

Inspection Report

19 December 2022



Emergency Personnel Limited

Type of service: Nursing Agency

Address: Exchange Tower, 1 Harbour Exchange Square, London, E14
9GE

Telephone number: 020 7407 6620

www.rqia.org.uk

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: Emergency Personnel Ltd	Registered Manager: Ms Carla-Marie Page
Responsible Individual: Mr Joshua Garnham	Date registered: registration pending
Person in charge at the time of inspection: Ms Carla-Marie Page	
Brief description of the accommodation/how the service operates: Emergency Personnel Ltd. 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).	

2.0 Inspection summary

An announced remote inspection took place on 19 December 2022 between 11 a.m. and 4.30 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.

This focus of this inspection is to assess compliance with the actions detailed in the five FTC notices. The outcome of this inspection 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 the remaining four FTC notices was extended to 13 January 2023.

Due to the focus of this inspection, the areas for improvement identified at a previous inspection were carried forward to be reviewed at the next inspection.

One new area for improvement was identified in relation to the oversight and governance by the Responsible Individual.

For the purposes of the inspection report, the term 'service user' describes the health care settings 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.

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, 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 care and support 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.

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

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 service

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?

Areas for improvement from the last inspection on 20 October 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. 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.	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. 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
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. 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
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. 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

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. 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
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. 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
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. 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
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. 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

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
---	---	---

5.2 Inspection findings

FTC Ref: FTC000202

Notice of failure to comply with Regulation 10 (1) of *The Nursing Agencies Regulations (Northern Ireland) 2005*

Registered person – general requirements and training

Regulation 10

(1) 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.

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

The registered person must ensure that:

1. a system is developed and implemented which ensures that all nurses are formally and proactively supervised in keeping with the agency's policy and procedures and best practice standards; supervision records should also be accurately maintained and available at all times
2. the person delegated the responsibility of being the agency's Adult Safeguarding Champion (ASC) has undertaken training commensurate with this role and is able to articulate the roles and responsibilities of the ASC
3. the Manager maintains accurate and comprehensive safeguarding records; these records must include details regarding all decisions relating to the reporting of incidents to relevant Health and Social Care Trust (HSCT) safeguarding teams; the Manager must ensure that referrals to HSCT safeguarding teams are made in a timely manner
4. the Manager regularly and meaningfully analyses all safeguarding incidents so as to identify any trends/patterns and addresses these in an effective and timely manner
5. the Manager maintains accurate and comprehensive records relating to decisions regarding reporting/discussing nurses' practice with the Nursing and Midwifery Council (NMC); the Manager must ensure that such contact with the NMC is made in a timely manner

6. a robust system is developed and implemented which enables the Manager to identify and address deficits in nurses' knowledge, skills, and competencies; this includes but is not limited to Medicine Competency Assessments
7. a robust system is developed and implemented which enables the Manager to ensure that feedback on nurses' practice is proactively sought and meaningfully analysed; records of such feedback and analysis should be retained
8. a robust system is developed and implemented which enables the Manager to ensure that nurses are not supplied to areas which are beyond their scope of clinical competency
9. a robust system is developed and implemented which enables the Manager to review and address all complaints/concerns received in respect of nurses' poor performance in a timely and effective 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. The Responsible Individual had developed a system which recorded the supervision dates for nurses; this included a note of any specific issues that needed to be discussed with the nurse. Supervisions are scheduled on a six monthly basis. The agency had retained supervision records for nurses. This action has been assessed as met.
2. The manager had completed the Adult Safeguarding Chapion (ASC) training on 15 December 2022 and certificates were reviewed. Through a discussion with the manager it was evident that she was knowledgeable of her role and responsibility of the ASC and was able to describe the safeguarding procedure. This action has been assessed as met.
3. No safeguarding referrals had been made since the previous inspection; however, the manager was able to explain the process she would follow if any safeguarding incidents were reported and advised referrals would be made in a timely manner to the relevant safeguarding team in the NHSCT. She advised she would retain accurate records with all the details including actions taken. This action has been assessed as met.
4. The ASC explained that she would retain all records relating to safeguarding and would complete an annual adult safeguarding position report. She explained that all the records would be reviewed and analysed at the senior management team meetings and subsequently reflected in the position report. This action has been assessed as met.
5. Two referrals have been made to the NMC in relation to two nurses following the last inspection. The manager was knowledgeable that any concerns relating to nurses practice should be discussed with the NMC and/or referrals submitted. This action has been assessed as met.
6. Two completed medicine competency assessments were reviewed during the inspection; one was successful and the other failed the assessment. There was evidence that the incorrect questions were discussed with the nurse and the correct answers obtained. The manager advised that if any incorrect answers are provided, she would discuss it in depth with the nurse until the correct answer was reached. It was noted, however, from reviewing a complaint, that concerns were raised in relation to a nurse's practice whilst on shift. The agency did not identify the appropriate training needs pertaining to the complaint. This was discussed during the inspection and it was advised that three components were identified from this complaint and follow up action taken, however there was no evidence to provide assurances. This action has been assessed as met, however further improvement was required.
7. There was evidence submitted that feedback was obtained regarding the nurses' practice. This will also be sought, independently, as part of the monthly quality monitoring reports. It

- was advised that weekly feedback will be obtained once the agency is operational to ensure the nurses are providing safe and effective care. This action has been assessed as met.
8. The agency had created a Skills Checklist Self-Declaration Form which every nurse is required to complete with their application form. This provides the agency with information relating to the experience of the nurse in the last 12 months and if they are competent in specific areas. The manager advised that this will be reviewed by herself and checked against the nurses' application forms and if they have no experience of working in certain areas, the nurse will not be supplied to that area. There was no evidence that this was reviewed by the manager as it was unsigned, however, the manager advised that she would update the form to include her signature following review. The manager also advised that this form will be completed on an annual basis. This action has been assessed as met.
 9. The record of complaints was reviewed during the inspection and the format had been amended following advice from the previous inspection. It was noted that further improvement is required on the system to ensure it is robust and embedded into practice. This action has been assessed as met.

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

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 agency has created a Skills Checklist Self-Declaration Form which every nurse has to complete along with their application form. This provides the agency with information

relating to the experience of the nurse in the last 12 months and if they are competent in specific areas. The manager advised that this will be reviewed by herself and checked against the nurses' application forms and if they have no experience of working in certain areas, the nurse will not be supplied to that area. The agency has not recruited any nurses since the previous inspection, however, it was noted that since the FTC notices were issued, the 10 nurses that the agency are endeavouring to supply in Northern Ireland, had not completed this checklist. This is concerning as the agency were given six weeks to ensure compliance with this Regulation. This action has been assessed as not met.

2. As previously stated, there is a checklist for nurses which will be compared to their application form to ensure they are supplied to settings in which they are competent. The agency had not recruited any new nurses since the last inspection; however, the checklist had not been completed for the nurses currently employed by the agency. This action has been assessed as not met.
3. The agency had not recruited any nurses since the previous inspection; however, there was no evidence of any review of employment files of the nurses they are planning on supplying to ensure compliance with this regulation. The agency had been advised to review the 10 nurses' files to ensure there are no gaps in employment and that their experience on the checklist matches their experience on their application form. This action has been assessed as not met.
4. Hyponatremia training has been provided to all nurses. Tissue Viability Training has also been offered however four nurses have 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 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: 000203E1) has been extended to 13 January 2023.

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 nurses have been recruited. The agency had developed a checklist to ensure they were compliant with statutory legislation; however, there was no evidence that NMC pins were checked during the recruitment process. It was advised by the manager that a section would be included on the checklist. Every nurse who will be supplied to NI will be re-interviewed with all new documentation completed prior to them being supplied. This action has been assessed as not met.
2. The manager discussed the recruitment checklist which has been developed and her responsibility of reviewing it. It was advised that the manager will review the application form, 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 had to apply for enhanced AccessNI checks for every new staff member. The agency had not recruited any nurses since the last inspection; however, a discussion with the Head of Operations and the manager provided assurances that the agency are aware that they need to undertake their own AccessNI check and not rely on previous checks undertaken. This action has been assessed as met.
4. The agency are now undertaking their own interviews rather than outsourcing this to an external agency. The manager conducts the interviews of nurses and checks their I.D. to ensure the nurse is the person who has applied. She also gets assurances that the person is on their own during the interview. The agency had developed specific interview questions, such as, A&E nursing staff, adult critical care and general nursing staff. Responses were recorded on the template, however there was no scoring system. A review of one nurse's interview evidenced that while the applicant had not answered the interview questions fully, they were deemed successful. This was discussed with the manager who advised that interviews would now be scored. It was also noted that at the

end of the interview template, there was a section relating to the English language/understanding of the nurse which had not been completed. This is a requirement of nurses as stated by the NMC. This action has been assessed as not met.

5. The manager advised that references would be obtained from the nurse's 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 will be sought from when the nurse left school and was also aware that reasons for leaving employment would be obtained. The senior management team have been advised that assurances were to be provided that the employment histories for the 10 nurses they endeavour to supply will 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 registered person 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 however did not define the roles and responsibilities of those involved in the process. This action has been assessed as not 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 ongoing re-interview process currently being carried out by the agency, there continued to be deficits in the interview process as described above. This action has been assessed as not met.

Evidence was available to validate compliance with the Failure to Comply Notice. The date of compliance with the actions outlined in this FTC Notice (FTC Ref: 000204E1) has been extended to 13 January 2023.

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 timebound 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. One complaint had been received from an incident which occurred on 29 October 2022. From reviewing the actions and responses taken by the agency it was evident that the agency were not compliant with the timeframes within their complaints policy. The agency also failed to identify all the training needs. This action has been assessed as not met.
2. There was evidence in the monthly monitoring reports of key learning following the complaint received however there was no evidence of the manager's oversight of complaints. This action has been assessed as not met.
3. There was no evidence of when an acknowledgement was sent to the complaint or the details of the response. The complaint matrix did not identify the date of when the complaint was closed and if the complainant was satisfied with the actions taken. This action has been assessed as not met.
4. The complaint was reviewed and one training need identified; however, from reviewing the information, there were more training needs identified by the inspectors. A root cause analysis was completed by the manager; however, information was scant and no variables were identified. It was also discussed that the manager had not undertaken training in managing complaints. This action has been assessed as not met.
5. Supervision sessions following the complaint were retained, however the complaint was received on 11 November 2022 and the nurse did not receive supervision until 13 December 2022 due to a number of supervision sessions being cancelled by the nurse. It was noted that training needs for one nurse in relation to a complaint were scant and there was no timeframe for this training to be completed. This action has been assessed as not met.
6. The training need identified for the nurse subject to the complaint had been followed up with the training provider and the training module had been reset however there was no evidence or follow up by the manager that this training had been completed. This action has been assessed as not met.

Evidence was available to validate compliance with the Failure to Comply Notice. The date of compliance with the actions outlined in this FTC Notice (FTC Ref: 000205E1) has been extended to 13 January 2023.

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 was using the exemplar template created by RQIA so all relevant domains would be reviewed. The reports contained an action plan and a review action plan section however these were not completed. The reports submitted contained checks on the recruitment process for nurses who will be supplied, NMC checks, training, complaints and supervision/appraisal. The ongoing enforcement of the FTC notices were not 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 Responsible Individual to provide assurances that they had oversight of the information however there was no evidence that the manager had reviewed the reports. This action has been assessed as not 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 would be recorded. The agency is 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 Responsible Individual to sign. The Responsible Individual 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 available to validate compliance with the Failure to Comply Notice. The date of compliance with the actions outlined in this FTC Notice (FTC Ref: 000206E1) has been extended to 13 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	5*	8*

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

The areas for improvement and details of the QIP were discussed with Mr Joshua Garnham, Responsible Individual, the manager and 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 include 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 by candidates</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>

<p>Area for improvement 4</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall review the policy on Supervision to ensure that it reflects good practice.</p> <p>Ref: 5.1</p> <p>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.</p>
<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: 5.2</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>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>To be completed by: Immediate from the date of the inspection</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>Response by registered person detailing the actions taken: The safeguarding policy and procedure has been reviewed and updated 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>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>

To be completed by: Immediate from the date of the inspection	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.
Area for improvement 6 Ref: Standard 6.3 Stated: Second time	The registered person shall ensure that the policy on training is further developed to include the frequency of mandatory updates. Ref: 5.1
To be completed by: Immediate from the date of the inspection	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.
Area for improvement 7 Ref: Standard 1.10 Stated: First time	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. Ref: 5.1
To be completed by: Immediate from the date of the inspection	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.
Area for improvement 8 Ref: Standard 6.1 Stated: First time	The registered person shall ensure that an Induction policy is developed, separate from being included within the staff handbook. Ref: 5.1
To be completed by: Immediate from the date of the inspection	Response by registered person detailing the actions taken: An induction policy has been developed separate from being included within the staff handbook. The induction policy outlines the induction process and procedure.

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

