# **Inspection Report**

Name of Service:	Staffline Recruitment (NI) Limited
Provider:	Staffline Recruitment (NI) Limited
Date of Inspection:	29 November 2024

Information on legislation and standards underpinning inspections can be found on our website <a href="https://www.rqia.org.uk/">https://www.rqia.org.uk/</a>

#### **1.0** Service information

Organisation/Registered Provider:	Staffline Recruitment (NI) Limited
Responsible Individual/Responsible Person:	Mrs Sharon McKinley
Registered Manager:	Mrs Nuala Quinn

#### **Service Profile**

Staffline Recruitment (NI) Limited is a nursing agency which currently supplies nurses to Health and Social Care Trust (HSCT) Settings.

#### 2.0 Inspection summary

An unannounced inspection took place on 29 November 2024 between 9.48 a.m. and 1.00 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards.

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

No areas for improvement were identified.

Good practice was identified in relation to recruitment, the monitoring of nurses' registrations with the Nursing and Midwifery Council (NMC) and staff training.

For the purposes of the inspection report, the term 'service users' describes the HSCT Settings, the agency's nurses are supplied to work in.

We would like to thank the manager and staff team for their help and support in the completion of the inspection.

#### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 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.

#### 3.2 What people told us about the service and their quality of life

As part of the inspection process we spoke with a registered nurse.

The staff member spoke positively in regard to the recruitment process, training and managerial support.

We did not receive any responses from the electronic survey.

## 3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last inspection of the agency was undertaken on 27 October 2023 by a care Inspector. No areas for improvement were identified.

#### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with patients.

#### 3.4.2 The systems in place for identifying and addressing risks

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.

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 Liberty Safeguards (DoLS), Safeguarding, Dysphagia, National Early Warning Score (NEWS) and Tissue Viability as appropriate to their job roles.

The agency had an electronic system for retaining dates for staff training; the manager advised that if individual staff fail to complete required training updates they are blocked from being available for supply.

The agency's provision for welfare, care and protection of patients was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015 and clearly outlined the procedure for staff in reporting concerns. The agency had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult and child safeguarding training during induction and every two years thereafter.

#### 3.4.3 The arrangements to ensure robust managerial oversight and governance

There were 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. The reports included details of a review of accident/incidents; complaints; supervision and NMC registration information.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with manager indicated that no complaints were recorded since the previous care inspection.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

#### 4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Nuala Quinn, Manager, as part of the inspection process and can be found in the main body of the report.



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