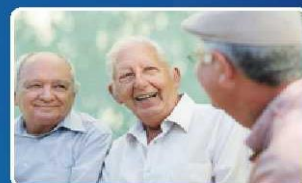


Inspection Report

4 January 2024



Clinical 24 Staffing Ltd

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: Clinical 24 Staffing Ltd	Registered Manager: Miss Ann Kelly
Responsible Individual: Mr Adrian Treacy	Date registered: 04 December 2022
Person in charge at the time of inspection: Miss Ann Kelly	
Brief description of the agency operates: Clinical 24 Staffing Ltd is registered as a nursing agency. The agency provides nursing support to a number of care homes.	

2.0 Inspection summary

An announced inspection was undertaken on 4 January 2024 between 9.30 a.m. and 2.00 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.

Enforcement action resulted from the findings of this inspection, Serious concerns were identified in relation to staff recruitment, staff training, staff profiles, quality monitoring, and managerial oversight and governance.

A serious concerns meeting was held on 19 January 2024 with Mrs Sinéad Polland, Northern Ireland Director, Miss Ann Kelly, Registered Manager and Mr Alex Hashash, Operations Director to discuss these shortfalls.

During the meeting the Northern Ireland Director provided a full account of the actions already taken and those to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the following areas: staff recruitment, staff training, staff profiles, quality monitoring, and managerial oversight and governance. The area for improvement in relation to recruitment will be stated for a second time.

For the purposes of the inspection report, the term 'service user' describes the care homes within which the agency's nurses are supplied to work.

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?

As part of the inspection process we communicated with one service user and one registered nurse.

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

Comments received included:

Service user's comments:

"Communication from the agency is good, we always receive staff profiles and the nurses are very reliable and good at what they do."

Registered Nurse's comments:

- “In my experience with them, communication has generally been good with the manager, the agents and generally all staff that I have been in contact with. However, I have once raised a concern on the way shifts are booked. This concern was well understood by the manager and she promised to have it looked into which I am happy about. Overall, I am happy with Clinical 24, their endeavour to provide clinical supervision and to make sure that our competencies are up to date is applaudable.”

There were no responses to the 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 22 December 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 22 December 2022		
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) Stated: First time To be completed by: Immediately from the date of inspection	<p>The registered person shall ensure that no nurse is supplied by the agency unless a full employment history including verifications of the reasons why they ceased employment is obtained</p> <p>Ref: 5.2.1</p> <p>Action taken as confirmed during the inspection: Satisfactory written explanation for leaving previous care employment was absent from recruitment records.</p>	Not met
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		
Area for improvement 2 Ref: Standard 15 (15.3)	<p>Medicine errors are reported, in accordance with procedures to the appropriate authority.</p> <p>Ref: 5.2.2</p>	Met

<p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>Action taken as confirmed during the inspection:</p> <p>No events have occurred since the previous inspection that required notification to RQIA.</p>	
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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 pre-employment checks of criminal record checks (AccessNI) were completed and verified before registered nurses were supplied to care home settings. A satisfactory written explanation for leaving previous care employment was absent from recruitment records. An area for improvement has therefore been stated for the second time. Safe recruitment practice was not evident in relation to identification checking at interview, addressing incomplete information on application forms and the process for determining competence. The manager was unable to share the process for ensuring restricted hours were not exceeded.

Discussion with the Registered Manager evidenced that they lacked effective oversight of staff selection and recruitment processes, for example: review of records relating to two identified Nurses highlighted that inadequate information had been obtained regarding their previous employment history. Also, despite either candidates' application forms or curriculum vitae containing details of referees, there was no corresponding evidence of how referee details had eventually been obtained by the agency.

In addition, it was noted that interview arrangements for the same two Nurses were inadequate, for instance: both candidates' identification documents had not been verified as part of the interview process; the interview methodology was unclear and/or insufficiently robust in regard to assessing and/or marking candidates' knowledge, skills and competencies; and the form of interview used was outside the agency's current matching skills policy.

An area for improvement has been identified in this regard and will include training aspects discussed in a later part of this report.

These concerns were discussed during the serious concerns meeting on 19 January 2024. The Northern Ireland Director acknowledged the need for improvement; assurances were provided that the agency would review recruitment, selection and restricted hours' processes.

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 Nursing and Midwifery Council (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. The agency has not made any referrals to the NMC.

Training records reviewed indicated that excessive numbers of training topics were completed by nurses on a single date. This will be included within an area for improvement that has been discussed earlier in this report.

The excess training over a short timeframe was discussed during the serious concerns meeting on 19 January 2024. The Northern Ireland Director acknowledged the need for improvement; assurances were provided that the agency would review training processes.

Discussion with the Registered Manager also evidenced that they were unfamiliar with and lacked oversight of staff profile information which contained important information about Nurses who may be supplied by the agency. Information on staff profiles contains some inaccurate information. This was identified as an area for improvement.

The staff profiles and manager oversight was discussed during the serious concerns meeting on 19 January 2024. The Northern Ireland Director acknowledged concerns relating to the management of the agency and the need for improvement; assurances were provided that the agency would review processes relating to staff profiles and support for the registered manager within the agency.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland. The registered manager had recently completed Adult Safeguarding Champion training. The annual safeguarding position report was found to be satisfactory.

The quality monitoring reports were viewed and found to contain information regarding feedback, recruitment records and incidents that were not pertaining to the agency. This was identified as an area for improvement.

Quality monitoring was discussed during the serious concerns meeting on 19 January 2024; the Northern Ireland Director acknowledged the need for improvement and assurances were provided that the agency would review the quality monitoring process.

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 (SAI) procedure.

Records were retained in accordance with the Nursing Agencies Regulations.

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

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have 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	5*	0

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

Areas for improvement and details of the QIP were discussed with Miss Ann Kelly, Registered Manager and Mrs Sinéad Polland, Director, 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 12 (1) (d) Stated: Second time To be completed by: Immediately from the date of inspection	The registered person shall ensure that no nurse is supplied by the agency unless a full employment history including verifications of the reasons why they ceased employment is obtained Ref: 5.2.1
	Response by registered person detailing the actions taken: Moving forward and with immediate effect all details of full employment record and reasons for leaving previous posts will be discussed and documented.
Area for improvement 2 Ref: Regulation 12 (1) (b) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that no nurse is supplied by the agency unless he has the qualifications, knowledge, skills and competencies which are necessary for the work which he is to perform. This relates specifically to identification checking at interview, addressing incomplete information on application forms and the process for determining competence, the process for ensuring restricted hours are not exceeded, and ensuring that excess training topics are not completed within a short timeframe. Ref: 5.2.1, 5.2.2
	Response by registered person detailing the actions taken: We have taken immediate action to ensure that nurse interviews will only be carried out by either the Registered Manager or S Polland, Director. These interviews will be face 2 face or live video where required. Method of interview will be documented and appropriate identification seen and documented. Discussions will be had and documented where stated competencies do not match job history. The entry of restricted hours onto the system now forms part of the compliance checklist, in itself the compliance checklist now has a further 2 check verification prior to the Nurse being made fully compliant. We have changed training providers to a provider who can track the actual time each candidate spent on each ELearning module.

<p>Area for improvement 3</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered provider and the registered manager shall, having regard to the size of the agency, its statement of purpose and the number and needs of the service users, carry on or (as the case may be) manage the agency with sufficient care, competence and skill. This relates specifically to the manager being unfamiliar with and lack of oversight of staff profile information, the lack of effective oversight of staff selection and recruitment processes to include the process for ensuring restricted hours were not exceeded, and the lack of a robust quality monitoring process.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Newly appointed Director S Polland was recruited to provide support for the Registered Manager and the rest of the NI C24 team. As part of that support regular monitoring, weekly one 2 one meetings will and are occurring. Furthermore she will take over the role of monitoring officer in respect of monthly reports.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 18 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that the records are maintained, and that they are kept up to date, and in good order. This relates specifically to incorrect information on staff profiles.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff profiles have with immediate effect become part of the compliance process and as such must be reviewed by the compliance team, Registered Manager and S Polland.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency. This relates specifically to the completion of quality monitoring reports on a monthly basis that are specific to the agency.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: S Polland will be representing Mr Treacy as Monitoring Officer and will be completing monthly inspection and report compilation on his behalf. Where she needs support to rectify any identified issues she will communicate directly with him.</p>



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