

Inspection Report

Name of Service: Health One Group Limited

Provider: Health One Group Limited

Date of Inspection: 7 January 2025

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:	Health One Group Limited
Responsible Individual/Responsible Person:	Mrs Jaya Shree Ajith
Registered Manager:	Mrs Jaya Shree Ajith
Service Profile – Health One Group Limited is a nursing agency that operates throughout Northern Ireland, providing nurses to health and social care providers who require nursing services.	

2.0 Inspection summary

An announced inspection took place on 7 January 2025, between 9.15 a.m. and 2.25 p.m. 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 and adult safeguarding arrangements. The reporting and recording of accidents and incidents, complaints, whistleblowing, service user feedback 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) and completion of competency assessments in relation to administration of medication. There were good governance and management arrangements in place.

One area for improvement was identified in relation to maintaining records of staff induction.

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 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 agency 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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

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

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

Staff and service users we communicated with as part of the inspection indicated that there were no concerns in relation to the agency. Staff indicated they enjoyed working at the agency and were supported by the manager.

A number of staff and service users responded to the electronic survey. The respondents indicated that they were very satisfied or satisfied that care provided was safe, effective and compassionate. They also indicated that they felt supported by the manager and were happy working at the agency. The feedback provided also indicated that there were no concerns regarding the fitness of the nurses supplied by the agency and staff were knowledgeable and caring.

3.3 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 11 June 2024 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Governance and Managerial Oversight

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 procedure. No complaints had been received since the last inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The alphabetical list of staff employed by the agency was up to date.

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

3.4.2 Fitness of the Registered nurses supplied by the agency (includes recruitment, induction, training and supervision).

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. It was noted that administrative staff had not received a criminal record check, this was discussed with the manager and has subsequently been completed following the inspection.

The interview process was reviewed written records were retained by the agency of the person's capability and competency in relation to their job role. Interview records were detailed but did not contain a scoring system. The manager may wish to consider using a scoring system to support the interview outcome.

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.

Written records were retained by the agency of the person's capability and competency in relation to their job role. Records of staff orientation and induction were not retained and therefore an area for improvement has been identified.

A staff handbook and policies and procedures were available to guide and support staff. The handbook included safeguarding information in relation to domestic violence, human trafficking and hate crime. The manager was advised these additional types of abuse should be reflected in the agency's Adult Safeguarding Policy which would be reviewed at the next inspection.

It was good to note that registered nurses had supervisions undertaken in accordance with the agency's policies and procedures. The manager completed spot checks of staff in the clinical environment they had been supplied to. During these checks medication competency assessments were completed.

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 had completed training appropriate to the requirements of the settings in which they were placed. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles.

4.0 Quality Improvement Plan/Areas for Improvement

One area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Jaya Shree Ajith, Responsible Individual and 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 Minimum Standards, 2008	
Area for improvement 1 Ref: Standard 6.1 Stated: First	The Registered Person shall ensure records of staffs structured orientation and induction are maintained for review. Ref: 3.4.2
To be completed by: Immediate and ongoing from date of inspection.	Response by registered person detailing the actions taken: The records of staff structured orientation and induction are now maintained for review in the personnel file of each staff and is available for inspection.

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



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