



The Regulation and
Quality Improvement
Authority

Inspector: Joanne Faulkner
Inspection ID: IN023173

Premiere People
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**Announced Care Inspection
of
Premiere People
on
18 December 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced care inspection took place on 18 December 2015 from 10.00 to 13.30. Overall on the day of the inspection the Agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the quality improvement plan appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The 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
Total Requirements and Recommendations Made	0	2

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

5. Service Details

Registered Organisation/ Registered Provider Premiere Employment Group Ltd/Peter Thomas Gamble	Registered Manager: Gertrude Marie Trimble
Person in Charge of the Agency at the Time of Inspection: Gertrude Marie Trimble	Date Registered: 26 October 2012
Number of Service Users in Receipt of a Service on the Day of Inspection: 0	Number of Registered Nurses, Health Visitors and Midwives on the Agency's Books: 20

Premiere People nursing agency's registered office is located in Royal Avenue, Belfast. At the time of the inspection the service was supplying 20 nurses.

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:

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

Theme 2: Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

- Discussion with the registered manager
- Review of records
- Evaluation and feedback

Prior to inspection the following records were examined:

- Previous care inspection report
- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection

The following records were examined during the Inspection:

- Staff training and induction records
- Dates of staff supervision/appraisal
- Selected policies and procedures
- Accident and incident records
- Record of complaints
- Staff Handbook
- Quality monitoring feedback

Staff questionnaires were provided during the inspection for distribution to staff nurses; there were none returned to RQIA.

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

3. The Inspection

3.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 18	It is required that the registered provider ensures that records of annual staff appraisals are maintained by the agency. Action taken as confirmed during the inspection: The inspector viewed a number of staff records; it was noted that appraisals are completed annually and a copy retained.	Met

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?

The agency's learning, training and development policy, August 2014, outlines the procedure for induction that staff are required to undertake prior to employment; it was noted that the record of mandatory training provided did not reference medication training. The registered manager stated that agency staff are not supplied to work 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, the manager stated that a record of training completed is maintained in individual staff files; records viewed indicated that staff have received the necessary mandatory training excluding medication updates. The registered manager could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed.

Staff are required to complete an evaluation following training received; the registered manager could describe instances when staff are required to complete specific training to meet the needs of individual clients.

The manager could describe the methods used to obtain the views of service users regarding the quality of care provided; they stated that they have regular contact with the co-ordinators within each of the HSCT areas and that service users are encouraged to complete a feedback pro forma in relation to staff provided; this was verified by records viewed by the inspector.

The registered manager could describe the process for addressing negative feedback received by the agency.

Is Care Effective?

Prior to employment agency staff are required to complete mandatory training; a record of training completed is maintained; staff are provided with a staff handbook and have access to the agency's policies and procedures.

It was noted that staff are required to complete an annual appraisal. The registered manager stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs.

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 provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competency of staff provided.

The registered manager stated that when concerns relating to a staff member are identified the agency will address the concerns with the Individual immediately and whilst the process is ongoing the staff member would not be provided to work.

Is Care Compassionate?

The agency has a process for obtaining the views of service users; the registered manager described the process for engaging regularly with the relevant service users in order to obtain feedback; it was noted from records viewed that this process involves Issuing a progress report for each staff member provided. In addition, it was identified that the agency has a mechanism for obtaining the views of service users in relation to the administration process.

Areas for Improvement

There were two areas for improvement identified within Theme 1:

Standard 6.3

It is recommended that the staff nurses employed by the agency receive updated medication training.

Standard 2.1

It is recommended that the agency's learning and development and induction policies are updated to reflect all mandatory training provided.

Number of Requirements	0	Number Recommendations:	2
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency's policy for safeguarding of vulnerable adults and protection of children, July 2015, was viewed. It outlines the procedures to be followed and makes relevant reference to current legislation, recently updated DHSSPS guidance and regional protocols Issued by the Health and Social Services Board.

The registered manager stated that staff receive training in protection of vulnerable adults and safeguarding children during the induction programme provided, and in subsequent training they receive updates that staff are required to complete. The inspector viewed records of induction and training which indicated that staff have received appropriate training.

The agency's staff handbook and Managing Allegations of Abuse Policy, July 2015, detail the necessary actions staff are required to take in the event of any suspected, alleged or actual incidents of abuse being identified.

The registered manager 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 may be required to be involved in.

Is Care Effective?

It was identified that staff receive safeguarding vulnerable adult training during induction; it includes information in relation to types and indicators of abuse and the agency's policy and procedures in relation to protection of vulnerable adults and children. Refresher training is provided for staff. Records viewed indicate that staff provided by the agency have received the relevant training.

The registered manager could describe safeguards implemented by the agency to ensure vulnerable adults; children and young people are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered and that staff provided have received relevant training.

The registered manager described their role and responsibility regarding reporting and investigation in the event of an allegation of abuse being made and the processes for engaging with the health and social care trusts.

Is Care Compassionate?

The registered manager stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training. In addition staff receive an annual appraisal; records viewed indicated that training needs are identified.

The registered manager stated that there have been no incidents of suspected, alleged or actual incidents of abuse to date; however they could describe the process for reporting to the relevant bodies.

The agency's 'Whistleblowing Policy' outlines the responsibility and procedure for staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. The agency's updated policy makes reference to the role of RQIA in relation to whistleblowing. It was noted that the agency has a confidential helpline for staff to report their concerns.

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements	0	Number Recommendations:	0
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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 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 agency. 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 agency.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 6.3 Stated: First time To be Completed by: 18 March 2016	It is recommended that the staff nurses employed by the agency receive updated medication training.		
	Response by Registered Person(s) Detailing the Actions Taken: All nurses have been contacted regarding update of administration of Medicines course. Certificates have been received from those who have completed the course with the last 3 years and the rest are currently updating. This will be completed by 18/3/2016		
Recommendation 2 Ref: Standard 2.1 Stated: First time To be Completed by: 18 March 2016	It is recommended that the agency's learning and development and induction policies are updated to reflect all mandatory training provided.		
	Response by Registered Person(s) Detailing the Actions Taken: The agency's Learning + Development + Induction Policies have been updated to show all mandatory training required including administration of Medication and the Induction Policy now includes our Safeguarding Policy.		
Registered Manager Completing QIP	M. Jimble	Date Completed	3/2/2016
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	3/2/16
RQIA Inspector Assessing Response	J Faulkner	Date Approved	15/2/16

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address