



The Regulation and
Quality Improvement
Authority

Nursing Agency Inspection

Name of Nursing Agency: Phoenix Nursing Agency
Nursing Agency ID No: 10685
Inspection No: 21009
Date of Inspection: 6 January 2015
Inspector's Name: Maire Marley

The Regulation And Quality Improvement Authority
Riverside Tower, 5 Lanyon Place, Belfast, BT1 2BT
Tel: 028 90517500 Fax: 028 90517501

General Information

Name of agency:	Phoenix Nursing Agency Ltd
Address:	Ardmore Gatelodge 1 Belfast Road Newry BT34 1EF
Telephone number:	028 3026 8884
E mail address:	admin@phoenix-ni.com
Registered organisation/ Registered provider:	Phoenix Nursing Agency Ltd Mrs Barbara Rafferty
Registered manager:	Mrs Mary McConnell
Person in Charge of the agency at the time of inspection:	Mrs Barbara Rafferty
Categories of care:	Nursing Agency
Number of registered nurses, health visitors and midwives on the agency's books:	10
Date and type of previous inspection:	05 March 2014 Announced Inspection
Date and time of inspection:	6 January 2015 2.00 pm - 4.30pm
Name of inspector:	Maire Marley

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Phoenix Nursing Agency is a nursing agency based on the Belfast Road in Newry Co. Down. The agency can supply and place nurses in a variety of settings including Registered Nursing Homes and Health & Social Care Trust facilities.

The establishment's statement of purpose outlines the range of services provided.

Summary of Inspection

This is the annual announced inspection report for Phoenix Nursing Agency which was undertaken on 6 January 2015 by an inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 2.00pm and finishing at 5.00 pm.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

The Registered Manager was on leave however the responsible person Mrs Barbara Rafferty was in attendance throughout the inspection.

The previous inspection occurred in March 2014 and there were no requirements or recommendations.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

- **Standard 2:**
There are policies and procedures in place that direct the quality of services provided by the nursing agency.
- **Standard 3:**
Clear, documented systems are in place for the management of records in accordance with legislative requirements.

In discussion with the responsible person it was confirmed that the agency did not supply nurses to clients in their own homes and therefore only the above standards were viewed.

To validate compliance levels for each of the above standards, the inspector had a discussion with the responsible person and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Two personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.

A review of the criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008).

A number of policies and procedures were reviewed, which included absence of the registered manager, management of records, management and control of operations, complaints management, orientation and induction, protection of vulnerable adults and safeguarding children. Policies had been signed and approved.

Policies are centrally indexed and had been approved and appropriately dated by the registered manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was assessed as 'compliant' with this standard.

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.

A review of the seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records.

The agency was assessed as 'compliant' with this standard.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

Blank recommendation was made and this relates to improved monitoring of staff competencies. This is discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

The inspector would like to extend their gratitude to Mrs Rafferty responsible person for the hospitality and contribution to the inspection process.

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.	Compliance Level
Provider's Self Assessment:	
Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in place and in accordance with statutory requirements. There are additional policies and procedures in place as identified to promote best practice.	Compliant
Inspection Findings:	
The findings of the inspector confirmed the information detailed in the provider's self -assessment. A random selection of policies and procedures that included Absence of the Registered Manager, Orientation and Induction Management and Control of Operations, Complaints Policy and the Protection of Vulnerable Adults were examined. It was recommended that the Management and Control of Operations is revised to reflect the position of the agency as it currently reflects the position of social services. It was also recommended that the vulnerable adult policy is updated to reflect regional guide-lines and Trust protocols.	Substantially compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.	Compliance Level
Provider's Self Assessment:	
There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed. New practices or social issues also influence the development of policies and procedures. Developments within the local Health Trust also influence policies and procedures and these are shared with the local Health Trust.	Compliant
Inspection Findings:	
The findings of the inspector concur with the provider's self -assessment. Discussion was held with the registered person who was aware of the importance of involving staff and clients in the development of policies. The outcomes of surveys issued to clients, minutes of the Trust's annual review and staff minutes assured the inspector systems were in place to enable staff and clients to contribute to the development of policies and procedures and service improvement.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.3 Policies and procedures are centrally indexed and compiled into a policy manual.	Compliance Level
Provider's Self Assessment:	
Policies and procedures are centrally indexed and compiled into a policy manual and are stored in word documents for ease of review and amending.	Compliant
Inspection Findings:	
On the day of inspection policies and procedures were well organised, indexed and compiled in manuals.	Inspector to complete
Criterion Assessed: 2.4 Policies and procedures are dated when issued, reviewed or revised.	Compliance Level
Provider's Self Assessment:	
Policies and procedures are dated when issued, reviewed or revised.	Compliant
Inspection Findings:	
The policies examined on the day of inspection were all dated. On the front of each manual it stated the policies were reviewed March 2013.	Compliant

Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.	
Criterion Assessed: 2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.	Compliance Level
Provider's Self Assessment:	
Policies and procedures are subject to a systematic three yearly review or as required, and the registered person ratifies any revision to, or introduction of, new policies and procedures.	Compliant
Inspection Findings:	
The findings of the inspector concur with the provider's self -assessment.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.	
Provider's Self Assessment:	
Where agency nurses are supplied to provide nursing care to private patients in their own homes, those patients have access to their records in accordance with the Data Protection Act 1998. This information is available in the Service User Guide	Compliant
Inspection Findings:	
The responsible person reported that they do not supply nurses to clients in their own homes therefore this criterion is not applicable.	Not applicable

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliance Level
Provider's Self Assessment:	
The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant
Inspection Findings:	
The management of records and information policy dated 30 June 2014 detailed the arrangements for the creation, use, and of retention of records. The policy was in keeping DHSSPS guidance.	Complaint

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	Compliance Level
Provider's Self Assessment:	
Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.	Compliant
Inspection Findings:	
Records requested were available for inspection.	Compliant
Criterion Assessed: 3.4 The information held on record is accurate, up to date and necessary.	Compliance Level
Provider's Self Assessment:	
The information held on record is accurate, up to date and necessary.	Compliant
Inspection Findings:	
The records examined on the day were accurate, up to date and necessary.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed: 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	Compliance Level
Provider's Self Assessment:	
Nursing care records are written and maintained in accordance with NMC guidelines.	Compliant
Inspection Findings:	
The findings of the inspector indicate that the agency do not supply nurses in regard to private patients. The records for staff nurses examined on the day included reference to the NMC guidelines.	Compliant
Criterion Assessed: 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliance Level
Provider's Self Assessment:	
Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	Compliant
Inspection Findings:	
The policies in regard to the Management of Records and Information provided direction and guidance for staff in regard to the creation , use , retention, storage, transfer, disposal of and access to records.	Compliant

Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.	
Criterion Assessed:	Compliance Level
3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	
Provider's Self Assessment:	
Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation. These details are specified in Number 34 Management of records and information policy	Compliant
Inspection Findings:	
The findings of the inspector concur with the provider's self -assessment.	Compliant

Additional Areas Examined

Recruitment of Nurses

The agency had a recruitment policy and procedure in place to ensure staff are recruited in accordance with The Nursing Agencies Regulations (Northern Ireland) 2005 and DHSSPS guidance. Records relating to the recruitment of three nurses were examined and found to contain all the relevant documentation. There was evidence that arrangements were in place to confirm the nurse's registration with the NMC.

Review of Nurses Records

Examination of policies confirmed that the agency had systems in place for the review of nurses. However within individual staff files examined there was no evidence to suggest nurses are in receipt of periodic reviews and there was no documentary evidence to demonstrate their skills, expertise and competency has been re-assessed. . A recommendation is made in this regard. Arrangements were in place to obtain feed-back from those services where nurses were placed and those reviewed contained positive feed-back.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Barbara Rafferty, Responsible Person, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Maire Marley
The Regulation and Quality Improvement Authority
Riverside Tower
5 Lanyon Place
Belfast
BT1 2BT



Quality Improvement Plan

Unannounced Primary Inspection

Phoenix Nursing Agency Ltd

6 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Barbara Rafferty responsible person during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	2.1	The registered manager should ensure that the management and control of operations is revised to reflect the position of the agency.	One	The monitoring report has been revised and amended to clarify this recommendation on the 20.02.15.	No later than 31 March 2015
2	2.1	The registered manager should ensure that the vulnerable adult policy is updated to reflect regional guidelines and Trust protocols.	One	The safeguarding Adults Policy has been ammended in January 2015 following the quidantct of this recommendation.	No later than 31 March 2015
3	7.2	The registered manager should ensure that all nurses are in receipt of periodic reviews and there is documentary evidence to demonstrate their skills, expertise and competency has been re-assessed.	One	This recommendation promotes good practice and wil br implemented before the 31 st March 2015 into the proceedures of the agency.	No later than 31 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mary Mc Connell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Barbara Rafferty

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Maire Marley	15/6/15
Further information requested from provider			