

Inspection Report

5 September 2023



Healthcare DNA 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

Registered Provider: Healthcare DNA Limited	Registered Manager: Mrs Ann Bannister
Responsible Individual: Mr Alexandru Mitu	Date Registered: 17 November 2022
Person in charge at the time of inspection: Mr Alexandru Mitu	
Brief description of how the service proposes to operate: This is a nursing agency which operates from offices located in Ballymena, Northern Ireland. The agency supplies a small number of registered nurses to care homes, including the registered manager and the responsible individual, who are also registered nurses. The agency also intends on supplying nurses to work in hospitals throughout Northern Ireland.	

2.0 Inspection summary

An announced inspection was undertaken on 5 September 2023 between 9.45 a.m. and 12.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training. The reporting and recording of accidents and incidents, adult safeguarding, complaints, whistleblowing was also reviewed.

Good practice was identified in relation to the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC). There were good arrangements in place in relation to staff training. Feedback from service users indicated that the nurses supplied were very thorough and reliable.

Areas for improvement were identified in relation to the recruitment process, training, feedback on nurses' practice and secure storage of records. Improvements were also required in relation to the insurance arrangements and the safeguarding policy. Given that the responsible individual is also being supplied by the agency as a registered nurse, the agency is required to appoint an external person to undertake the quality monitoring visits.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users.

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

Information was provided to service users and staff on how they could provide feedback on the quality of services. This included an electronic survey.

4.0 What people told us about the agency?

During the inspection we spoke with a number of service users.

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

Comments received included:

- "We have no concerns. The nurses are very, very good and very thorough. They are good and reliable."

No responses were received to the electronic survey.

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the agency was undertaken on 25 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 25 th October 2022		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 9 Stated: First time	The registered person shall ensure that the registered manager has completed level 3 training on Deprivation of Liberty Safeguards (DoLS).	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that mandatory training includes Mental Capacity (DoLS) (No 2 Regulation Northern Ireland) 2019 and the Mental Health Order 1986.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

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

A review of the agency's staff recruitment records confirmed that pre-employment checks including criminal record checks (AccessNI), were generally completed and verified before registered nurses were supplied to the various health care settings. However, the responsible individual, who is also supplied to work as an agency nurse, required their AccessNI check to be undertaken. When raised, immediate action was taken to rectify the situation. Following the inspection, evidence of an enhanced AccessNI check was submitted to RQIA.

Review of the interview records also identified that this needed to be updated to ensure that the interview adequately assesses the nurses' knowledge and expertise. An area for improvement has been identified.

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

Nurses were provided with training appropriate to the requirements of the settings in which they were placed. However, given that the nurses were being supplied to work in care homes, training needed to be provided in relation to Falls Prevention and End of Life Care. A competency assessment relating to medicines administration also required to be developed. An area for improvement has been identified to address both matters.

Advice was also given in relation to the manager formalising the process of registered nurses receiving feedback on their practice. An area for improvement has been identified.

There were quality monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users and staff. However, feedback had been sought from the care home's patients, as opposed to the manager of the care home, which would have been the most appropriate person to seek feedback from. Whilst the template used was deemed to be comprehensive, the visits and reports had been undertaken by the responsible individual. Given that the responsible individual is also supplied on a regular basis as a registered nurse, it would not be appropriate for them to undertake the quality monitoring visits. An area for improvement has been identified to ensure that an external person is appointed to fulfil this regulatory requirement.

Records were not retained in accordance with the Nursing Agencies Regulations. Advice was given in relation to sourcing a secure filing cabinet, which is lockable; and that this must be kept in a lockable room. An area for improvement has been identified.

Discussion took place regarding the agency's professional indemnity insurance. Advice was given in relation to including the specific amounts covered within the service user agreement. It was felt that this would be important for service users to be clear on the agency's insurance arrangements. An area for improvement has been identified to ensure that RQIA are assured that the insurance cover is commensurate with the level and extent of supply.

The Adult Safeguarding policy was reviewed. Whilst it was generally reflective of the regional guidance in Northern Ireland, a small number of amendments were required to be made. For example, a number of the contact details for the Adult Protection Gateway Services were incorrect. In addition, exploitation required to be included in the section pertaining to types of abuse. An area for improvement has been identified.

An area for improvement was also made to ensure that the manager undertakes training in relation to their role as the Adult Safeguarding Champion.

A review of the records confirmed that all registered nurses were appropriately registered with the NMC; this system was reviewed and found to be in compliance with regulations and standards.

No referrals had been made to the NMC since the date of the last inspection.

There was a system in place to ensure that nurses would have supervisions undertaken in accordance with the agency's policies and procedures.

Advice was given in relation to developing the supervision template. It was good to note that the suggestions made were incorporated into the supervision template before the end of the inspection.

There was a system in place to ensure that the registered nurses were placed into settings where their skills closely matched the needs of patients.

There had been no incidents or complaints received since the last inspection; this was verified in discussion with the service user.

The agency's registration certificate was up to date. Advice was given to ensure that this was displayed appropriately along with current insurance certificates.

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	3

The areas for improvement and details of the QIP were discussed with Alexandru Mitu, 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 12 (1)(b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure the interview process is further developed to ensure that it is competency based; and covering a broad range of clinical questions.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Interview form was improved to be competency based and to cover a broad range of clinical questions, as recommended.</p>
Area for improvement 2 Ref: Regulation 14 (1) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that Falls Prevention and End of Life Care is included within the mandatory training programme and Competency assessments are undertaken in relation to medicines administration.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Falls Prevention and End of Life Care trainings developed and completed by all active nurses. Medicine Administration Competency Assessment and Clinical Skills Competency Assessment (which includes clinical, dysphasia, wound care, infection control) were also developed and completed by all active nurses.</p>
Area for improvement 3 Ref: Regulation 14 (3)(ii) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that a system is developed and implemented regarding receiving feedback on the nurses' practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Feedback section added on timesheet, as recommended by the RQIA Inspector</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 20 (1)(2)(3)(4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall appoint an external person to undertake the quality monitoring visits; monthly quality monitoring reports must be submitted to RQIA on the fifth day of every month until further notice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: We appointed two external persons to undertake the monthly quality monitoring reports. (One of them is a Band 6 Clinical Sister NHSCT and the other is a Private Counsellor)</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 18 (a)</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 records are retained securely in a lockable cabinet, held within a lockable room.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Lockable cabinet acquired + locks installed on the office door.</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 1.21</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall provide RQIA with a letter from the agency's insurance company confirming that the insurance cover is commensurate with the level and extent of provision as a Nursing Agency; this must be submitted to RQIA with the returned QIP.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Insurance letter submitted with the QIP</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9</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 adult safeguarding policy is reviewed to ensure that 'Exploitation' is included as a type of abuse; and that incorrect contact details for the Adult Protection Gateway Services are corrected.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: 'Exploitation' was included as a type of abuse + Gateway phone numbers amended</p>

Area for improvement 3 Ref: Standard 9 Stated: First time	The registered person shall ensure that the registered manager undertakes training in relation to the Adult Safeguarding Champion role. Ref: 5.2.2
To be completed by: Immediate from the date of the inspection	Response by registered person detailing the actions taken: Adult Safeguarding Champion Training booked for the 21 st of November, Deputy Manager Daniel Berevoianu to attend

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