

Inspection Report

6 April 2023



CLYN Group Ltd

Type of service: Nursing Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clyn Group Limited	Registered Manager: Miss Catherine Marie McCorry
Responsible Individual: Mr Chijioke James Attoh	Date registered: 8 April 2022
Person in charge at the time of inspection: Registered Manager	
Brief description of the agency operates: Clyn Group Ltd is registered with RQIA as a Nursing Agency and currently supplies registered nurses to various healthcare settings throughout Northern Ireland. The agency operates from an office located in Belfast	

2.0 Inspection summary

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, adult safeguarding arrangements, complaints, whistleblowing and the system for retaining records were also reviewed.

Good practice was identified in relation to the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC). There were good governance and management arrangements in place.

One area for improvement was identified in relation to the staff supervision policy. This is stated for the second time

For the purposes of the inspection report, the term 'service user' describes the hospitals or care homes that 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?

As part of the inspection process we spoke with a number of service users and registered nurses.

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

Comments received included:

Service users' comments:

- "We have no issues with Clyn. The standard of the staff they supply is very good."
- "The office come back quickly on any queries and we are very happy with the staff that work with us."

Registered Nurses' comments:

- "I find the agency very supportive...they send out emails to remind me when my training needs to be completed."
- "Clyn were really on top of my recruitment process...nothing is a problem if I ring the office.... they have got me some new shifts recently."

There were no responses 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 1 March 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 1 March 2022		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) (e) Stated: First time	The registered person shall ensure that the Staff Handbook is reviewed and updated as outlined in the report. Ref: 4.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed the Staff Handbook was available and up to date at the time of inspection.	
Area for Improvement 2 Ref: Regulation 18 (b) Stated: First time	The registered person shall ensure that the Management of Records Policy includes the timeframe for the retention of records as outlined in The Nursing Agencies Regulations (Northern Ireland) 2005 Ref: 4.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed the Management of Records Policy was available and up to date at the time of inspection.	
Area for Improvement 3 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that the policy on supervision is reviewed to reflect good practice in this area. Ref: 4.2.1	Partially met
	Action taken as confirmed during the inspection: Inspector confirmed that the Supervision Policy has not been fully reviewed. This area for improvement is restated.	

Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for Improvement 1 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 the regional policies and procedures as they apply in N.I. Ref: 4.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the Adult Safeguarding Policy and Procedure was available and up to date at the time of inspection.	
Area for Improvement 2 Ref: Standard 1.13 Stated: First time	The registered person shall ensure that the quality monitoring policy and procedure includes the monthly monitoring visits, annual quality review of the service and the involvement of key stakeholders. Ref: 4.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the quality monitoring policy and procedure was available and up to date at the time of inspection.	
Area for Improvement 3 Ref: Standard 2 Stated: First time	The registered person shall ensure that policies and procedures that direct the quality of services provided by the nursing agency are reviewed as outlined in the report. This refers specifically to: <ul style="list-style-type: none"> • the disciplinary and grievance policy Ref: 4.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed these policies were available and up to date at the time of inspection.	

<p>Area for Improvement 4</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 is reviewed as outlined in the report and complies with legislative requirements and DoH guidance.</p> <p>Ref: 4.2.1</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the Staff Recruitment Policy and Procedure was available and up to date at the time of inspection.</p>		
<p>Area for Improvement 5</p> <p>Ref: Standard 1.15, 1.16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the policy on professional registrations is further developed to reflect that the NMC live register is to be checked on a monthly basis and includes the process for managing, recording and checking of CNO alerts.</p> <p>Ref: 4.2.1</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the policy on professional registrations was available and up to date at the time of inspection.</p>		
<p>Area for Improvement 6</p> <p>Ref: Standard 6.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the induction policy is developed to include all RQIA mandatory training, details of supervision and appraisal and safeguarding.</p> <p>Ref: 4.2.1</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the induction policy was available and up to date at the time of inspection.</p>		
<p>Area for Improvement 7</p> <p>Ref: Standard 6.3</p>	<p>The registered person shall ensure that the policy on training is further developed to include all of RQIA mandatory training.</p> <p>Ref: 4.2.1</p>	<p style="text-align: center;">Met</p>

Stated: First time	Action taken as confirmed during the inspection: Inspector confirmed that the training policy was available and up to date at the time of inspection.	
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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 completed and verified before registered nurses were supplied to the various health care settings.

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

A review of the records confirmed that all registered nurses were appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures. However, the staff supervision policy did not fully reflect this. An area for improvement has been carried over in this regard.

Records were retained of clinical supervisions that the registered nurses had availed of during long term placements. The staff supervision policy was unclear in this matter. This is subsumed into the area for improvement relating to the staff supervision policy.

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. Nurses were provided with training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, National Early Warning Score (NEWS) and the Management of Actual or Potential Aggression (MAPA), as appropriate to their job roles.

The content of the Adult Safeguarding policy and training was reviewed and was noted to reflect the regional guidance in Northern Ireland. Advice was given to the manager to expand the content of the agency's Annual Safeguarding Position Report. This will be reviewed at the next inspection

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. It was noted that the reports routinely monitored any incidents as part of the monthly checks to identify any patterns or trends.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedures

Advice was given to the manager to expand the alphabetical list of staff employed by the agency to include most recent placements.

Records were retained in accordance with the Nursing Agencies Regulations.

The agency’s registration certificate was up to date and displayed appropriately along with current certificates of public and employers’ liability insurance.

The Statement of Purpose required updating with RQIA’s contact details and those of the Patient Client Council. The manager agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the total number of areas for improvement includes one that has been stated for a second time.

The area for improvement and details of the QIP were discussed with Miss Catherine McCorry Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005	
<p>Area for Improvement 1</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 ensure that the policy on supervision is reviewed to reflect good practice in this area.</p> <p>This relates specifically to clarifying the frequency of staff supervision and retaining supervision records of staff on long term placements.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The staff supervision policy has been reviewed and updated to include the frequency of staff supervision and retaining supervision records of staff on long term placements.</p>

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