring improvement were identified during this inspection.

Evidence of good practice was found in relation to:

- staff recruitment
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy
- service user involvement
- collaborative working
- registrations with Nursing Midwifery Council (NMC)
- records relating to Adult Safeguarding
- monthly quality monitoring reports

Service user comments:

- “I have no issues with the nurse.”
- “We are very content with the quality of work.”
- “Any concerns I would let the agency know to follow-up.”

Nurse comments:

- “I enjoy working for T-Gem.”
- “The management are good.”
- “The care home provides all of the PPE.”
- “I get a Covid-19 test every week.”
- “The care homes have donning (putting on) and doffing (taking off) stations.”
- “I change my PPE between patients.”

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Mandy Lacey, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 02 August 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent pre-registration inspection on 2 August 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 QIP and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service user and staff to find out their views on 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 updated 16 June 2020.
- 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 'Tell Us' cards and a staff poster to enable the stakeholders to feedback to the RQIA. No responses were received prior to the issue of the report.

During the inspection we met with the manager and a telephone communication with one service user and following the inspection we made contact with one staff member.

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

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

6.0 The inspection

Areas for improvement from the last care inspection dated 02 August 2019		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2008		Validation of compliance
Area for improvement 1 Ref: Regulation 15 Stated: First time	The registered person shall prepare a staff handbook and provide a copy to each staff member. Ref: 6.0	Met
	Action taken as confirmed during the inspection: We reviewed the staff handbook and found it to be satisfactory.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2005		Validation of compliance
Area for improvement 1 Ref: Standard 9.2 Stated: First time	The registered person shall ensure there are written procedures for safeguarding children and young people consistent with legislation, DHSSPS guidance and regional procedures. Ref: 6.0	Met
	Action taken as confirmed during the inspection: We reviewed the children and young people's safeguarding policy and found it to be satisfactory.	

6.1 Inspection findings

Discussion with the manager and assistant manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 12, Schedule 3 and Standard 4 relating to Access NI. We reviewed documentation in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

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

We examined the agency's provision for the welfare, care and protection of service users. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. We also reviewed the procedures in relation to Co-operating to Safeguard Children and Young People in Northern Ireland 2016. We noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to us were aware that the agency had an Adult Safeguarding Champion (ASC) and their role. We also reviewed the annual Adult Safeguarding Position report and found it be satisfactory.

On the day of the inspection we noted that the agency had not made any safeguarding referrals to the SEHSCT since the last inspection undertaken on 02 August 2019.

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 not received any complaints since the last inspection undertaken on 02 August 2019.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection 02 August 2019.

We noted comments from a service user and staff during regular monthly quality monitoring:

Service User:

- "Very happy with nurse provided."
- "XXXX just got on with it and done a good job."

Nurse:

- "XXXX would like a permanent contract with T-Gem as XXXX enjoys working for the company."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to completion of checks of Access NI, NMC registrations, safeguarding, monthly quality monitoring.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

We spoke with staff who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff who spoke to us following the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff told us that 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 guidance. The policies and procedures had been updated to include Covid-19 and were available within the nursing agency.

Staff who spoke to us described how and where donning (putting on) and doffing (taking off) of PPE happened within the nursing agency and care homes.

Staff 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.

Hand sanitisers were placed in different areas throughout the nursing agency for staff and visiting professionals to use to ensure good hand hygiene.

The staff spoken to advised us that monitoring of staff practices took place by the manager of the care home.

The manager advised us that information was disseminated to staff via email and updates were attached to the Covid-19 risk assessment folder which is available to all staff.

Areas of good practice

Compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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