

Announced Care Inspection Report 6 March 2019



Premiere People

Type of Service: Nursing Agency
Address: 2nd Floor, State Building, Arthur Street, Belfast BT1 4HG
Tel No: 02890720104
Inspector: Joanne Faulkner

www.rqia.org.uk

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

Premiere People nursing agency's registered office is located in Belfast. At the time of the inspection the agency was supplying registered nurses to a number of Health and Social Care Trusts (HSCT's), prisons and private industry.

3.0 Service details

Registered organisation/registered person: Premiere Employment Group Ltd/Peter Thomas Gamble	Registered manager: Pamela Miller
Person in charge of the home at the time of inspection: Pamela Miller	Date manager registered: Registration Pending

4.0 Inspection summary

An announced inspection took place on 6 March 2019 from 11.20 to 15.50.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine 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, appraisal, communication with staff and service users and record keeping.

One area for improvement was identified during the inspection in relation to the agency's Adult Safeguarding Policy.

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
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 5 February 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 February 2018.

5.0 How we inspect

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

- Discussion with the manager and the Senior Accounts manager
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Staff recruitment records
- Staff induction and training records
- Records relating to staff supervision and appraisal
- Records relating to Adult Protection
- Service user feedback records
- Monthly quality audits
- Complaints records
- Incident records
- Staff Handbook
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the manager and the senior accounts manager. At the request of the inspector, the manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

In addition the inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received prior to the issuing of this report.

The inspector would like to thank the manager and administration staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 February 2018

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 1.12 Stated: Second time To be completed by: Ongoing from the date of inspection	The registered person monitors the quality of services in accordance with the nursing agency's written procedures and completes a monitoring report on a monthly basis. This report summaries the comments of people who use the services and/or their representatives about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure the nursing agency is being managed in accordance with the minimum standards. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The agency has a process for monitoring the quality of the service provided and a monthly report is developed; during the inspection the agency amended the report format to ensure that a more detailed account of the matters assessed is retained.	

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.

Staffing arrangements in place within the agency were reviewed by the inspector. The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment of staff. The person in charge provided assurances that registered nurses are not provided until all pre-employment checks have been satisfactorily completed.

There have been no new staff employed since the previous inspection. Details of checks completed are retained in individual staff personnel files; records viewed during the inspection indicated that required checks had been completed prior to the commencement of employment. It was identified that all information is checked and verified by the manager.

Registered nurses supplied by the agency are required to complete an initial induction and complete training in a range of mandatory areas prior to their commencement of employment. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description and key policies. Staff are required to sign a statement indicating that they have received and understood all information provided during their induction process. In addition the agency requires that staff receive an induction at the commencement of a work placement.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are required to complete training updates annually. The manager stated that registered nurses are not provided with work placements if required training updates have not been completed.

The agency's supervision/appraisal policy outlines the processes for staff supervision/appraisal; the manager stated that registered nurses are required to participate in annual supervision/appraisal. Records viewed by the inspector indicated that staff had received supervision/appraisal in accordance with the agency's procedures. It was noted that a number of staff also receive additional supervision in the areas where they are supplied.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures were required to be updated to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The registered manager is the identified Adult Safeguarding Champion (ASC). Following the inspection relevant guidance documentation was supplied to the agency. An area for Improvement was identified.

It was identified that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate

training in relation to adult protection. The agency requires registered nurses to complete annual Access NI checks.

The manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the manager and documentation viewed indicated that the agency has not made any referrals in relation to adult safeguarding matters since the previous inspection.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety.

It was identified that the agency develops a skills/competency profile for individual staff; the manager stated that a number of staff are currently on long term placements. The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a fortnightly basis to ensure all staff are registered and to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status, expiry dates and revalidation dates.

The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and competency profile during the recruitment and induction processes. The manager could describe the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, experience, skills and suitability of the nurse to be provided. The agency provides service users with staff profiles when confirmation of a shift is provided.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in an organised manner; personal computers (PC’s) were noted to be password protected.

Areas of good practice

Areas of good practice were identified in relation to the agency’s staff recruitment, induction and supervision/appraisal processes.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency’s Adult Safeguarding Policy.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the 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. It was identified that the Statement of Purpose and Service User Guide was required to be updated to include accurate details of the agency's address and manager; assurances were provided that this would be actions immediately and will be reviewed at the next inspection.

Records viewed during the inspection were noted to be maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

The manager meets regularly with the registered person to discuss the effectiveness of the service provided and to review any identified matters of concern.

Discussions with the manager and documentation viewed indicated that the agency completes a monthly audit of the service provided and the quality of the service; the inspector discussed with the manager the need to enhance the report developed. During the inspection the agency updated the report format and provided assurances that it will be implemented immediately. The inspector discussed with the registered person the need to provide more detailed and specific information in the report; assurances were provided that this would be actioned immediately.

The updated system will review of compliance levels of training completed by staff, nurses' registration status with the NMC, and include details of the audits of complaints, accidents, incidents and referrals relating to adult protection.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and administrative staff provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and phone contact with service users.

Comments recorded on feedback records:

- "Always treated me with courtesy and professionalism."
- "Very happy with the service."

The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective.

Areas of good practice

Areas of good practice were identified in relation to record keeping and communication with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

A range of information is provided to all registered nurses during their initial induction and includes a number of key policies and procedures including the agency’s confidentiality policy.

Staff employed are informed of the process for reporting concerns. The agency has an on call system in place to ensure that staff and service users can report concerns they may have regarding a placement or to access support and guidance at any time including out of hours.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback form for staff provided and telephone contact with service users. The inspector viewed a range of feedback that had been received by the agency. The manager and administrative staff described the processes for engaging with service users in order to obtain feedback; this includes the calls to the service users to obtain their views as to the quality of the service provided.

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

The inspector noted that staff are provided with the agency’s ‘Whistleblowing Policy’ which outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

Areas of good practice

Areas of good practice were identified in relation to communication and engagement with nurses and service users, and the promotion of values such as confidentiality, dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated annually.

Policies are retained in a paper format stored within the agency's office. Staff are provided with a number of key policies during induction; in addition staff can access required policies in the agency's office.

Discussions with the manager and administrative staff, and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include the provision of required policies and procedures, monitoring of staff training, registration status of staff with the NMC, monitoring of feedback received, complaints, safeguarding referrals, accidents and incidents including those notifiable to RQIA.

Discussions with the manager demonstrated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints. The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their policies and procedures. The agency has a system for recording details of complaints received and the actions taken.

The agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. No incidents have been reported to RQIA in relation to registered nurses since the previous care inspection.

It was identified that the agency has management and governance systems in place to drive quality improvement. The agency's arrangements for auditing of incidents and complaints were reviewed; the manager stated that the agency has a process for reviewing the service provided to identify areas for improving the quality of the service.

Records viewed by the inspector provided evidence of appropriate staff induction, training, supervision/ appraisal.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

The agency's Statement of Purpose and Service User Guide are kept under review. It was identified that the records were required to be reviewed to include the updated contact details for RQIA; assurances were provided to the inspector that this would be actioned immediately following the inspection.

Discussion with the manager and administrative staff provided evidence that the agency promotes effective collaborative working relationships with service users.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures, engagement with stakeholders, monitoring of compliance and the processes for monitoring of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Regulations (Northern Ireland) 2005 and/or the Nursing Agencies Minimum Standards, 2008.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2019</p>	<p>The registered person shall ensure procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols, and local processes issued by HSC Trusts.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>As per Section 4.0 of the Inspection Summary our adult Safeguarding Policy has now been updated as recommended.</p> <p>PETER GAMBLE</p>

Please ensure this document is completed in full and returned via Web Portal



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