

Announced Care Inspection Report 05 February 2018



Premiere People

Type of Service: Nursing Agency
**Address: 2nd Floor, Hampden House, 55-59 Royal Avenue,
Belfast BT1 1FX**
Tel No: 02890720104
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

Premiere People nursing agency’s registered office is located in Royal Avenue, Belfast. At the time of the inspection the agency was supplying 17 nurses to a number of Health and Social Care Trusts (HSCT’s).

3.0 Service details

Registered organisation/registered person: Premiere Employment Group Ltd/Peter Thomas Gamble	Registered manager: Gertrude Marie Trimble
Person in charge of the home at the time of inspection: Gertrude Marie Trimble	Date manager registered: 26 October 2012

4.0 Inspection summary

An announced inspection took place on 5 February 2018 from 10.30 to 13.30.

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 recruitment, induction, training and appraisal and communication with service users and other relevant stakeholders.

One area requiring improvement as identified during the last care inspection was identified as being partially met and will be stated for a second time this relates to the agency's quality monitoring process.

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 Marie Trimble, registered manager, 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 21 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 March 2017.

5.0 How we inspect

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

- Discussion with the registered 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:

- 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 and training records
- Induction Policy
- Recruitment Policy
- Disciplinary Policy
- Supply and Placement of Nurses Policy
- Operational Policy
- Review and Assessment of Nurses Policy
- Record Keeping Policy
- Quality Improvement Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Appraisal Policy
- Complaints Policy
- Incident 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 met with 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 invited staff to provide their views by an electronic means 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 inspector would like to thank the registered manager for their support and co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded partially met and will be stated for a second time.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017

The most recent inspection of the agency was 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 21 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>The registered provider should monitor the quality of services in accordance with the nursing agency’s written procedure and complete a monitoring report on a monthly basis.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the agency has developed a process for monitoring the quality of services in accordance with the nursing agency’s written procedure and that a monitoring report is completed on a monthly basis. However the inspection discussed with the registered manager the need for the report to be further developed to include the comments of service users and an action plan. This area for improvement will be stated for a second time</p>	

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.

The inspector reviewed staffing arrangements in place within the agency.

The agency’s recruitment policy details the system in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. A record of the checks that have been completed is maintained by the agency; the registered manager stated that they verify that all required information has been received and is satisfactory. The registered manager stated that registered nurses are not provided until all required checks have been completed. Staff recruitment records viewed by the inspector indicated that the agency’s recruitment process is robust.

The agency requires registered nurses to complete an induction prior to their commencement of employment and to complete a range of mandatory training. A record of induction is maintained; induction records viewed outline the information and support provided to staff during the induction process. In addition the agency requires that staff receive induction at the commencement of a work placement and registered nurses are provided with a checklist for completion on placement. Staff are provided with an induction pack which was noted to include the agency's staff handbook, a job description, key policies and details relating to booking and cancellation of shifts.

The registered manager stated that staff are not permitted to work if training is out of date. Staff personnel records viewed indicated that staff are not provided until the required pre-employment checks and documentation relating to training have been received and verified.

The agency's supervision and appraisal policy outlines the procedures and timescales for staff supervision and appraisal; it was noted that registered nurses are required to participate in annual supervision and appraisal. Records of staff appraisal indicated that staff had received appraisal in accordance with the agency's policies and procedures. It was noted that the agency provides service users with an appraisal feedback form for staff supplied and that these are discussed with staff during the appraisal process.

The agency has a system for recording staff training; it was noted that the registered manager will highlight to registered nurses when training updates are required. The registered manager stated that registered nurses are not provided with work placements if annual training updates have not been completed.

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 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).

The registered 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 are required to be involved in. It was noted that the monthly quality monitoring audit, reviews referrals made in relation to adult protection.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency has made no referrals in relation to adult safeguarding matters since the previous inspection.

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook. Discussions with the registered manager and documentation viewed indicated that staff are required to complete adult safeguarding training during their initial induction and in addition an annual update. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

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 matching nursing skills to placement; this includes the completion of an experience profile during the interview and induction process. Registered nurses are required to sign a ‘Professional Statement of Placement’ agreement to indicate that they are competent in the areas they have agreed to be placed. The registered 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, skills, training, experience and suitability of the nurse to be provided. The agency provides service users with relevant staff profiles when confirmation of a shift is provided.

The agency has a system for recording the nurses registration status with the NMC; the registered manager could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and to identify if any staff have had conditions placed on their registration. The agency retains details of staff registration status in individual staff personnel records and a record of expiry dates.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided; the registered manager highlighted the challenges in receiving feedback.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was 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 staff recruitment, induction, training and appraisal processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 and Service User Guide.

The agency’s record keeping policy details the process for the creation, storage and retention of records; the inspector noted that documentation viewed was maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the registered manager and documentation viewed provided evidence 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 compliance, registered nurses’ registration status with the NMC, complaints, incidents and referrals relating to adult protection.

A monthly quality monitoring audit is completed and a report developed. The inspector discussed with the registered manager the need to further develop the report to provide a wider range of information and an action plan, and to include comments made by service users and relevant stakeholder in relation to the quality of the service provided. One area for improvement was identified during the previous care inspection in relation to the agency’s quality monitoring process and was assessed as partially met; this will be stated for a second time.

Systems to promote effective communication with service users, agency registered nurses and other relevant stakeholders were evident on inspection. Discussions with the registered manager provided evidence that the agency seeks to develop and 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 registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and an annual stakeholder survey.

The registered manager described the procedure 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, communication with service users and registered nurses.

Areas for improvement

One area for improvement was identified during the previous care inspection in relation to the agency’s quality monitoring process and was assessed as partially met; this will be stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The agency’s staff handbook provided to all staff during their initial induction includes a number of key policies including the agency’s confidentiality policy. The agency’s policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

The agency has systems 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.

Discussions with the registered manager 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.

The agency has 24 hour on call arrangements in place to ensure that staff and service users 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; staff are provided with a copy during the induction process.

It was noted that the agency has implemented systems 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 registered nurses and the challenges in receiving feedback. Comments received from services users are attached to the agency's monthly quality audit report. Formal processes to record and respond to service user feedback are maintained through the agency's complaints process.

Areas of good practice

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

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. The agency has a range of policies and procedures in place 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 in a paper format stored within the agency's office; the registered manager stated that staff are provided with a range of key policies in the staff handbook.

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, monthly monitoring of training, audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has received no complaints since the previous inspection. The inspector discussed with the manager the need to ensure that the policy is updated to include the correct details of the ombudsman.

Discussion with the registered manager indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints. The agency has a process for recording details of complaints received and the actions taken and for reviewing complaints on a monthly basis.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency has a process for retaining a record of incidents and of actions taken.

The agency has management and governance systems in place to drive quality improvement. The agency's arrangements for the ongoing monitoring of incidents and complaints were reviewed. The registered manager could describe the need to review and monitor 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 and appraisal.

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

One area for improvement identified at the last care inspection is assessed as partially met and has been stated for a second time. 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 manager indicated that the agency promotes effective collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users following staff have been 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 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 Marie Trimble, registered 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 providers 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 1.12</p> <p>Stated: Second time</p> <p>To be completed by:Ongoing from the date of inspection</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Our Summary report on Quality of Services has now been updated to include comments from Service Users together with an action plan as specified by Inspector.</p>

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



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