

Inspection Report

10 June 2021



Jark (Belfast) Healthcare Services Limited

Type of Service: Nursing Agency

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Jark (Belfast) Healthcare Services limited	Registered Manager: Mrs Jamie Lauren Adams
Responsible Individual: Mrs Searlain McCormack	Date registered: 02/05/2018
Person in charge at the time of inspection: Mrs Jamie Lauren Adams	
Brief description of the accommodation/how the service operates: Jark (Belfast) Healthcare Services Limited is a nursing agency; the office is located in Belfast. The agency was supplying registered nurses to a Health and Social Care Trust (HSCT) and to private care homes.	

2.0 Inspection summary

An announced inspection took place on 10 June 2021, at 10.20 am by the care inspector. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to criminal records checks (Access NI) and reference checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to the system in place for disseminating Covid-19 related information and guidance to staff.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the services 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.

Prior to inspection we reviewed the information held by RQIA in respect of the agency. This included the previous inspection report and Quality Improvement Plan and any written or verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to obtain their views of the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored.

We discussed complaints and incidents during the inspection with the manager and reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders that will encourage feedback on the quality of service delivery. This included an electronic survey to enable staff and service users to feedback to the RQIA.

4.0 What people told us about the agency?

The information provided by service users indicated that there were no concerns regarding the standard of nurses provided by the agency. There were no responses to the electronic survey.

Following the inspection we spoke with a staff member.

Comments received:

- "I find the agency very good."
- "I get supervision and appraisal. The training is good; I get a reminder when training is due to be updated."
- "I can raise issues; the manager and staff in the office are very approachable."."
- "I have a good relationship with the agency staff."
- "I have no concerns; I think it is a very well run agency. I think it is very well organised."

5.0 The inspection

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

The last inspection of the agency was undertaken on 10 March 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, pre-employment checks are completed before nurses are supplied to the various health care settings. Records viewed evidenced that Access NI checks had been completed for staff.

A review of the records confirmed that the registered nurses provided are appropriately registered with the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date; they stated that the agency remind them when training updates are required.

There was a system in place to ensure that the nurses' skills were appropriately matched to the placements. It was identified that registered nurses receive regular supervision and annual appraisal. The agency requests feedback from service users with regards to staff supplied. The manager stated that the agency does not supply volunteers

Nurses were provided with training appropriate to the requirements of the hospitals they were being placed in. This included Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The manager had a system in place to monitor alerts issued by the Chief Nursing Officer (CNO). This supports the agency in ensuring that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 20 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users and staff. The reports included details of the review of accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. An action plan is developed. The report is completed in conjunction with the organisations Domiciliary Care Agency; we discussed with the manager the benefit of ensuring the report clearly identified the matters relating specifically to the Nursing Agency.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. Discussions with the manager provided assurances that complaints are managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

The review of incidents identified that appropriate action had been taken in regards to any incidents the agency had been informed of.

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

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made with regards to nurse supplied by the agency since the last inspection.

It was noted that staff are required to complete adult safeguarding training during their induction and required updates thereafter.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices to staff.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's) Significant Event Analysis's (SEA's) or Early Alert's (EA's).

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Jamie Lauren Adams, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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