

Inspection Report

19 July 2021



Premiere People

Type of service: Nursing Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Premiere Employment Group Ltd	Registered Manager: Mrs Anna Hagan – registration pending
Responsible Individual: Mr Peter Thomas Gamble	Date registered: Application received 10/02/2021 pending review
Person in charge at the time of inspection: Mrs Anna Hagan	
Brief description of the agency operates: 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), prisons and private industries.	

2.0 Inspection summary

The care inspector undertook an announced remote inspection on 19 July 2021 between 10.00am and 12noon.

The inspection focused on reviewing relevant documents and systems relating to the agency's governance and management arrangements; this included the review of staff recruitment, staff registrations with the Nursing and Midwifery Council (NMC), Adult Safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to recruitment processes, staff training, monthly quality monitoring reports and staff registrations with the NMC. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Service users said that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

RQIA were assured that the agency supplies nurses who are providing safe, effective and compassionate care; and that the agency is well led.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the agency and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the NMC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA.

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

4.0 What people told us about the agency?

The information provided by two service users indicated that there were no concerns in relation to the agency. All confirmed that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur and praised the dedication and commitment of the nurses.

No staff members responded to the electronic survey.

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 9 January 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards. Records viewed evidenced that all pre-employment checks including criminal record checks (Access NI) had been completed for staff currently being supplied.

There was a good system in place to ensure that the nurses were appropriately placed and had the required knowledge and skills for the job role. Nurses were provided with training appropriate to the requirements of the settings they were being placed in. This included DoLS training appropriate to their job roles.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before the nurses are employed.

5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. Two safeguarding referrals were made to the Trust in relation to Health Care Assistants. Upon reviewing the records, the agency had managed these in accordance with their policy and procedures. The agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and IPC practices.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding individual staff member's registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anna Hagan, manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0



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