

# Announced Care Inspection Report 20 October 2017



## Jark Healthcare

**Address: 239 Lisburn Road, Belfast, BT9 7EN**

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**Inspector: Joanne Faulkner**

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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**

Jark Healthcare Ltd nursing agency operates from premises on the Lisburn Road in Belfast. The agency currently supplies three registered nurses to a number of nursing homes and the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

<b>Registered organisation / registered person:</b> Jark Healthcare/Mrs Searlain McCormack	<b>Registered manager:</b> Mrs Celene Mary Patterson
<b>Person in charge of the agency at the time of inspection:</b> Mrs Celene Mary Patterson	<b>Date manager registered:</b> 09/09/2016

### 4.0 Inspection summary

An announced inspection took place on 20 October 2017 from 10.00 to 13.30.

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

The inspection determined 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 induction, supervision, appraisal, and engagement with service users; this was supported through the review of documentation and from feedback received during the inspection.

No areas requiring improvement were identified.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Celene Mary Patterson, 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.

### 4.2 Action/enforcement taken following the most recent care inspection dated 26 July 2016

No further actions were required to be taken following the most recent inspection on 26 July 2016.

## 5.0 How we inspect

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

- Discussion with the registered manager, administrative staff and the registered person
- 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
- Management of Records Policy
- Data Protection Policy
- Quality Assurance and Improvement Policies
- Adult Safeguarding Policy
- Whistleblowing Policy
- Supervision Policy
- Appraisal 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 inspector spoke with the registered person and the registered manager.

At the request of the inspector, the registered manager was asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank the registered manager, administrative staff and the registered person 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 26 July 2016**

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

### **6.2 Review of areas for improvement from the last care inspection dated 26 July 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 inspector 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.

The registered manager 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 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 are provided with a staff handbook and are required to satisfactorily complete training in a range of areas.

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 in quarterly supervision and annual appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicate that staff have received supervision and appraisal in accordance with the agency's policies and procedures.

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

Staff nurses are required to complete induction training and annual 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 (Bond); it was noted that there is a process for highlighting when training updates are required.

Training compliance records viewed 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 inspector 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.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency had acted appropriately in relation to adult safeguarding matters since the previous inspection.

Discussions with the registered manager provided assurances 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.

It was identified that nursing staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction. Discussions with the registered manager and records viewed indicated that all staff are provided with safeguarding vulnerable adults training during their initial induction and in addition are required to complete an annual update.

The inspector 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 a service user; it was noted that this included assessing the knowledge, skills, training and experience 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 registered manager stated that staff are informed of shift requirements by telephone and a follow up text message. The registered manager stated that a visit is completed to a new service user prior to the supply of staff.

The agency has a process for checking the NMC register monthly for staff nurses employed; records maintained were viewed by the inspector. 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. Documentation was noted to be retained securely and in an organised manner; PC’s were noted to be password protected.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 inspector 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 a range of records viewed during the inspection that they were maintained in organised and secure manner and in accordance with legislation, standards and the organisational policy.

It was identified from discussions with the registered manager and records viewed 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 is completed monthly; the inspector discussed with the registered manager the benefits of recording feedback received from service users in the monthly quality report.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Observation of administration staff interaction 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; in addition the agency requested that service users and staff complete an annual satisfaction survey.

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

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 provided with information relating to confidentiality during their induction programme; it was noted that staff nurses are provided with the agency's staff handbook which 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 each staff member provided. The agency includes feedback received from service users in the monthly quality monitoring report.



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

Discussions with the registered person, registered manager 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.

It was noted that the agency has in place on call arrangements to ensure that nurses 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; reference is made as to the role of RQIA in relation to whistleblowing.

The inspector 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; records viewed included evidence of feedback received from service users. Formal processes to record and respond to service user feedback are maintained through the agency's complaints and monthly quality monitoring processes.

### 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
<b>Total number of areas for improvement</b>	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 inspector reviewed the agency's management and governance systems in place to meet the needs of service users. The agency has in place a range of policies and procedures 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 all staff have access to, and additionally in paper format stored within the agency's office. The inspector noted that 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 noted from records viewed and discussions with the registered manager 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. All staff receive training in relation to complaints as part of their induction programme.

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; the registered manager 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 inspector provided evidence of appropriate staff induction, training, supervision 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 and a staff handbook which outline the role and responsibilities of their job.

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

### **Areas of good practice**

Areas of good practice were identified in relation to the agency's policies and procedures and the management of complaints.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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