



The **Regulation and
Quality Improvement
Authority**

**Inspector: Maire Marley
Inspection ID: IN022966**

**Phoenix Nursing Agency Ltd
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**Unannounced Care Inspection
of
Phoenix Nursing Agency Ltd**

16 June 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 16 June 2015 from 9.30 am to 1.30 pm. Overall on the day of the inspection, the care in the agency was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS Nursing Agencies Minimum Standards (2008).

2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Requirements and Recommendations made at Previous Inspection	0	3
Previous Requirements and Recommendations Validated as Met.	X	2
Previous Requirements and Recommendations Restated	0	1
New Requirements and Recommendations Made at this Inspection	3	0
Total Requirements and Recommendations Made	3	1

The details of the QIP within to this report were discussed with the Registered Manager, Mary McConnell as part of the inspection process. The timescales for completion commence from the date of inspection.

5. Service Details

Registered Organisation/ Registered Provider Phoenix Nursing Agency Ltd/Barbara Rafferty	Registered Manager: Mary McConnell
Person in Charge of the agency at the time of Inspection: Barbara Rafferty	Date Registered: 20 December 2011
Number of Service Users in Receipt of a Service on the Day of Inspection: 4	Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books: 5

6. 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 themes: Nurse Training and Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

- discussion with the responsible person
- discussion with the registered manager
- telephone discussion with a nurse supplied by the agency
- evaluation and feedback

Prior to inspection the following records were examined:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

The following records were examined in the inspection:

- the statement of purpose
- the service users guide
- staff placement rotas
- staff training records
- staff supervision history
- selected policies and procedures
- accident and incident records
- record of complaints

8. The Inspection

8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Recommendation 2.1	The registered manager should ensure that the management and control of operations policy is revised to reflect the position of the agency.	Met
	Evidence was provided that the management and control of operations policy and procedures were updated to reflect the position of the nursing agency.	
Recommendation 2 Ref: Recommendation 2.1	The registered manager should ensure that the vulnerable adult policy is updated to reflect regional guidelines and Trust protocols.	Met
	The Protection of Vulnerable Adult policy was available and provided evidence it had been revised in January 2015. The policy included the Adult Safeguarding in Northern Ireland Regional and Local Partnership Arrangements. 2010. The guidance for referral and alert information for the Southern Health and Social Services along with Emergency out of hour's telephone numbers was available.	
Recommendation 3 Ref: Recommendation 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.	Not Met
	Action taken as confirmed during the inspection: On the day of this inspection there was no evidence that nurses employed by the agency were in receipt of periodic reviews and there was no documentary evidence that staff skills, expertise and competencies has been re-assessed	

8.2 Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

Phoenix is a nursing agency based in Newry and is a family run business; it also operates a registered domiciliary care agency from the same premises.

The training and development policy presented for inspection was up to date and appropriately signed. The policy reflected the nurses' roles and responsibilities in regard to their professional development and training, as specified by the Nurses and Midwife Council (NMC).

Information examined indicated that each new nurse must complete structured induction prior to any placements. Training records relating to three staff provided evidence that nurses employed by the agency had completed an induction programme.

There was evidence that the agency had systems in place to provide nurses with a range of training. This included mandatory training and opportunities for further professional development. In three records viewed it was noted that two staff were not up to date with moving and handling, infection control, fire safety or first aid. The responsible person stated that it was difficult to get nurses to attend training and stated that a date had been organised for the forthcoming week. Nurses should not be placed in nursing homes without the required training and the registered manager must confirm in the returned Quality Improvement Plan to RQIA that all staff have attended the organised mandatory training.

The registered manager provides mandatory training including moving and handling for nurses employed by the agency; however, there was no evidence that she was in receipt of the required training or had been deemed competent to deliver the training. A requirement is made regarding the registered manager's training and competencies.

In a telephone discussion with a nurse supplied by the agency this nurse confirmed that she was up to date with mandatory training, and confirmed the training was provided by the agency annually. In addition the nurse reported other training is also available from the placement.

On the day of this inspection there was evidence that administration systems are organised and required records were maintained and available for inspection. However, the systems examined did not fully demonstrate that all nurses are appropriately trained and qualified for their roles.

Is Care Effective?

The training files relating to three nurses were examined and contained evidence that the agency had documentary evidence of the nurses' previous learning, professional development and practice experience.

There were suitable arrangements in place to ensure that the skills and expertise of each nurse is matched to the requirements of placements. It was concerning to note that nurses are not in receipt of periodic reviews/supervision and there was no evidence to demonstrate their skills, expertise and competency had been re-assessed. A recommendation from the previous report is restated in this report.

Arrangements were in place to check that each nurse is registered with NMC. Policies referred to the need for nurses to adhere to the NMC Code of Professional Conduct and nurses are required to produce evidence that their professional registration requirements are met and maintained on an ongoing basis.

Is Care Compassionate?

The agency has arrangements in place to obtain service users' views about nurses regarding their performance and competencies. Records were maintained of the feed-back obtained from the placement and the registered manager reported the agency is in regular contact with the different placements.

The inspector had the opportunity to speak via telephone to the manager of a home where the agency supplied a nurse. This manager spoke highly of the named nurse and expressed that the nurse had the skills and expertise required to work in the home and there were no concerns or issues regarding the nurse's practice. The manager reported the agency had provided an information pack and was in regular contact with the home via telephone. There was also a named contact in the event of a need to contact the agency out of hours.

Areas for Improvement

The registered manager must confirm identified staff attended the organised mandatory training.

The registered person must confirm that the registered manager has been deemed competent to deliver mandatory training and documentary evidence to demonstrate competencies is retained in the agency.

Number of Requirements	1	Number Recommendations:	1
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency procedure for protecting vulnerable adults is in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC trust. The registered manager confirmed the agency was not providing a service to children.

Staff training records examined confirmed that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme for staff.

On induction each nurse is provided with a hand-book that contains information on the action a nurse should take in the event of suspected, alleged or actual incidents of abuse being identified.

There is a written policy on "Whistle Blowing" and procedures that identify to whom staff report concerns about poor practice.

During a telephone discussion a nurse employed by the agency answered questions competently regarding the different types of abuse and the action to be taken in the event of suspected or alleged abuse.

The registered manager reported that to date there had been no reported issues or concerns regarding the protection of vulnerable adults and children. The registered manager was fully familiar with the reporting of any such event.

On the day of this inspection the registered manager told the inspector of the range of safeguards the agency had implemented to ensure vulnerable adults and children are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered.

The registered manager reported that she was confident that prior to placement agency nurses were provided with the relevant information to ensure they took appropriate action in the event of and/or a suspicion of abuse. The manager was confident with her role and responsibility regarding any investigation in the event of an allegation of abuse. Confirmation was provided that the agency had developed a good working relationship with the Southern Health and Social Care Trust.

Is Care Compassionate?

The registered manager is a trained registered nurse and is fully involved in the recruitment process. There was evidence that the agency had robust recruitment and processes in place and appropriate pre-employment checks are completed.

Nurses employed by the agency complete a three day induction that includes training in all aspects of abuse and the protection of vulnerable adults and children. Refresher training is provided for nurses every three years. The RQIA would suggest this training should be undertaken annually. The records examined provided evidence of annual appraisals; however there was no evidence that nurses were in receipt of regular supervision or periodic reviews and as stated previously this is an area identified for further improvement.

Discussion with the registered manager, review of training materials and three nurses' files demonstrated that the agency promotes the core values of care and takes account of the minimum standards and regulations.

There was evidence to confirm that the agency had arrangements in place to obtain service users views about nurses regarding their performance and competencies.

The agency supplies an out of hours telephone contact for nurses should they need support or guidance during their shift.

Areas for Improvement

The registered manager must ensure that arrangements in accordance with minimum standards are in place to provide nurses with regular supervision.

Number of Requirements	1	Number Recommendations:	0
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Additional Areas Examined

Management Arrangements

On arrival at the agency the inspector was informed the registered manager was working in the community in the domiciliary care agency. In discussion with the registered manager and registered provider it was reported that the majority of the registered manager's time was spend managing or working in the domiciliary care agency. The registered person must ensure effective management systems and processes are in place that take account of the training needs of individual agency staff and enable regular supervision to be completed. The registered manager must be allocated sufficient time to ensure that the nursing agency delivers services effectively on a daily basis.

9. Quality Improvement Plan

The issues identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with the registered manager, Mary McConnell, as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. 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.

9.1 Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (Northern Ireland) 2005.

9.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Nursing Agencies Minimum Standards (2008). They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk to be assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 12 (1) (b) Stated One To be Completed by: 30 August 2015	The registered manager must confirm that identified staff have attended mandatory training including moving and handling, infection control, fire safety and first aid.		
	Response by Registered Manager Detailing the Actions Taken: All staff training records have been reviewed and where a staff member has not obtained the required training or requires updating in this training, training has been organised for this staff member and it will be compulsory for them to attend the training.		
Requirement 2 Ref: Regulation 10 (3) (a) Stated One To be Completed by: 30 August 2015	The registered person must confirm that the registered manager is in receipt of the required training to provide nurses with mandatory training. Documentary evidence of competency should be maintained in the agency.		
	Response by Registered Manager Detailing the Actions Taken: The Registered Manager's training competencies will be assessed and any training areas not deemed competent in will be contracted out to a training organisation / provider deemed competent in this area of practice.		
Requirement 3 Ref: Regulation 20 (4) Stated One To be Completed by: 30 August 2015	The registered person must ensure the registered manager is allocated sufficient time to ensure that the nursing agency delivers services effectively on a daily basis.		
	Response by Registered Manager Detailing the Actions Taken: A review of this requirement has been completed and the registered manager has sufficient contracted hours and flexibility to manage the service.		
Recommendations			
Recommendation 1 Ref: Recommendation 7.2 Restated Two To be Completed by: 30 August 2015	The registered manager should ensure that all nurses are in receipt of periodic reviews/supervision and there is documentary evidence to demonstrate their skills, expertise and competency has been re-assessed.		
	Response by Registered Manager Detailing the Actions Taken: All staff will have had a periodic review and supervision completed to meet this recommendation. Performance monitoring records have always been maintained by site managers and this will continue to support the Appraisal process.		
Registered Manager Completing QIP	Mary Mc Connell	Date Completed	31.07.15
Responsible Person Approving QIP	Barbara Rafferty	Date Approved	31.07.15
RQIA Inspector Assessing Response	Maire Marley	Date Approved	27/08/15

Please provide any additional comments or observations you may wish to make below:

Please ensure the QIP is completed in full and returned to agencies.team@rjia.org.uk from the authorised email address*