

Announced Care Inspection Report 7 December 2017



Balmoral Healthcare Agency Ltd

Type of service: Nursing Agency
Address: 146 Malone Road, Belfast BT9 5LH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Balmoral Healthcare Agency Ltd is a nursing agency operating out of an office located at 146 Malone Road, Belfast. The agency currently supplies registered nurses to Health and Social Care Trust (HSCT) hospitals and nursing homes within Northern Ireland.

3.0 Service details

Registered organisation/registered person: Balmoral Healthcare Agency Ltd/ Amanda Jane McCully	Registered manager: Sharon Dunn
Person in charge of the service at the time of inspection: Sharon Dunn	Date manager registered: 8 August 2016

4.0 Inspection summary

An announced inspection took place on 7 December 2017 from 09.30 to 15.00.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, engagement with staff and service users and adult protection.

Areas requiring improvement were identified in relation to staff supervision.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Dunn, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 October 2016

No further actions were required to be taken following the most recent inspection on 20 October 2016.

5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager, administrative staff and registered nurses
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to Adult Protection
- Recruitment records
- Staff induction records
- Induction Policy
- Recruitment Policy
- Disciplinary Policy
- Management of Records Policy
- Data Protection Policy
- Quality Assurance and Improvement Policies
- Adult Safeguarding Policy
- Whistleblowing Policy
- Supervision Policy
- Complaints Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with timescales detailed in the minimum standards.

During the inspection the inspectors met with the registered manager, two co-ordinators; one of the inspectors spoke to three staff nurses employed by the agency.

At the request of the inspectors, the registered manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

Feedback received by the inspectors during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

The inspectors would like to thank the registered manager, administrative staff and staff nurses for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 October 2016

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 October 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

During the inspection the inspectors reviewed staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's pre-employment checklist records the checks that have been completed; the registered manager stated that they are required to sign the checklist to verify that all required checks have been satisfactorily completed. The registered manager stated that nurses are not provided until all required checks have been completed.

It was noted that one of the staff recruitment records viewed by one of the inspectors did not record the reason for gaps in employment; this was discussed with the registered manager who provided a clear explanation. The inspectors discussed with the registered manager the need to ensure that a record is maintained detailing the reasons for employment gaps of staff employed.

The registered manager and senior co-ordinator could describe the process for appropriately matching nursing skills to placement which includes completion of a skills and experience

profile during the application and interview processes. The registered manager stated that the agency is currently developing an updated system to record skill and experience of staff.

The agency's induction policy outlines the induction programme provided to staff nurses prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the information and support provided during the induction process. Staff who spoke to one of the inspectors confirmed that they had received induction training.

The agency's supervision and appraisal policies outline the procedures and timescales for staff supervision and appraisal; it was noted that staff nurses are required to participate twice yearly supervision and annual appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicate that a number of staff had not received supervision and accordance with the agency's policies and procedures. This was identified as an area for improvement.

The registered manager could describe support that is provided to staff to support them in achieving the requirements for revalidation and re-registration with the NMC.

Staff nurses are required to complete induction training in a range of mandatory areas. Individual staff records viewed indicated that nursing staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The agency has an electronic system in place for recording staff training (Healthworks 2); it was noted that the system will highlight when training updates are required. The record indicated that staff provided for work have successfully completed required mandatory training and in addition any training specific to the needs of individual service users. The registered manager and administrative staff could describe the procedure for informing nursing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

The inspectors reviewed the agency's provision for the welfare, care and protection of patients. The registered manager described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the policy. The registered manager has been identified as the Adult Safeguarding Champion (ASC) for the agency; however it was noted that the agency's policy did not outline the role and responsibilities of the ASC. The registered manager provided assurances that the policy would be reviewed and updated.

The inspectors reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency has made no referrals in relation to adult safeguarding matters since the previous inspection.

The registered manager demonstrated that they had a clear understanding of their role in relation to adult protection within the agency. They could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in. It was noted that the person completing the monthly quality monitoring reviews referrals made in relation to adult protection.

The inspectors noted that nursing staff are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. Discussions with the registered manager, nursing staff and documentation viewed indicated that staff are required to complete safeguarding vulnerable adults training during their initial induction and in addition are required to complete a three yearly update.

The inspectors reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety.

The registered manager could describe the process for appropriately assessing the requirements of individual service users; it was noted that this included assessing the knowledge, skills, training, experience and suitability of the nurse to be provided. It was noted from records viewed that service users are provided with relevant staff profiles when confirmation of a shift is provided.

The agency has a process for checking the NMC register monthly for staff nurses employed; electronic records maintained were viewed by the inspectors. The agency requests that service users complete feedback reports in relation to the performance of staff nurses provided.

The agency's registered premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was noted to be retained securely and in an organised manner; PC's were noted to be password protected.

Staff Comments

- 'I get mandatory training and online training.'
- 'I received induction.'
- 'I receive supervision and appraisal.'
- 'I receive sufficient training; very happy overall.'

Areas of good practice

Areas of good practice were identified in relation to staff induction, training, appraisal and the agency's adult protection processes.

Areas for improvement

One area for improvement was identified during the inspection in relation to staff supervision.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

During the inspection the inspectors reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency's management of records and information policy details the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that records are maintained in organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the registered manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. A quality monitoring review and report are completed; the inspectors discussed with the registered manager the benefits of recording accurately the records examined.

Processes to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Observation of and discussions with a number of administration staff during the inspection indicated that they communicate appropriately with staff nurses and service users.

Discussions with the registered person and the registered manager indicated that the agency seeks to maintain effective working relationships with service users. The registered manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided. The agency has a process for obtaining the comments of service users in relation to staff provided.

The registered manager could clearly describe the procedure for addressing concerns relating to individual staff members. The inspectors discussed with the registered manager the process followed in relation to one staff member; they indicated that the agency's procedure for dealing with concerns was robust and provided evidence of collaborative working with other relevant stakeholders.

Staff Comments

- 'I receive suitable placements.'
- 'I know how to raise concerns.'

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication and the agency's quality monitoring process.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

It was identified that staff are provide with information relating to confidentiality during their induction programme; the agency's staff handbook includes a number of key policies including the agency's confidentiality policy.

The agency has processes in place for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with service users in order to obtain feedback. It was noted from records viewed that this process involves providing a feedback form for staff provided.

The agency has an electronic system for recording training completed and for highlighting when training updates are required; it was viewed by the inspectors. The senior co-ordinator could describe their role in identifying and highlighting gaps.

Discussions with the registered manager, nursing staff and administrative staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

The agency has in place on call arrangements to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The inspectors noted that the agency has in place a system for obtaining the views and opinions of service users. The registered manager described the processes for receiving feedback from service users following the provision of staff nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints and monthly quality monitoring processes.

Staff Comments

- 'I feel supported.'

Areas of good practice

Areas of good practice were identified in relation to communication and effective engagement with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspectors reviewed the agency's management and governance systems in place to meet the needs of service users. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained electronically which staff can access, and additionally in paper format stored within the agency's office. A number of key policies and procedures are included within the agency's staff handbook provided to staff.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monitoring of training; monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; it was identified that the policy is required to be reviewed to include timescales for response to the complainant. Records viewed evidenced that the agency has received a number of complaints since the previous inspection. Discussion with the registered manager indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints, and that complaints received had been managed appropriately. The agency maintains details of the outcome of the investigations of complaints.

The agency's incident policy details the procedure for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a record of incidents and of actions taken.

The agency has management and governance systems in place to drive quality improvement. Arrangements for the ongoing management and monitoring of incidents and complaints was reviewed; staff could describe the importance of regularly reviewing and monitoring of services provided to identify areas for improving the quality of the service. Records viewed by the inspectors provided evidence of appropriate staff induction, training and appraisal.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description which outlines the responsibilities of their role.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the registered manager indicated that there are effective collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users following staff have been provided; the inspectors viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

Staff Comments

- 'The agency is brilliant.'
- 'Manager very supportive and approachable.'

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures; engagement with service users and the management of complaints.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sharon Dunn, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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/or the Nursing Agencies Minimum Standards, 2008.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspectors.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14.(2) Stated: First time To be completed by: Immediate from the date of inspection	<p>The registered person shall ensure that each employee of the agency (a) receives appropriate supervision;</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The agency has updated its Terms and Conditions for members, Section 10 Special Provisions, states that "All registered nurses must undertake a yearly appraisal and attend 2 clinical supervision sessions per year within Balmoral Healthcare".</p> <p>The agency has updated its Balmoral Healthcare Members Handbook, Section, Your Training and Development, Annual Appraisals, "All registered nurses must undertake a yearly appraisal within Balmoral Healthcare" under clinical supervision "All registered nurses must attend 2 clinical supervision sessions per year within Balmoral Healthcare".</p> <p>Copies of both documents have been sent to all registered nurses. Balmoral Healthcare will record, monitor and audit these records.</p>



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