

Inspection Report

3 June 2021



Plan B Healthcare Limited

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: Plan B Healthcare Responsible Individual: Mr Nicholas Paul Poturicich	Registered Manager: Mr Benjamin Brown Date registered: 10/09/2020
Person in charge at the time of inspection: Mr Benjamin Brown	
Brief description of the agency operates: Plan B is a nursing agency which operates from offices located in England. The agency currently supplies nurses to the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

The care inspector undertook an announced inspection on 3 June 2021 between 10.00 am and 11.30.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Progress with any areas for improvement identified during and since the last inspection were reviewed

Good practice was identified in relation to appropriate checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

An area requiring improvement was identified in relation to the monthly quality monitoring processes.

The information provided by service users indicated that there were no concerns in relation to the agency. All confirmed that the agency responded appropriately where any issues were raised.

RQIA were assured that this agency supplies nurses who are providing safe, effective and compassionate care. Despite an area for improvement being made in relation to the quality monitoring reports, RQIA is assured that there are systems in place for assessing the quality of the agency.

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 about this agency. This included the previous inspection report and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out 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 NMC were monitored by the agency.

The area for improvement identified at the last care inspection was 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.

The findings of the inspection were provided to the Manager at the conclusion of the inspection.

4.0 What people told us about the agency?

The information provided by service users indicated that there were no concerns in relation to the agency. All confirmed that the agency responded appropriately where any issues were raised.

No staff responded 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 inspection of the agency was undertaken on 6 July 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 6 July 2020		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 4 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure the statement of purpose is reviewed and includes the following information: <ul style="list-style-type: none"> • qualifications of the registered manager and the responsible individual • the complaints procedure The statement of purpose must also be explicit in detailing that the agency does not intend to supply registered nurses to patients in their own homes.	Met
	Action taken as confirmed during the inspection: Review of the Statement of Purpose confirmed that all the required information had been updated.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 1.12 Stated: First time To be completed by: Upon return of completed Quality Improvement Plan	The registered person shall ensure that the quality monitoring policy and procedure includes the monthly quality monitoring of the service by the registered person.	Met
	Action taken as confirmed during the inspection: Review of the policy confirmed that this had been updated.	

<p>Area for improvement 2</p> <p>Ref: Standard 1.13</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure that the quality monitoring policy and procedure includes the annual quality review of the service and the involvement of key stakeholders.</p> <p>Action taken as confirmed during the inspection: Review of the policy confirmed that this had been updated.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.</p> <p>Action taken as confirmed during the inspection: Review of the policy confirmed that this had been updated.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure there are written procedures for safeguarding children and young people, consistent with regional policies and procedures.</p> <p>Action taken as confirmed during the inspection: Review of the policy confirmed that this had been updated.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Upon return of completed Quality Improvement Plan</p>	<p>The registered person shall ensure that the training policy is updated to include the provision of deprivation of liberty safeguards (DoLS).</p> <p>Action taken as confirmed during the inspection: Review of the policy confirmed that this had been updated.</p>	<p>Met</p>

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 good system in place to ensure that the nurses' skills were appropriately placed. 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 indicates 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 any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. Review of the monthly quality monitoring reports identified that they did not include service user or staff feedback. The reports did not include sufficient detail about the specific records which had been reviewed. The reports did not include follow up on the areas for improvement made in the previous RQIA QIP. This was discussed with the manager, who agreed to address the matters. An area for improvement has been made in this regard.

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

The details of the content of training provided to staff were reviewed. It was identified that the training was in accordance with regional guidance in Northern Ireland.

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.

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

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is supplying nurses who provide safe and effective care in a caring and compassionate manner. However, an area for improvement was made in relation to the agency being well led.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement was 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 Benjamin Brown, registered manager, 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 20 Stated: First time To be completed by: 31 July 2021	<p>The registered person shall review the system for undertaking quality monitoring visits to ensure they are undertaken by someone with the required level of experience and skill; the monitoring visits shall include the views of nurses currently being supplied and those of the commissioning trusts.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Responsible Person and Registered manager will utilise the new RQIA template supplied for monthly monitoring. A new system of gaining feedback has been developed. Questions mirror those domains outlined by RQIA:</p> <ul style="list-style-type: none"> • Is care safe? • Is care effective? • Is care compassionate? • Is the service well led? <p>'Give us Feedback' Section being updated on webpage- these will be service user/ client and candidate specific.</p> <p>New posters (using RQIA inspection posters as guidance) will be placed in key areas (agency offices, staff bank) and with permission, within Trust settings. QR codes will be disseminated within staff handbooks and reminders will be sent to all staff on a periodic basis.</p>

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