

Announced Care Inspection Report

20 October 2016



Balmoral Healthcare Agency Ltd

Type of service: Nursing Agency
Address: 146 Malone Road, Belfast BT9 5LH
Tel No: 02890380808
Inspectors: Joanne Faulkner
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Balmoral Healthcare Agency Ltd took place on 20 October 2016 from 10.30 to 16.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. There was evidence that the agency operates effective recruitment systems and ensures supply of appropriately skilled and competent staff at all times. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk. It was noted that the agency is responsive to the requirements of service users. No areas for improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency has in place systems for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There are systems in place to promote effective communication with service users and relevant stakeholders. The agency responds effectively to meet the needs of service users which has resulted in positive outcomes. No areas for improvement were identified during the inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspectors found that an ethos of dignity and respect, independence and rights was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views of service users. It was noted from observation and discussion with staff that the agency seeks to obtain and value the views of stakeholders. The agency has systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users. No areas for improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure. The registered person and manager fulfil their responsibilities in a manner which encourages the respect of staff and service users and operate the agency in accordance with the Regulations and Minimum Standards. Evidence of effective working partnerships with service users was evident during the inspection. No areas for improvement were identified during the inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed Sharon Dunn, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 September 2015.

2.0 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

3.0 Methods/processes

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

- Discussion with the registered manager and a booking consultant
- Examination of records
- Consultation with service users
- 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 auditing reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Matching Nursing Skills to Placement Policy
- Orientation and Induction of new staff Policy
- Nursing Induction, Training and Development Policy
- Recruitment Policy
- Supply and Placement of Registered Nurses Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Management of Accidents and Adverse Incidents 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 the timescales detailed in the minimum standards.

During the inspection the inspectors met the registered manager and a booking consultant.

During the inspection the inspectors requested that questionnaires were distributed for completion by staff members; six questionnaires have been returned to RQIA.

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

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

4.0 The inspection

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 hospitals, nursing homes and prisons within Northern Ireland.

4.1 Review of requirements and recommendations from the last care inspection dated 18 September 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

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

The agency's recruitment policy for nurses outlines the mechanism for ensuring that appropriate pre-employment checks are completed prior to commencement of employment. The inspectors viewed a recruitment checklist which records the checks that have been completed; the registered manager stated that nurses are not provided until all required checks have been completed.

The agency has a policy for supply and placement of registered nurses; the manager could describe the process for matching nursing skills to placement which includes obtaining information during the interview process to identify skills and experience of staff and the completion of a skills profile by staff. The agency's induction and orientation policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction provided to staff; it was noted that staff are provided with a copy of the agency's staff handbook.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. It was noted that systems in place recorded that date of completion and the planned date of subsequent appraisals. The inspectors viewed records of staff supervision and appraisal maintained by the agency.

The inspectors examined the agency's provision for the welfare, care and protection of service users. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was noted that the agency has recently reviewed and updated their policy and procedures to reflect information contained within the guidance. It was noted that the registered manager has been identified as the 'safeguarding champion' for the agency.

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 allegations of abuse since the previous inspection. Discussions with the registered manager provided assurances that they had knowledge and oversight of the management of safeguarding within the agency and could describe the procedures 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.

Discussions with the registered manager, training personnel and records viewed indicated that staff are provided with safeguarding vulnerable adults training during their initial induction and that they are required to complete a three yearly update. The manager could describe the mechanisms that will be implemented to support staff in achieving the requirements for revalidation and registration with the NMC.

The manager stated that staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction programme.

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

The manager could describe the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The manager described the process for checking the NMC register monthly for staff nurses employed; records maintained were viewed by the inspectors.

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.

Six staff questionnaires were returned to RQIA, responses received indicated that staff were satisfied that care was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

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 detailed within the Statement of Purpose and Service User Guide.

The agency's management of records policy outlines the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

It was identified from discussions with staff and records viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The inspectors identified that the agency monitors monthly the effectiveness and quality of care provided to service users this include a review of training, complaints, incidents and safeguarding referrals.

It was noted that service users are requested to complete satisfaction surveys; the agency maintains a record of compliments and complaints.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Discussions with administration staff during the inspection indicated that the agency seeks to maintain effective working relationships service users. The registered manager could describe examples of liaison with stakeholders in relation to achieving better outcomes for 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 provided. It was identified that the agency has a process for obtaining the comments of service users in relation to staff provided.

The registered manager could describe the process that would be adhered to for addressing concerns relating to a staff member and stated whilst the process was ongoing the staff member would not be provided to work.

Six staff questionnaires were returned to RQIA, responses received indicated that staff were satisfied that care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

Agency staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. It was noted that all staff can access relevant policies and procedures in the agency's office and are provided with a staff handbook. The manager stated that the agency plans to develop an electronic system for storing of policies and procedures.

It was noted that the agency has systems in place to monitor the performance of nursing staff; these include training updates, feedback from service users, supervision and appraisal.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback.

The manager described the process for staff induction and orientation in placement which included staff reporting for duty earlier than shift start time, on occasions shadowing prior to placement or attending the area of work for a structured induction and orientation.

The inspectors noted that the agency includes feedback received from service users in the agency's monthly quality monitoring report.

The agency has an electronic system for recording training completed and in addition for highlighting when training updates are required; it was viewed by the inspectors. The registered manager and administration personnel could describe their role in identifying and highlighting gaps. The inspectors were provided with assurances that staff would not be provided if training updates had not been successfully completed.

Discussions with agency staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

The registered manager stated that staff nurses were provided with the relevant training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training.

The agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The manager described the on call system that staff can access out of hours for support and guidance.

The agency has in place an 'Appraisal Policy'; it was noted that staff are required to participate in an annual appraisal. The registered manager stated that staff are encouraged to liaise with the manager in relation to training needs.

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; relevant reference is made as to the role of RQIA in relation to whistleblowing.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and service user feedback surveys. The registered manager described the processes for receiving feedback from service users following the provision of staff.

Six staff questionnaires were returned to RQIA, responses received indicated that staff were satisfied that care was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspectors reviewed the agency's management and governance systems in place to meet the needs of service users. During the inspection the inspectors viewed a number of policies and procedures; it was noted that the agency has in place a range of policies and procedures which were noted to have been recently reviewed and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained within the agency's office and that staff can access if required.

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

The agency's complaints policy outlines the procedure in handling complaints; discussion with the registered manager and documentation viewed indicated that the agency had knowledge of the agency's complaints procedure and had managed complaints appropriately.

It was identified that the agency has in place management and governance systems to drive quality improvement. There are arrangements in place for managing and monitoring of incidents and complaints. Records viewed provided evidence of staff training, supervision and appraisal.

It was identified that staff are required to complete mandatory training prior to being provided to work. It was noted by the inspectors that agency has a process for ensuring that staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The inspectors viewed that agency's electronic system in place for recording training completed by staff; it was noted that the system highlights when training updates are required. Records viewed indicated that staff have received the necessary mandatory training and in addition training specific to the needs of service users. One of the agency's administrators could describe the process for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. Staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job. The agency has a process for supporting nursing staff in completing the NMC revalidation process.

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.

The agency has a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided.

Six staff questionnaires were returned to RQIA, responses received indicated that staff were satisfied that the service was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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