

# Announced Care Inspection Report 6 July 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.rqia.org.uk](http://www.rqia.org.uk)

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 registered nurses to a number of residential and nursing homes and private clinics.

## 3.0 Service details

**Organisation/Registered Provider:**

Staff Nursing Ltd

**Responsible Individual:**

Mr Thomas Robinson

**Registered Manager:**

Mrs Margaret Robinson

<b>Person in charge at the time of inspection:</b> Deputy manager	<b>Date manager registered:</b> 7 December 2006
--	--

#### 4.0 Inspection summary

An announced inspection took place on 6 July 2018 from 09.30 to 16.00.

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, induction and training, 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, 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 2 January 2018

No further actions were required to be taken following the most recent inspection on 2 January 2018.

#### 5.0 How we inspect

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

- discussion with the deputy manager, training and administrative staff
- 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
- records relating to Adult Protection
- monthly quality monitoring reports
- complaints records
- incident records
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been issued or reviewed within the previous year which is in excess of timescales detailed in the minimum standards.

During the inspection the inspector met with the deputy 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.

Following the inspection the inspector spoke to two service users to obtain their views and comments on the service. Feedback received by the inspector during the course of the inspection is reflected throughout this report.

RQIA's Director of Assurance was present for part of the inspection and viewed that agency's training facilities.

The inspector would like to thank the person in charge, training and administration staff and service users for their support and co-operation throughout the inspection process.

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 2 January 2018**

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 2 January 2018

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 inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The policy was updated to reflect that written references are required. The agency retains a record of checks completed; the person in charge stated that the information is reviewed and verified by the manager. The person in charge stated 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. Staff are required to undergo annual Access NI checks.

The agency requires registered nurses to complete a two day induction and in addition to complete training in a range of mandatory areas prior to their commencement of employment. 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, key policies and details relating to booking and cancellation of shifts.

The person in charge stated that staff are not permitted to work if training is not updated. Staff 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 processes for staff supervision and appraisal; the person in charge stated that registered nurses are required to participate in supervision three months following employment and then annually. 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 agency requests that service users complete an appraisal feedback form for staff supplied; those returned are discussed with staff during the appraisal process.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that the registered manager will inform registered nurses when training updates are required. The person in charge stated that registered nurses are not provided with work placements if annual training updates have not been completed. It was noted that the agency has an extensive range of training facilities and a team of training personnel.

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. It was identified from discussions with the person in charge and documentation viewed 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 person in charge 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 person in charge and documentation viewed indicated that the agency has acted in accordance with their policies and procedures in relation to adult safeguarding referrals made since the previous inspection. Information viewed was noted to be comprehensive and included details of liaison with HSCT adult safeguarding representatives and other relevant stakeholders.

The inspection reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to patients health, welfare and safety.

The person in charge could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process. This information is stored on the agency's electronic system. The person in charge 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 inspector noted that those viewed included details of skill, experience, training and registration status with the Nursing and Midwifery Council (NMC).

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the person in charge 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 been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status and expiry dates.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided and an annual satisfaction survey; the person in charge highlighted the challenges in receiving feedback. It was good to note that the annual survey for 2017 indicated 100% satisfaction from the 110 service users who completed the survey.

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. The person in charge could describe the additional measures taken to ensure compliance with General Data Protection Regulation (GDPR).

### Service users' comments

- "Very good agency; the manager and deputy are very approachable and efficient."
- "They try to provide us with the same staff."

### Areas of good practice

Areas of good practice were identified in relation to the agency's staff recruitment, induction, training, supervision and appraisal processes, and the management of adult safeguarding matters.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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's management policy which details the process for the creation, storage and retention of records is currently being updated in line with GDPR. It was noted that records viewed were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy. It was identified that the agency has developed a working group to consider actions required in relation to GDPR; the registered manager has been identified as the Data Protection Officer for the agency. Administrative staff employed within the agency have recently received training in relation to GDPR.

Discussions with the person in charge, service users and documentation viewed provided evidence that the agency has effective systems in place to continually 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, audits of complaints, incidents and referrals relating to adult protection. The registered manager and the deputy manager meet weekly to discuss the effectiveness of the service provided and to review any identified matters of concern.

Weekly and monthly quality monitoring audits are completed and a monthly report developed. The reports contain details of the review of incidents, complaints and safeguarding referrals and includes comments made by service users and relevant stakeholders in relation to the quality of the service provided.

### **Comments recorded on quality monitoring reports**

- “\*\*\*\* is an excellent nurse. Acts in a professional and competent way.”
- “Office staff are very accommodating.”
- “Competent and conscientious employees.”
- “Works well with the team and communicates well with the team; a great advocate for residents.”
- “A hardworking girl who is working well with our team.”

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the person in charge and service users provided evidence that the agency seeks to develop and maintain effective working relationships with service users. Service users who spoke to the inspector were aware 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 person in charge described the process for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective and robust. It was identified that the agency has on occasions made referrals to the NMC in relation to the practice of individual staff nurses; detailed records are retained.

### **Service users' comments**

- “Office staff are efficient and make an effort to ensure continuity of staff provided.”
- “Staff nurses are trained well and knowledgeable.”
- “Office staff are very good.”
- “A number of my staff attended training provided by the agency and were very impressed; they stated that trainers were excellent and that it was the best training they have had.”

### **Areas of good practice**

Areas of good practice were identified in relation to record keeping, communication with service users, the agency's training programme and systems for reviewing the quality of the service provided.

### **Areas for improvement**

No areas for improvement was identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency's staff handbook and information 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. It was identified that staff are required to sign a confidentiality statement as part of the agency's application process.

The agency has 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 at any time including out of hours.

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 person in charge 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.

Discussions with the person in charge during the inspection indicated that the promotion of values such as dignity, choice, equality and respect were embedded in the culture and ethos of the organisation.

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.

The agency has systems for obtaining the views and opinions of service users. The person in charge described the processes for receiving feedback from service users following the provision of registered nurses and on an ongoing basis. Comments received from services users are attached to the agency's weekly audit report and discussed with staff responsible for placing nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints process and annual survey.

Following the inspection the inspector spoke to two service users and comments received were positive.

### Service users' comments

- "Staff in office are very helpful."
- "Staff nurses provided are very good."
- "Communication is good."

- “If I highlight a problem the agency is quick to deal with the issue and feedback to me.”

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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. Policies are retained both electronically and in a paper format stored within the agency’s office. Staff are provided with a number of key policies during induction; it was noted that new or updated policies are emailed to staff.

Discussions with the person in charge, administrative staff and documentation viewed indicated that the agency’s governance arrangements promote the identification and management of risk. These include the provision of relevant policies and procedures, ongoing monitoring of staff training, registration status of staff with the NMC, complaints, safeguarding incidents, accidents and incidents notifiable to RQIA.

The agency’s complaints policy details the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their procedures. The person in charge indicated that they had a clear understanding of the agency’s complaints procedure and the process for effectively managing complaints. The agency has a robust process for recording details of complaints received and the actions taken, and for reviewing complaints on a monthly basis. Records viewed were noted to contain detailed accounts of the outcome of the investigation of the complaint received and the actions taken by the agency. Complaints are reviewed monthly at the agency’s complaints strategy meeting and also annually; areas of learning are identified.

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 robust system for retaining a record of accidents, incidents and safeguarding referrals made 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 person in charge stated that the agency has a process for continually reviewing 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, supervision and appraisal. The agency has a system for recording staff training and for identifying training needs of staff provided.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which clearly outlines the responsibilities of their job role. Staff are required to highlight areas they feel that they need additional training.

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 person in charge and service users provided evidence 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 having been provided.

### **Service users' comments**

- "If I have a problem they are quick to address."
- "They issue evaluation forms."
- "Feedback is good; I have no issues with this agency."
- "They deal with issues raised efficiently."

### **Areas of good practice**

Areas of good practice were identified in relation to the agency's policies and procedures, the agency's governance arrangements, engagement with stakeholders and the management of complaints and incidents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)