

Unannounced Care Inspection Report 2 January 2018



Staff Nursing Ltd

Type of Service: Nursing Agency
Address: Castleton Centre, 44 York Road, Belfast, BT15 3HE
Tel No: 02890745481
Inspector: Joanne Faulkner

www.rgia.org.uk

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

Staff Nursing Ltd is a nursing agency operating from premises on the York road in Belfast. The agency currently supplies 55 registered nurses to a number of residential and nursing homes.

3.0 Service details

Organisation/Registered Provider: Staff Nursing Ltd Responsible Individual: Mr Thomas Robinson	Registered Manager: Mrs Margaret Robinson
Person in charge at the time of inspection: Mrs Margaret Robinson	Date manager registered: 7 December 2006

4.0 Inspection summary

An unannounced inspection took place on 2 January 2018 from 10.10 to 15.40.

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 record keeping, staff recruitment, training, supervision and appraisal, communication with stakeholders and adult protection.

No areas requiring improvement were identified during the inspection.

Service user comments are included within the report.

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 Margaret Robinson, 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 19 May 2016

No further actions were required to be taken following the most recent inspection on 19 May 2016.

5.0 How we inspect

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

- Discussion with the registered manager, deputy manager, administrative staff and service users
- 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:

- 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
- Code of Conduct Policy
- Recruitment Policy
- Disciplinary Policy
- Management of Records Policy
- Records Management Policy
- Confirmation of Nurse Pin Policy
- Quality Monitoring Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Supervision Policy
- Complaints 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, the deputy manager and administrative staff. Following the inspection the inspector spoke to two service users.

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, deputy manager, training and administrative staff and service users for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 May 2016

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 19 May 2016

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.

Staffing arrangements in place within the agency were reviewed during the inspection.

The agency's recruitment policy outlines the processes in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency maintains a record of the checks that have been completed; it was identified that the registered manager verifies this information. The registered manager stated that nurses are not provided until all required checks have been completed.

It was noted that staff are required to complete an annual Access NI check. Staff recruitment records viewed by the inspector indicated that the agency's recruitment process is robust.

The registered manager and deputy manager could describe the process for appropriately matching nursing skills to placement; this includes the completion of a skills profile during the interview and appraisal processes. It was noted that the agency stores the information on an electronic system; this was viewed by the inspector and noted to provide comprehensive information relating to staff skills and experience.

The agency's orientation and induction policy outlines the induction programme provided to staff nurses prior to their commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the information and support provided during the induction process. In addition the agency requires that staff receive induction at the commencement of a work placement and a proforma is required to be completed and returned to the agency.

Registered nurses are required to complete induction training in a range of mandatory areas. Individual 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 policies outline the procedures and timescales for staff supervision and appraisal; it was noted that staff nurses are required to participate in supervision three months following commencement of employment and thereafter annual supervision and appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicate that staff had received supervision and appraisal in accordance with the agency's policies and procedures.

The registered manager could describe support that is provided to staff to support them in achieving the requirements for revalidation and re-registration with the NMC; this includes providing staff with a revalidation portfolio. It was noted that the agency distributes a monthly newsletter to all staff.

The agency has an electronic system in place for recording staff training; it was noted that the system will highlight when training updates are required. The registered manager and administrative staff could describe the procedure for informing nursing staff when training updates are required and stated that staff are not provided with work if training updates have not been completed.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The registered manager described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was identified that the agency has reviewed and updated their policy and procedures to reflect information contained within the policy. The registered manager has been identified as the Adult Safeguarding Champion (ASC) for the agency; the agency's policy outlines the role and responsibilities of the ASC.

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 a number of referrals in relation to adult safeguarding matters since the previous inspection. The agency retains a detailed record of the referral made and actions taken.

The registered manager could clearly 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 agency retains a record of learning outcomes from referrals made and investigations completed; it was noted that on occasions this has resulted in additional training being provided to staff and referral to NMC.

The inspector noted that nursing staff are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. Discussions with the registered manager and documentation viewed indicated that staff are required to complete safeguarding vulnerable adults training during their initial induction and in addition are required to complete an annual update.

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 and deputy 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. It was noted from records viewed and discussions with service users that the agency provided service users with relevant staff profiles when confirmation of a shift is provided.

The agency has a system for checking the NMC register on a monthly basis for staff nurses employed; electronic records maintained were viewed by the inspector. The agency requests that service users complete feedback reports in relation to the performance of staff nurses provided.

The agency's registered premises include a number of offices which 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.

Service User Comments

- 'I have no concerns; the nurses are always reliable and extremely competent.'
- 'The agency will ring to get feedback on nurses provided.'
- 'The agency is very responsive and will keep us informed of any changes.'

Areas of good practice

Areas of good practice were identified in relation to staff induction, training, supervision, appraisal and the agency's adult protection 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.

During the inspection the agency's arrangements for appropriately responding to and meeting the needs of people who use the service were reviewed. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

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

Discussions with the registered manager, service users 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 monthly quality monitoring audit is completed and a report developed.

Comments from quality monitoring reports

- '**** is a very confident nurse; no problem leaving them on their own.'
- '**** is a fantastic nurse.'
- 'Nurses provided are of a high standard.'
- 'We really appreciate the speed and efficiency in covering shifts.'
- 'Excellent nurse and wonderful representative of Staff Nursing.'

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Discussions with staff and service users indicated that agency administrative staff communicate appropriately with staff nurses and service users.

Discussions with the registered manager and service users provided evidence that the agency seeks to maintain effective working relationships with service users. Service users stated that they are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided and that matters raised are dealt with effectively. The agency has a range of processes for obtaining the comments of service users in relation to staff provided.

The registered manager described the procedure for addressing concerns relating to individual staff members. The inspector discussed with the registered manager the processes followed in relation to two staff nurses; action described indicated that the agency's procedure for dealing with concerns were robust and provided evidence of collaborative working with other relevant stakeholders.

Service User Comments

- ‘Continuity is very good; they tend to send the same nurses.’
- ‘I know how to raise concerns; communication is excellent.’

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users and staff nurses, and the agency’s quality monitoring process.

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.

The registered manager stated that all staff are provided with information relating to confidentiality during the induction programme; staff are required to sign a Declaration of Confidentiality prior to commencement of employment. The agency’s policy relating to confidentiality clearly outlines the actions required by staff to ensure confidentiality is maintained at all times. The agency’s staff handbook includes a number of key policies including the agency’s confidentiality policy.

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. It was noted from records viewed that this process involves providing a feedback form for staff supplied, client satisfaction surveys and telephone communication with service users.

Discussions with the registered manager, deputy manager, service users and administrative staff, 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.

The agency has 24 hour on call arrangements in place to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance.

The agency’s ‘Whistleblowing Policy’ details the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

It was identified that the agency has in place 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 staff nurses. The agency has a proforma for recording all contact made with service users; records viewed detailed any actions take following the

receipt of any negative comments. Comments made by services users are included in the agency's weekly audit report. Formal processes to record and respond to service user feedback are maintained through the agency's complaints and monthly quality monitoring processes.

Service User Comments

- 'Staff are good and very professional.'
- 'The agency addresses issues quickly and in a responsive way.'
- 'Staff on the whole are excellent.'
- 'Staff are well trained.'
- 'This is the first agency I would contact if I required staff; I have been using this agency for three years.'
- 'The nurses are very receptive if I need to discuss anything with them.'

Areas of good practice

Areas of good practice were identified in relation to communication and effective engagement with service users and staff and the promotion of 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 annually and updated in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained electronically and in a paper format stored within the agency's office; staff are provided with a range of key policies in a paper format.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. These include a weekly audit of identified issues, 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 complaints policy outlines the process for managing complaints; the policy was noted to include timescales for response to the complainant. Records viewed evidenced that the agency has received a number of complaints since the previous inspection and that complaints had been managed appropriately.

Discussion with the registered manager and staff indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints. The agency maintains details of the outcome of the investigations of complaints. The agency develops a quarterly and annual report of complaints received; they include details of the actions taken and areas for improvement identified.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency retains a detailed record of incidents and of actions taken; it was noted that they are reviewed on a weekly basis.

The inspector identified that the agency has management and governance systems in place to drive quality improvement. Arrangements for the ongoing monitoring of incidents and complaints was reviewed; staff could describe the importance of regularly reviewing and monitoring of services 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. It was noted that a number of nurses have been required to complete training updates following incidents that have occurred.

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

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide are kept under review.

The inspector viewed details of an annual awards ceremony facilitated by the organisation to recognise good practice across the sector.

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; service users who spoke to the inspector stated that the agency communicate with them in an appropriate manner and are responsive to any matters raised. The inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

Service User Comments

- 'I am kept informed of the outcome of investigation of any matters raised with the manager'
- 'Agency staff are very approachable.'

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures; engagement with service users and the management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
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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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