

Inspection Report

20 October 2022



Emergency Personnel Limited

Type of service: Nursing Agency

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1.0 Service information

Organisation/Registered Provider Emergency Personnel Limited	Registered Manager: Miss Carla-Marie Page
Responsible Individual: Mr Joshua Garnham	Date registered: Registration pending
Person in charge at the time of inspection: Head of Operations	
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 inspection took place on 20 October 2022 between 9.30 a.m. and 4.30 p.m. This inspection was conducted by two care inspectors.

As a result of intelligence received/reviewed prior to this inspection, the inspection focused on the recruitment processes and the fitness of the nurses supplied by the agency. Areas for improvement identified during the previous care inspection were also examined.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the lack of robust governance arrangements and managerial oversight. For instance, deficits were noted regarding the system in place for ensuring that nurses are supplied to settings in which have the requisite qualifications, knowledge, skills and competencies. In addition, review of governance records highlighted serious concerns in regard to the safe and effective selection and recruitment of staff; arrangements for effectively addressing shortfalls in nurses' clinical knowledge was also lacking.

It was also noted that there was no effective system in place to facilitate a meaningful analysis of complaints by the Manager so as to identify trends/patterns and drive necessary improvements. While there was evidence that governance audits had been undertaken on a monthly basis, these did not demonstrate how the quality of service provision was reviewed. In addition, there was no evidence that service users had been consulted as part of the monthly quality monitoring process.

A meeting was arranged with the Responsible Individual on 1 November 2022 with the intention of issuing six Failure to Comply (FTC) notices in respect of The Nursing Agencies Regulations (Northern Ireland) 2005; these were in relation to:

- Regulation 10 (1) relating to management and governance arrangements
- Regulation 12 (1) (b) relating to the fitness of the nurses supplied by the agency
- Regulation 12 (2) Schedule 2 relating to the recruitment processes
- Regulation 14 (3) (ii) relating poor clinical practice of nurses
- Regulation 19 (4)(6) and (8) relating to the management of complaints
- Regulation 20 (1)(2)(3)(4) relating to the quality monitoring processes.

This meeting was attended by Mr Joshua Garnham, Responsible Individual and Mr William Hobson, Head of Operations. At the meeting, RQIA were provided with an action plan and some assurances in relation to the concerns identified. RQIA was provided with an assurance of the actions the Responsible Individual had in place to address poor clinical practice of nurses. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 14 (3)(ii).

However, RQIA were not satisfied that the systems and processes were fully embedded into practice to drive the necessary improvements regarding the remaining deficits which had been identified. As a result five FTC notices were served under The Nursing Agencies Regulations (Northern Ireland) 2005, relating to:

- Regulation 10 (1) relating to management and governance arrangements
- Regulation 12 (1) (b) relating to the fitness of the nurses supplied by the agency
- Regulation 12 (2) Schedule 2 relating to the recruitment processes
- Regulation 19 (4)(6)(8) relating to the management of complaints
- Regulation 20 (1)(2)(3)(4) relating to the quality monitoring processes.

The date of compliance for each FTC is 16 December 2022. Actions required to be taken in order to ensure compliance with the Regulations are detailed in the FTC notices.

The majority of areas for improvement identified at the last inspection were not met and have been stated for the second time.

Service users consulted with provided comments which supported the inspection findings; these are referenced in Section 4.0.

The findings of this report will provide the management team with the necessary information to improve the quality of service provision.

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 any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from service users that the agency takes all reasonable steps to promote people's rights. People in receipt of nursing care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience their individual choices and freedoms.

Information was provided to service users and staff on how they could provide feedback on the quality of services.

4.0 What people told us about the agency?

As part of the inspection process we spoke with representatives from the NHSCT. The feedback provided indicated that there were concerns relating to the fitness of the nurses supplied by the agency and in relation to the responsiveness of the agency to any matters raised. The inspection findings supported this feedback.

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 2 December 2021		
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: First time	The registered person shall ensure the Statement of Purpose is reviewed and includes the types of settings to which the nurses will be supplied.	Partially met
	Action taken as confirmed during the inspection: Review of the Statement of Purpose identified that while a number of recommended changes had been made, the section relating to the status and constitution of the agency required to be updated. This needed to reflect the range of qualifications of the nurses supplied by the agency and the types of settings in which they are supplied to work.	

	This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 15 (2)(e) Stated: First time	<p>The registered person shall ensure that the Staff Handbook includes the frequency of mandatory training requirements.</p> <p>Action taken as confirmed during the inspection: Review of the Staff Handbook identified that the types of abuse had been amended in keeping with regional guidance in Northern Ireland. The frequency of mandatory training requirements were generally included. However, the list of training requirements did not include those training elements required by the NHSCT for any nurse being supplied to work in acute hospital settings.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	Partially met
Area for improvement 3 Ref: Regulation 24 (a)(b)(c)(d)(f)(g)(h) Stated: First time	<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>Action taken as confirmed during the inspection: This policy was not available for inspection. While the person in charge advised that the policy had been updated, the policy was not available for inspection. It was also concerning that the agency had moved address without informing RQIA.</p> <p>This area for improvement was not met and is stated for the second time.</p>	Not met
Area for improvement 4 Ref: Regulation 14 (2)(a) Stated: First time	<p>The registered person shall review the policy on Supervision to ensure that it reflects good practice.</p> <p>Action taken as confirmed during the inspection: Review of the supervision policy identified that the frequency of supervision was not included.</p>	Not met

	This area for improvement was not met and is stated for a second time.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 1.10 Stated: First time	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
	This area for improvement was not reviewed and has been carried forward for review at the next inspection.	
Area for improvement 2 Ref: Standard 9.1 Stated: First time	The registered person shall ensure the adult safeguarding policy and procedure is reviewed and is in accordance with regional policies and procedures.	Not met
	Action taken as confirmed during the inspection: While the policy had been developed to include the types and definitions of abuse, the policy did not include information regarding the identified Adult Safeguarding Champion and the roles and responsibilities of this individual. The policy did not contain the contact details of the Adult Protections Gateway Services (AGPS). It also required to be updated with RQIA's current address and telephone number. This area for improvement has not been met and is stated for a second time.	
Area for improvement 3 Ref: Standard 1.12 Stated: First time	The registered person shall ensure that the quality monitoring policy and procedure includes the monthly quality monitoring of the service by the registered person.	Not met
	Action taken as confirmed during the inspection: While the policy mentions monthly quality monitoring visits, given the inspection findings, it is evident that the policy requires to be further developed to ensure that it clearly identifies the person delegated with the responsibility for undertaking such visits and the requirement for the findings to be incorporated into a report. The person in charge was again sign-posted to consider	

	<p>the provider template which is available on the RQIA website.</p> <p>This area for improvement was not met and is been stated for a second time.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 1.13</p> <p>Stated: First time</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 identified that it included the annual quality review process. However, it was not clear how key stakeholders would be involved. It was also unclear regarding the need for a report to be prepared on an annual basis.</p> <p>This area for improvement was not met and is stated for a second time.</p>	Not met
<p>Area for improvement 5</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</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 Department of Health (DoH) guidance.</p> <p>Action taken as confirmed during the inspection: The policy entitled 'criminal record and barring check procedure – Northern Ireland' required updating to reflect that AccessNI checks need to be undertaken by Emergency Personnel Ltd.</p> <p>This area for improvement was not met and is stated for a second time.</p>	Not met
<p>Area for improvement 6</p> <p>Ref: Standard 1.15</p> <p>Stated: First time</p>	<p>The registered person shall further develop the policy relating to the management of alerts, to ensure that it includes the process for managing, recording and checking of Chief Nursing Officer (CNO) alerts.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for</p>	Met

	improvement was met.	
Area for improvement 7 Ref: Standard 1.16 Stated: First time	<p>The registered person shall further develop the policy on professional registrations, to ensure that it reflects the need for the Nursing and Midwifery Council (NMC) live register to be checked on a monthly basis.</p> <p>Action taken as confirmed during the inspection: The policy relating to NMC checks stated that registrations will be checked on a monthly basis against NMC monthly fitness to practice circulars, which will specify nurses who have been struck off, suspended or cautioned during the previous month. This system is not sufficiently robust and does not reflect monthly checks of the NMC live register.</p> <p>This area for improvement was not met and is stated for a second time.</p>	Not met
Area for improvement 8 Ref: Standard 6.1 Stated: First time	<p>The registered person shall ensure that an Induction policy is developed, separate from being included within the staff handbook.</p> <p>This area for improvement was not reviewed and has been carried forward for review at the next inspection.</p>	Carried forward to the next inspection
Area for improvement 9 Ref: Standard 6.3 Stated: First time	<p>The registered person shall ensure that the policy on training is further developed to include the frequency of mandatory training updates.</p> <p>Action taken as confirmed during the inspection: The frequency of mandatory training requirements were generally included. However, the list of training requirements did not include those training elements required by the NHSCT for any nurse being supplied to work in acute hospital settings.</p> <p>This area for improvement was partially met and is stated for a second time.</p>	Partially met

5.2 Inspection findings

5.2.1 What are the governance and management arrangements in place to assure the quality of the nurses' clinical practice?

Discussion with the manager and review of governance records highlighted that while a system was in place to facilitate the formal supervision of nursing staff, this was ineffective. It was noted that staff supervisions were not consistently conducted in a proactive manner but rather in response to concerns raised about the practice of individual nurses. Review of supervision records also highlighted that not all nurses supplied by the agency were listed on the Manager's supervision matrix and the dates recorded were inaccurate. It was concerning that this had been highlighted during the pre-registration inspection which was conducted on 2 December 2021.

Feedback from the manager evidenced that she was of the mistaken view that she was currently registered in her role with RQIA and was therefore unaware of the need to apply for such registration.

In addition, it was evidenced that while the manager was the identified Adult Safeguarding Champion for the agency, she had not undertaken training commensurate with this role and was unable to describe the role and responsibilities of the ASC.

It was further noted that the manager had not identified safeguarding concerns within several complaints received from the Northern Health and Social Care Trust concerning the practice of nursing staff supplied by the agency. RQIA was particularly concerned that the Manager had not made any contact with the Nursing and Midwifery Council in response to a number of these serious complaints.

Also, it was noted on the day of inspection that the agency had changed its business address without having informed RQIA.

Review of governance records highlighted that there was no effective system in place for the manager to meaningfully review and / or address deficits in nurses' knowledge in a timely manner; this deficit has the potential to place patients at risk of harm.

Review of records evidenced that the manager did not take necessary steps to address concerns regarding nurses' clinical practice in a robust and timely manner.

It was also noted that the Manager had no effective system in place to allow for feedback on each nurse's performance from service users in keeping with regulation.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 1 November 2022. RQIA was provided with an assurance of the actions the Responsible Individual had in place to address poor clinical practice of nurses. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 14 (3)(ii).

However, RQIA were not satisfied that all the systems and processes were fully embedded into practice to drive the necessary improvements in regard to the other deficits outlined above.

RQIA therefore issued a FTC Notice under Regulation 10 (1) of The Nursing Agencies Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by 16 December 2022.

5.2.2 What arrangements are in place to ensure the nurses are suitably qualified, skilled and competent?

Serious concerns were identified regarding the system in place for ensuring that nurses are supplied to settings for which they have the requisite qualifications, knowledge, skills and competencies. For example, a review of governance records highlighted a concern regarding a nurse being supplied to a medical ward, despite not being deemed competent in relation to wound care management. A second nurse was supplied to work in a respiratory ward, despite not being deemed competent in relation to tracheostomy care.

The agency's system of matching nurses' skills to the clinical setting they are supplied to was ineffective. It was evident that the nurses supplied were not consistently informed of the speciality area in which they would be working; these shortfalls have the potential to place patients at risk of harm.

Although nurses' personnel records provided information in relation to their work histories, there was no system in place to ensure that these were effectively reviewed so as to determine how much experience each nurse had in specific clinical areas. Additionally, a review of governance records did not provide assurance that nursing staff had undertaken all the necessary training elements required by the clinical settings to which the agency supplies nursing staff. Failure to ensure that nurses have the requisite qualifications, knowledge, skills and competencies has the potential to place patients at risk of harm.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 1 November 2022. While some assurances were provided at this meeting, RQIA were not satisfied that all the systems and processes were fully embedded into practice to drive the necessary improvements in regard to these deficits. RQIA therefore issued a FTC Notice under Regulation 12 (1)(b) of The Nursing Agencies Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by 16 December 2022.

5.2.3 What systems are in place for staff recruitment and are they robust?

Serious concerns were identified regarding the safe and effective selection and recruitment of staff. For example, it was evidenced that on one occasion, nursing staff had been supplied before their AccessNI had been obtained by the agency. It was also noted that on two further occasions, nurses' AccessNI checks were undertaken by another organisation, rather than by Emergency Personnel.

There were instances when interviews of nursing staff had been undertaken after they had started working for the agency. In addition, there were occasions when nurses' references were obtained after the nurses had started working for the agency. In one instance, the reference was received five months after the nurse started work. A number of references had not been sought or obtained from the nurses' current or last employer and there was evidence

that references had been accepted from individuals who had no line management responsibility for the applicant in question.

Full employment histories were not consistently recorded and when provided, the level of experience recorded was not sufficiently detailed. Reasons for leaving employment had not been recorded in any of the recruitment and selection records reviewed. While it was noted that a recruitment checklist was in place, none of those reviewed had been signed by the Manager.

Failure to have robust checking mechanisms in place has the potential to place patients at risk or harm.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 1 November 2022. While some assurances were provided at this meeting RQIA were not satisfied that all the systems and processes were fully embedded into practice to drive the necessary improvements in regard to these deficits. RQIA therefore issued a FTC Notice under Regulation 12 (2) of The Nursing Agencies Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by 16 December 2022.

5.2.4 What are the arrangements for managing complaints and are they robust?

Serious concerns were identified regarding the management of complaints. Review of complaints records highlighted that a significant number of complaints had been made to the agency since it was initially registered on 23 March 2022. These complaints amounted to approximately fifty per cent of all nurses supplied by the agency. It was also noted that there was no effective system in place to facilitate a meaningful analysis of complaints by the manager so as to identify trends/patterns and drive necessary improvements.

In addition, it was also evidenced that the agency continued to supply some nursing staff in the absence of robustly investigating and addressing ongoing complaints about the nurse's practice. While it was noted that the agency responded to some complaints by providing statements from the nurses concerned, there was limited evidence of effective and timely follow up by the manager; complaints records were also poorly maintained in this regard and lacked sufficient detail.

Discussion with the Responsible Individual also evidenced that the agency largely relied upon the complainant (namely, the commissioning Health and Social Care Trust (HSCT)) to impose restrictions on identified nursing staff about whom concerns were identified.

Failure to have robust complaints management systems in place has the potential to place patients at risk or harm.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 1 November 2022. While some assurances were provided at this meeting RQIA were not satisfied that all the systems and processes were fully embedded into practice to drive the necessary improvements in regard to these deficits. RQIA therefore issued a FTC Notice under Regulation 19 (4)(6) and (8) of The Nursing

Agencies Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by 16 December 2022.

5.2.5 What are the arrangements to ensure robust managerial oversight and governance?

Serious concerns were identified regarding a lack of effective quality assurance of service provision by the Responsible Individual. While there was evidence that governance audits had been undertaken on a monthly basis, these did not demonstrate how the quality of service provision was reviewed. In addition, there was no evidence that service users had been consulted as part of the monthly quality monitoring process. It was concerning that although an area for improvement relating to the inclusion of monthly quality monitoring visits had been identified during the pre-registration inspection on 2 December 2021, this area for improvement had not been implemented. Failure to have robust quality monitoring processes in place has the potential to place patients at risk of harm.

The serious concerns identified above were discussed with the management team during the inspection and again at the meeting with RQIA on 1 November 2022. While some assurances were provided at this meeting RQIA were not satisfied that all the systems and processes were fully embedded into practice to drive the necessary improvements in regard to these deficits.

RQIA therefore issued a FTC Notice under Regulation 20 (1)(2)(3)(4) of The Nursing Agencies Regulations (Northern Ireland) 2005. Actions stated within this notice require to be addressed by 16 December 2022.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement has/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	4*	8*

* the total number of areas for improvement includes ten that have been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the QIP were discussed with Mr Joshua Garnham, Responsible Individual, 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 policy has been reviewed and updated. This reflects the range of qualifications of the nurses and the training and competencies required and the types of settings the nurses will be supplied to work. This is subject to the recruitment and compliance procedure which ensures that all nurses are compliant and competent to work in the clinical setting.</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 mandatory training requirements.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The handbook outlines the list of training requirements and the frequency these are required to be completed. The training elements that are required by the NRSCT for any nurse being supplied to work in acute hospital settings are also outlined which includes wound care management and blood component training. All nurses are required to complete the training upon registration which will be cross-examined and signed off by the registered manager against their training certificates prior to placement. All nurses are to complete refresher training as outlined in the handbook as part of their compliance. Nurses may need to complete additional training if this is deemed necessary.</p>
Area for improvement 3 Ref: Regulation 24 (a)(b)(c)(d)(f)(g)(h) Stated: Second time	<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>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: A notice of change policy has been developed to ensure that the RQIA are notified within 7 working days of any changes to the company, registered manager and registered person. The policy outlines specific changes that the RQIA are to be notified as outlined in regulation 24 'notice of change'.</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 supervision policy has been reviewed and updated to ensure it reflects good practice and compliance with the nursing agencies minimum standards 2008. The supervision policy outlines the responsible person and their contact details and the frequency of supervisions. This is also reflected within the staff handbook. The registered manger is to ensure that all supervisions are completed with each nurse within the timeframe outlined. A supervision is completed with each nurse at 3 months following first placement and 6 monthly thereafter. The supervision will outline any sickness/lateness, issues and concerns and complaints. It will also follow with any compliments and feedback. Supervisions will be completed either face-to-face or recorded virtually via Zoom or Microsoft Teams. All supervisions will be saved to candidates file and logged on the supervisions spreadsheet which outlines the date supervisions are completed and when the next supervision is due. Any concerns or complaints that are discussed within the supervision will be investigated with the appropriate team and an outcome will be discussed with the nurse.</p>

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
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. Ref: 5.1
	Response by registered person detailing the actions taken: The adult safeguarding policy and procedure have been reviewed and updated. The policy outlines the appointed adult safeguarding champion, their contact details and roles and responsibilities. The policy contains the contact details of adult protections gateway services. The RQIA's address and contact number has been updated and is outlined within the policy
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. Ref: 5.1
	Response by registered person detailing the actions taken: Quality monitoring reports are to be completed monthly by the registered person and reviewed by the registered manager. The quality and monitoring reports outline the feedback received from service users regarding the quality of care and support, feedback from staff regarding the quality of care provided, any accidents or incidents that have occurred and ensuring these have been reported to the RQIA, any complaints received, nursing recruitment checks, safeguarding alerts, NMC checks, staff misconduct, supervisions and appraisals completed, training completed and any progress and developments for improvement.
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. Ref: 5.1
	Response by registered person detailing the actions taken: The quality monitoring reports will be completed monthly & annually outlining an overview of the quality of service provided and any developments, progress and improvements made. The annual reports will include the stakeholders feedback and reports on the quality of care received and any improvements to be made. The report will be completed by the registered person and reviewed by the registered manager.

<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 procedure has been reviewed and updated which outlines Emergency Personnel LTD recruitment process. The names and roles and responsibilities of the individual's involved within the recruitment process has been outlined. The policy titled 'Criminal Record and Barring Check Procedure' has also been reviewed and updated. The policy reflects that Emergency Personnel LTD will be responsible for ensuring AccessNI checks will be undertaken and reviewed prior to nurse placement. All recruitment and compliance documentation will be cross-examined by the registered manager who's role will be to thoroughly examine all documents and ensure that they meet the standards required. All candidates will require to be signed off by the registered manager prior to any work placement.</p>
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<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: The professional registration and qualification policy and the alert notices policy has been reviewed and updated to ensure that the policy is sufficiently robust and reflects the monthly checks of the NMC live register. The compliance department is to ensure that the NMC live registered is checked for all nurses on a monthly basis and is saved to the candidates file. The NMC live register outlines that the nurses have an effective registration in place or if any nurses have been suspended or restricted from practice.</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 training updates.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The statutory and mandatory policy and staff handbook has been reviewed and updated. The policy reflects all statutory and mandatory required and the frequency they are to be updated. The training now includes Hyponatremia, Wound care management, Blood components training, Epilepsy, Diabetes and Sepsis. All nurses are required to complete training prior to placement and certificates will be saved to file. The registered manager will cross-examine all training to ensure completion prior to sign off.</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 types of settings to which the nurses will be supplied.</p> <p>Ref: 5.1</p> <p>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.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</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>

To be completed by: Immediate from the date of the 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.

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



The Regulation and Quality Improvement Authority

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