

Announced Care Inspection Report 19 February 2019



Rutledge Recruitment

Type of service: Nursing Agency
Address: 1st Floor Lennox House Market Street, Armagh BT61 7BW
Tel No: 02837527766
Inspector: Michele Kelly

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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

Rutledge Recruitment is a nursing agency which supplies registered nurses to private nursing homes and hospitals.

3.0 Service details

Organisation/Registered Provider: Rutledge Recruitment	Registered Manager: Lorraine McBride
Responsible Individual: Jonathan McNeill Doherty	

Person in charge at the time of inspection: Lorraine Mc Bride	Date manager registered: 10 May 2012
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4.0 Inspection summary

An announced inspection took place on 6 July 2018 from 10.30 to 14.00 hours

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

The inspection determined 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, the agency's quality monitoring process and communication with service users and other relevant stakeholders.

No areas for improvement were identified.

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	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 20 September 2017

No further actions were required to be taken following the most recent inspection on 20 September 2017.

5.0 How we inspect

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

- discussion with the manager.
- examination of records
- evaluation and feedback

Prior to inspection the following records were analysed:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- recruitment records
- staff induction and training records
- records relating to staff supervision and appraisal
- monthly quality monitoring reports
- records relating to NMC status.
- complaints records
- incident records
- range of policies and procedures pertaining to this inspection
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the manager. At the request of the inspector, the person in charge 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.

The inspector would like to thank the manager and administrative staff 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 20 September 2017.

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

6.2 Review of areas for improvement from the last care inspection dated 20 September 2017

There were no areas for improvement made as a result of the last care inspection.

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 agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the registered stated that the information is reviewed and verified by them, confirming that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed indicated that required checks had been completed and that the agency's recruitment process is robust.

The registered manager explained the procedure for checking staff registrations with the Nursing and Midwifery Council (NMC). This included an electronic tracking system which is closely monitored by the agency administrator.

The registered manager advised that all newly appointed staff are required to provide evidence of training most recently undertaken that fulfils mandatory training requirements.

The registered manager described the procedure in place for matching appropriately skilled and experience of staff to the commissioned placement. This was documented within individual staff profiles. A copy of the profile is forwarded to the commissioning service detailing qualifications, skills and experience of the staff allocated to the placement.

The provision of staff training was discussed with the registered manager who explained that mandatory training was provided and in addition other training relevant to the nurse placement. Records of mandatory training were retained in hard copy format and electronically in matrix format for ease of tracking. Staff records reviewed contained structured induction programmes and evidence of training provided.

A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process. The agency requires that staff receive an induction at the commencement of a work placement and registered nurses are provided with a checklist for completion. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description and key policies.

The agency's supervision and appraisal policies outline the processes for staff supervision and appraisal; the person in charge stated that registered nurses are required to participate in group supervision and individual supervision if appropriate. In addition staff are required to complete an annual appraisal. Records of staff supervision and appraisal indicated that staff had received supervision and appraisal in accordance with the agency's procedures.

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).

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. Training records viewed indicated that staff had completed appropriate training in relation to adult protection.

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 are required to be involved in. The manager discussed an ongoing investigation and communicated with RQIA following the inspection to advise of progress and actions in respect of this matter.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided and an annual satisfaction survey; it was discussed that there are challenges in receiving feedback but the inspector noted some very positive comments regarding the responsiveness of the agency.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment and supervision and appraisal.

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.

During the inspection the inspector reviewed that 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 management of records and information policy details the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the manager and records viewed evidenced 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, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation.

A quality monitoring review and report are completed monthly. The inspector advised that these reports should be signed by the responsible individual and this matter will be reviewed at the next inspection.

Processes to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

Discussions with the manager indicated that the agency seeks to maintain effective working relationships with service users. The manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided. The agency has a process for obtaining the comments of service users in relation to staff provided.

The manager could clearly describe the procedure for addressing concerns relating to individual staff members. The inspector discussed with the manager the process followed in relation to one staff member; they indicated that the agency’s procedure for dealing with concerns was appropriate and provided evidence of collaborative working with other relevant stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.

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.

Discussions with the manager and observations made 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.

It was identified that staff are provided with information relating to confidentiality during their induction programme. The agency also has a system for recording training completed and for highlighting when training updates are required.

The agency has systems for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a performance monitoring questionnaire for staff provided to work. The inspector viewed a range of feedback received by the agency and comments were noted to be very positive. The manager described the processes for engaging with service users in order to obtain feedback; this includes

questionnaires and calls to the service users to obtain their views as to the quality of the service provided.

Comments recorded on quality monitoring reports

- “Would like to have more Rutledge staff as they have good training and knowledge and are always kind towards service users”
- “Excellent nurse; very thorough, professional and diligent.”

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained electronically and additionally in paper format stored within the agency’s office.

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

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

The agency's complaint policy and procedure detailed information in accordance with DOH complaints procedure. The arrangement for dealing with complaints was reflected within the agency's Statement of Purpose and Service User Guide. Records examined evidenced that no complaints had been received since the last inspection of 20 September 2017.

The agency had an incident policy and retained records of accidents/incidents. Notifications of incidents were notified to RQIA as recommended within standard 1.14. Incidents recorded since the previous inspection and discussion with the registered manager evidenced that these were appropriately managed. Where necessary, measures were put in place to minimise recurrence. Regular audits of accidents/incidents were undertaken and follow up action taken if necessary to address any issues arising.

The registered manager advised that group supervision was provided with records retained within staff files.

The registered manager had arrangements in place for dealing with alert letters, managing identified lack of competence and poor staff performance and reporting in line with guidelines issues by the DOH and NMC.

The agency's organisational structure identifies the lines of accountability and the roles and responsibilities of staff. This information was reflected within the staff handbook provided to staff and within the agency's Statement of Purpose.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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