

Inspection Report

16 January 2023



Emergency Personnel 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 Emergency Personnel Limited	Registered Manager: Ms Carla-Marie Page
Responsible Individual: Mr Joshua Garnham	Date registered: Registration pending
Person in charge at the time of inspection: Mr Joshua Garnham	
Brief description of the accommodation/how the service operates: Emergency Personnel Limited is a nursing agency which operates from an office located in England. The agency currently supplies nurses to a number of acute hospital settings in the Northern Health and Social Care Trust (NHSCT) area.	

2.0 Inspection summary

An announced remote inspection took place on 16 January 2023 between 11 a.m. and 3.30 p.m. This inspection was conducted by two care inspectors.

During an inspection conducted on 20 October 2022, significant concerns were identified in relation to: the fitness of the nurses and the failure of the agency to appropriately address concerns that had been raised in relation to the nurses' practice. Concerns were also identified in relation to: the recruitment process, complaints management and the quality monitoring processes. Following a meeting with the registered person, five Failure to Comply (FTC) notices were issued on 4 November 2022; the date of compliance was 16 December 2022. The outcome of a subsequent inspection on 16 December 2022 evidenced that management of the agency had taken appropriate action to comply with one FTC notice; however, insufficient progress had been made to comply with the remaining four FTC notices; the date of compliance for these remaining 4 FTC notices was extended to 13 January 2023,

This inspection was planned to assess compliance with the actions detailed in the four FTC notices. The outcome of this inspection evidenced that management of the agency had taken appropriate action to comply with three FTC notices; however insufficient progress had been made to comply with one FTC notice; the date of compliance for the remaining FTC notice was extended to 27 January 2023.

The areas for improvement identified at a previous inspection were carried forward to be reviewed at the next inspection. An additional area for improvement in relation to recruitment was identified during this inspection.

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

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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included: the four current FTC Notices, the previous quality improvement plan issued, registration information, and any other written or verbal information received from service users, staff or the Commissioning Trust.

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.

A range of documents were examined to determine that effective systems were in place to manage the agency.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the agency?

Due to the specific inspection focus, service users were not consulted with as part of the inspection process.

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 19 December 2022 by two care inspectors. A Quality Improvement Plan (QIP) was issued. Given that the focus of this inspection was in regard to those actions outlined in the four FTC notices, the areas for improvement outlined in the QIP were not reviewed and will be carried forward to the next inspection.

Areas for improvement from the last inspection on 19 December 2022		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 4 (1) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure the Statement of Purpose is reviewed and includes the types of settings to which the nurses will be supplied.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 2 Ref: Regulation 15 (2)(e) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the Staff Handbook includes the frequency of mandatory training requirements.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 3 Ref: Regulation 24 (a)(b)(c)(d)(f)(g)(h) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that a policy is developed in relation to the agency's requirement to notify RQIA of specified events, as outlined in the regulations (Notice of Changes).	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 4 Ref: Regulation 14 (2)(a) Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall review the policy on Supervision to ensure that it reflects good practice.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	

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Area for improvement 5 Ref: Regulation 10(1) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the agency is being managed with sufficient care, competence and skill.	Carried forward to the next inspection
	Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and this is carried forward to the next inspection	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 9.1 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 2 Ref: Standard 1.12 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the quality monitoring policy and procedure includes the monthly quality monitoring of the service by the registered person.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 3 Ref: Standard 1.13 Stated: Second time To be completed by: Immediate from the date of the inspection	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.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	

Area for improvement 4 Ref: Standard 4.1 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the policy and procedure for staff recruitment details the recruitment process and complies with legislative requirements and DOH guidance.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 5 Ref: Standard 1.16 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall further develop the policy on professional registrations, to ensure that it reflects the need for the NMC live register to be checked on a monthly basis.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 6 Ref: Standard 6.3 Stated: Second time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the policy on training is further developed to include the frequency of mandatory training updates.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	
Area for improvement 7 Ref: Standard 1.10 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure the service user's guide is reviewed and includes the types of settings to which the nurses will be supplied.	Carried forward to the next inspection
	Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	

Area for improvement 8 Ref: Standard 6.1 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that an Induction policy is developed, separate from being included within the staff handbook. Action required to ensure compliance with this Standard was not reviewed as part of this inspection and this is carried forward to the next inspection	Carried forward to the next inspection
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5.2 Inspection findings

FTC Ref: FTC000203

Notice of failure to comply with Regulation 12 (1)(b) of *The Nursing Agencies Regulations (Northern Ireland) 2005*

Fitness of nurses supplied by an agency

Regulation 12

*(1) The registered person shall ensure that no nurse is supplied by the agency unless –
 (b) he has the qualifications, knowledge, skills and competencies which are necessary for the work which he is to perform;*

In relation to this notice the following four actions were required to comply with this regulation:

The registered person must ensure that:

1. a robust system is developed and maintained which enables the Manager to ensure that nurses are competent to work in the clinical area they are being supplied to at all times
2. a system is developed and implemented so as to ensure that nurses' preference of clinical ward placement is recorded and that nurses are informed of the speciality area in advance of them being supplied to work
3. nurses' employment histories are effectively and meaningfully reviewed to ensure that their clinical experience in each speciality area is clearly identified and recorded
4. nurses are provided with training relevant to the hospital they are working in.

Action taken by the registered persons:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. The Responsible Individual had developed a skills checklist which every nurse is required to complete with their application form. This provides the agency with information relating to the experience of the nurse and their level of competency. The skills checklist is cross checked

against the application form and curriculum vitae. The manager has oversight of these documents and will make recommendations of areas of appropriate placement and any relevant skills. Skills checklist, application form and curriculum vitae were reviewed during the inspection for one nurse who the agency endeavour to supply to Northern Ireland. The manager had made appropriate notation that reflected the skills and experience of the nurse. The subsequent process is that, the recommendations from the nurse manager is sent to the compliance team, who will record this information onto the Customer Relationship Management (CRM) system, this process is only undertaken by the compliance team overseen by the compliance manager and is not editable by the booking team. This action has been assessed as met.

2. During the inspection, the nurse's preference of clinical ward was noted on interview notes. As this service is presently non-operational, confirmation that nurses will be informed of the speciality ward in advance was discussed with the manager. This action has been assessed as met.
3. Nurses' employment histories were effectively and meaningfully reviewed to ensure that their clinical experience in each speciality area was clearly identified and recorded. During the inspection evidence of a full employment history was reviewed by the manager, along with exploration of this during the interview process. Evidence was also seen that the employment history was reviewed during the interview process. This action has been assessed as met.
4. Hyponatremia training has been provided to all nurses. Tissue Viability Training has also been offered; however, four nurses had not completed this to date. Discussion with manager advised that all nurses will be fully trained prior to be supplied. This action has been assessed as met.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000204

Notice of failure to comply with Regulation 12 (2) of *The Nursing Agencies Regulations (Northern Ireland) 2005*

Fitness of nurses supplied by an agency

Regulation 12

(2) The registered person shall ensure that the recruitment process for the supply of nurses is managed by a nurse, that selection of a nurse for supply is made by a nurse and that full and satisfactory information in respect of each of the matters listed in Schedule 2 is available in relation to the nurse carrying out the selection.

In relation to this notice the following ten actions were required to comply with this regulation:

The registered person must ensure that:

1. at all times staff are recruited and employed in accordance with statutory legislation and that all necessary checks are carried out prior to an offer of employment being made and the nurse being supplied
2. a robust system is developed and implemented so as to ensure that the Manager has effective oversight of the selection and recruitment of nursing staff; this includes but is not

limited to the accurate and timely completion of relevant recruitment and selection checklists

3. AccessNI enhanced checks are completed by Emergency Personnel Limited and robustly scrutinised prior to an individual commencing employment with the agency
4. accurate and detailed records of nurses' selection and recruitment interviews must be maintained and available at all times
5. nurses' references must be obtained in accordance with statutory legislation and must be provided from an individual who has line management responsibility for the nurse
6. nurses' full employment histories must be recorded (going back to school leaving age) and include the reasons for leaving any previous employment
7. all staff involved in the selection and recruitment of staff have received training in selection and recruitment commensurate with their role and that such training is periodically reviewed in keeping with best practice and records retained
8. a policy is in place for staff selection and recruitment which clearly defines the roles and responsibilities of those involved in the selection and recruitment process and is regularly reviewed
9. anyone involved in the selection and recruitment process can clearly articulate their role and responsibilities
10. there are robust arrangements in place to ensure that effective communication of selection and recruitment issues are effectively addressed in a timely manner by the Manager and/or responsible individual.

Action taken by the registered persons:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. Due to the agency currently being non-operational, no new nurses have been recruited since the last inspection. The Responsible Individual had developed a checklist to ensure they are compliant with statutory legislation, there was evidence that NMC pins were checked during recruitment. This action has been assessed as met.
2. The manager discussed the recruitment checklist which had been developed and her responsibility of reviewing it. It was advised that the manager will review the application form and skills checklist prior to it being submitted to the Compliance Team. This action has been assessed as met.
3. The agency were aware that they were to apply for enhanced AccessNI checks for every new recruit. The agency have not recruited any nurses since the last inspection; however, a discussion during the inspection provided assurances that the agency were aware that they need to undertake their own enhanced AccessNI checks and not rely on previous checks undertaken. This action has been assessed as met.
4. The agency were now undertaking their own interviews rather than outsourcing this to an external agency. The manager interviews the nurses and checks identification to ensure the nurse is the person who has applied. She also gets assurances that the person is on their own during interview. The agency had developed specific interview questions, such as, A&E nursing staff, adult critical care and general nursing staff. There was evidence of accurate and detailed records of the nurse's interview; however, the interview was scored out of number of questions rather than on the content of answers. There was evidence of a nurse who had not been successful in their answer to a safeguarding question but was still deemed successful in the overall interview process. This action has been assessed as met; however, further improvement is required and an area for improvement was made.

5. The manager advised that references will be obtained from the nurses' current or most recent employer and the reference must be from someone who line managed the nurse. This action has been assessed as met.
6. Through discussions with the manager, assurances were provided of her knowledge of this requirement. The manager advised that employment histories will be sought from the period when the nurse left school and was also aware that reasons for leaving employment should be obtained. This action has been assessed as met.
7. The manager has completed training in relation to selection and recruitment of staff. Two other staff including the Responsible Individual have completed training in relation to recruitment. The agency advised that they endeavour to recruit a clinical assessor who will be involved in the recruitment and selection process. This action has been assessed as met.
8. The agency had a policy and procedure which described the recruitment process this includes definition of the roles of those involved in the process. This action has been assessed as met.
9. The manager was able to describe her role and responsibilities in relation to the recruitment process. This action has been assessed as met.
10. The agency had not undertaken any recruitment since the FTC notices were issued. From reviewing the interview notes, there was evidence that robust arrangements were in place to ensure that effective communication of selection and recruitment issues are effectively addressed in a timely manner by the manager and/or registered person. This action has been assessed as met.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000205

Notice of failure to comply with Regulation 12 (2) of *The Nursing Agencies Regulations (Northern Ireland) 2005*

Complaints

Regulation 19

(4) The registered person shall ensure that every complaint made under the complaints procedure is fully investigated.

(6) The registered person shall maintain a record of each complaint, including details of the investigation made the outcome and any action taken in consequence and the requirements of regulation 18 shall apply to that record.

(8) The registered person shall ensure that any evidence of misconduct by a nurse is reported promptly and in writing to the Nursing and Midwifery Council (1).

In relation to this notice the following six actions were required to comply with this regulation:

1. a robust system is developed and implemented so as to ensure that every complaint is robustly investigated in keeping with best practice
2. a robust system is developed and implemented so as to ensure that the Manager regularly and meaningfully analyses all complaints to identify trends/patterns in order to drive any necessary improvements

3. the complaints records are accurately and comprehensively maintained at all times; this includes but is not limited to detailing the date and details of any follow up with the complainant
4. the Manager reviews all complaints with a view to identifying any fitness to practice issues among nursing staff; the Manager will also ensure that, where appropriate, nursing staff are not supplied until all concerns regarding their practice are robustly investigated and addressed
5. records of supervision sessions held with identified nurses in response to complaints are retained; such records should include time bound action plans as appropriate
6. nurses' training needs which are identified in response to complaints must be followed up by the Manager in an effective and timely manner.

Action taken by the registered persons:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. During the inspection, improvements were evidenced to the complaints matrix to aid the investigation and oversight of complaints. The manager had completed training in relation to managing complaints and was also booked on to training regarding root cause analysis. This action has been assessed as met.
2. There was evidence in the monthly monitoring reports of key learning following the complaint received and there was evidence of the manager's oversight of complaints in the complaints matrix, the monthly monitoring reports and in the supervision documentation. This action has been assessed as met.
3. The complaints matrix identified the date of when the complaint was closed and if the complainant was satisfied with the actions taken. This action has been assessed as met.
4. During the inspection there was evidence of the manager's review of complaints and the process of dealing with concerns relating to practice. It was also evidenced that the nurse would not be supplied until the complaint had been resolved. This was evidenced in the complaints matrix, the monthly monitoring reports and the supervision documentation. This action has been assessed as met.
5. During the inspection, time bound action plans were evidenced in complaints and supervision records. This action has been assessed as met.
6. Records reviewed on inspection, included the training needs of the nurse with a time bound action plan. This action has been assessed as met.

Evidence was available to validate compliance with the Failure to Comply Notice.

FTC Ref: FTC000206

Notice of failure to comply with Regulation 12 (2) of *The Nursing Agencies Regulations (Northern Ireland) 2005*

Review of quality of service provision

Regulation 20

(1) The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.

(2) The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.

(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.

(4) The registered Manager shall ensure that the agency delivers services effectively on a daily basis and reports as required to the registered person.

In relation to this notice the following six actions were required to comply with this regulation:

The registered person shall ensure that:

1. quality monitoring reports are robustly and comprehensively completed in keeping with Regulation; the reports must contain a time bound action plan outlining how areas for improvement are to be addressed and/or kept under meaningful review by the Responsible Individual
2. that quality monitoring reports evidence meaningful and timely review by the Manager
3. that quality monitoring reports contain feedback from relevant stakeholders
4. the person with the responsibility of undertaking the monthly quality monitoring visits reviews nurses' recruitment and selection records and complaints records; the quality monitoring report should include a system for identifying all records sampled during such visits
5. the quality monitoring reports are reviewed and signed by the Responsible Individual
6. that a copy of monthly monitoring reports is maintained within the agency and made available upon request to RQIA and/or other appropriate third parties in keeping with Regulation

Action taken by the registered persons:

Review of records and discussion with staff evidenced the following in relation to each of the aforementioned actions:

1. The agency is using the exemplar template created by RQIA so all relevant domains will be reviewed. The reports contained an action plan and a review action plan section however these were not completed. The ongoing enforcement and the FTC notices were not mentioned or reviewed in the reports. Despite the agency not being operational, the agency should be identifying gaps and devising an action plan to ensure compliance with the regulations as stated in the notices. This action has been assessed as not met.
2. There is a section in the report for the report to be signed by the manager to provide assurances that they had oversight of the information. During the inspection, a monthly monitoring report was reviewed and there was evidence that the manager had reviewed the reports. This action has been assessed as met.
3. As the agency is non-operational, they do not have any stakeholders to consult however there were sections in the report where feedback from service users obtained will be recorded. The agency was aware that this feedback required to be sought by the monitoring officer. This action has been assessed as met.
4. From reviewing the reports submitted, recruitment, complaints and training were reviewed. Key findings were identified from reviewing complaints. This action has been assessed as met.

5. The agency is currently non-operational therefore the reports have not been fully completed; however there is a section in the report for the registered person to sign. The registered person is also the person undertaking the monitoring reports therefore will have full oversight of the agency. This action has been assessed as met.
6. Three reports were submitted to RQIA to evidence the system they have in place and will take forward when they are operational. This action has been assessed as met.

Evidence was not available to validate compliance with the Failure to Comply Notice. The date of compliance with the actions outlined in this FTC Notice (FTC Ref: 000206E2) has been extended to 27 January 2023.

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 and the Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
Total number of Areas for Improvement	6*	8*

* the total number of areas for improvement includes five regulations and eight standards that are carried forward for review at the next inspection.

The area for improvement and details of the QIP were discussed with the Head of Operations, 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 4(1) Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure the Statement of Purpose is reviewed and includes the types of settings to which the nurses will be supplied.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The statement of purpose has been reviewed and updated to includes the types of settings to which the nurses will be supplied</p>
Area for improvement 2 Ref: Regulation 15(2)(e) Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that the Staff Handbook includes the frequency of the mandatory training requirements.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The staff handbook has been reviewed and includes the mandatory training requirements and the frequency trainings need to be completed</p>
Area for improvement 3 Ref: Regulation 24(a)(b)(c)(d)(f)(g)(h) Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that a policy is developed in relation to the agency's requirement to notify RQIA of specified events, as outlined in the regulations (Notice of Changes).</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A notice of changes policy has been developed which outlines the agencies requirements to notify the RQIA of events such as change in personal details</p>
Area for improvement 4 Ref: Regulation 14(2)(a) Stated: Second time	<p>The registered person shall review the policy on Supervision to ensure that it reflects good practice.</p> <p>Ref: 5.1</p>

To be completed by: Immediate from the date of the inspection	Response by registered person detailing the actions taken: The policy on supervision has been reviewed and amended to ensure that further information is provided following best practice. The policy outlines what supervisions are and who will be conducting the supervision including their contact details. Feedback will be obtained following the nurses' first placement and a formal supervision will be organised after the first 3 months and 6 monthly thereafter. Furthermore, a formal supervision will also be organised within 14 days of any incident or complaint received.
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<p>Area for improvement 5</p> <p>Ref: Regulation 10(1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the agency is being managed with sufficient care, competence and skill.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A robust system has been developed to ensure that all nurses are working within their scope of competence. During the initial recruitment stage, the registered manager will review the nurses experience, training and knowledge to ensure they have the relevant skill and competence for the required placement. The registered manager has further developed the clinical interview to ensure that it is more clinically robust. All nurses will complete a nursing skills declaration form which will identify the nurses area of competence. Prior to the nurses working, the registered manager will sign off the nurses in the designated area of competence once all required training and compliance has been completed.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 12(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that no nurse is supplied by unless they have the qualifications, knowledge skills and competencies necessary. This relates to weighting of interview questions and non-adherence to the agencies interview process.</p> <p>Ref: 5.2</p> <p>Response by registered person detailing the actions taken: The recruitment and compliance process has been developed to ensure the procedure is more robust. The registered manager will ensure that the nurses supplied are competent to work within the clinical area they are being supplied to. The system has been further developed to ensure the nurses clinical ward placement is recorded and the responsible individuals are notified. The interview has been further developed to ensure it includes a weighting of all questions and clinical questions have been developed in relation to the area the candidate is being interviewed for. The nurses' employment history will be reviewed to ensure that the nurses has the necessary experience and skill within the desired area prior to placement. Furthermore, all nurses will complete a nursing skills declaration form which will be reviewed in conclusive to all other clinical documentation and training prior to being signed off in the recommended area and skill set.</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 9.1</p> <p>Stated: Second time</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>Ref: 5.1</p>

<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: The safeguarding policy and procedure has been reviewed and amended to ensure that it is in accordance with regional policies and procedures. The registered manager completed the adult safeguarding champion training which is outlined within the policy including contact details.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.12</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the quality monitoring policy and procedure includes the monthly quality monitoring of the service by the registered person.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The monitoring report is being reviewed and completed monthly by the registered manager and responsible individual</p>

<p>Area for improvement 3</p> <p>Ref: Standard 1.13</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</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>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The annual monitoring report has been reviewed and will be completed annually by the registered manager and the responsible individual</p>
<p>Area for improvement 4</p> <p>Ref: Standard 4.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the policy and procedure for staff recruitment details the recruitment process and complies with legislative requirements and DOH guidance.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The recruitment policy has been reviewed and amended to ensure that the policy contains the recruitment process and the details of the individuals involved, including their roles and responsibilities. All individuals involved have completed the relevant training and are competent within their role. The registered manager will ensure the recruitment process is followed and the nurses are fully compliant, skilled and trained prior to being signed off to work within their area of competence.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.16</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall further develop the policy on professional registrations, to ensure that it reflects the need for the NMC live register to be checked on a monthly basis.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: A professional registration and qualification check procedure has been developed outlining those responsible for completing the NMC live register on a monthly basis and the rationale of why this is required.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 6.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the policy on training is further developed to include the frequency of mandatory updates.</p> <p>Ref: 5.1</p>
<p>Area for improvement 7</p> <p>Ref: Standard 1.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure the service user's guide is reviewed and includes the type of settings to which the nurses will be supplied.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The policy on training has been reviewed and amended to ensure that the policy contains all training requirements prior to work placement and the frequencies of when the training is required to be completed and updated.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that an Induction policy is developed, separate from being included within the staff handbook.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The service user's guide has been reviewed and amended and is in line with the recruitment process. The policy includes the settings to which the nurses will be supplied. It has been further developed to include the organisational structure and the key points of contact.</p> <p>Response by registered person detailing the actions taken: An induction policy has been development separate from being included within the staff handbook. The induction policy outlines the induction process and procedure.</p>

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



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