

Unannounced Care Inspection Report 19 May 2016



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

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Staff Nursing Ltd took place on 19 May 2016 from 10.30 to 15.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection; to determine if the agency was delivering safe, effective and compassionate care; and if the service was well led.

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

Is care safe?

Exceptional delivery of safe care was evident on inspection. The agency operates robust recruitment systems and ensures sufficient supply of appropriately skilled and competent staff at all times. The agency's provision for the training needs of staff and service users has included the provision of training opportunities assessed to be well in excess of the minimum standards. The welfare, care and protection of service users is ensured through robust identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users. No areas for improvement were identified during the inspection.

Is care effective?

Exceptional delivery of effective care was evident on inspection. The inspector saw evidence of the implementation of quality monitoring systems in excess of the level required by regulations, minimum standards and guidance issued by RQIA. The agency has in place robust systems for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There are robust systems in place to promote effective communication with service users and relevant stakeholders; this was verified by service users who spoke to the inspector. In addition it was evident that the agency seeks to maintain effective working relationships with service users. The agency responds effectively to meet the specific needs of service users which has resulted in positive outcomes. No areas for improvement were identified during the inspection.

Is care compassionate?

Exceptional delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users. It was noted from observation and discussion with staff, service users that the agency seeks to obtain and value the views of service users. The inspector identified evidence of a range of positive outcomes for service users.

The agency has a range of effective systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems are of a very high standard and include consultation with service users and/or their representatives. No areas for improvement were identified during the inspection.

Is the service well led?

Exceptional delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place robust management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and managers fulfil their responsibilities in a manner which encourages the respect of staff and service users and promotes effective service delivery and operate the agency in accordance with the Regulations and Minimum Standards. Evidence of effective working partnerships with service user, HSC Trust representatives and other external stakeholders was evident during the inspection. Service users provided positive feedback of their confidence in the leadership of the agency and the manner in which issues and concerns are addressed. A high standard of leadership and outstanding delivery of a well led service was evident during inspection; this has resulted in the positive outcomes for service users. No areas for improvement were identified during the inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered provider: Staff Nursing Ltd	Registered manager: Margaret Robinson
Person in charge of the agency at the time of inspection: Margaret Robinson	Date manager registered: 7 December 2006

3.0 Methods/processes

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

- Discussion with the registered manager and training personnel
- Examination of records
- Consultation with service users
- 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
- Staff meeting minutes
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Recruitment and selection Policy
- Supervision Policy
- Appraisal policy
- Adult Safeguarding Policy
- Disciplinary Policy
- Whistleblowing Policy
- Data protection Policy
- Record keeping Policy
- Complaints Policy
- Training and development Policy
- Risk assessment policy
- Managing Audit of Quality Policy
- Quality Improvement Policy
- Service user consultation Policy
- Management of incidents Policy
- Confidentiality Policy
- Confirmation of NMC Registration 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 the minimum standards.

During the inspection the inspector met the registered manager and one of the agency's training consultants; following the inspection the inspector spoke to three service users.

During the inspection RQIA requested that questionnaires were distributed for completion by staff; three staff questionnaires were returned.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Staff Nursing Ltd is a nursing agency operating from premises on the York road in Belfast. The agency currently supplies 58 registered nurses to a number of residential and nursing homes.

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

4.1 Review of requirements and recommendations from the most recent inspection dated 3 September 2015

There were no further actions required to be taken following the most recent inspection.

4.2 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the registered manager stated that nurses are not provided until all required checks have been completed.

The registered manager stated that a skills profile is completed during the interview process to identify skills and experience of individual staff. The agency's training and development policy outlines the induction programme provided to staff prior to their commencement of employment; it was noted that the induction programme provided exceeds the requirements stated within the Regulations. It was identified that staff are required to shadow other nurses on shift prior to their supply to service users. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the information and support provided during the induction period and provided evidence of a comprehensive induction programme. Staff questionnaires returned indicated that staff had received appropriate training for their job role.

The agency's learning and development policy details the procedure for staff supervision and appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. The registered manager could describe instances when staff received more frequent supervision to address identified competency issues or concerns. Staff who completed questionnaires indicated that they receive supervision and appraisal.

The inspector examined the agency's provision for the welfare, care and protection of service users. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was noted that the agency has recently reviewed and updated their policy and procedures to reflect information contained within the guidance. It was noted that the registered manager has been identified as the 'safeguarding champion' for the agency.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency has adhered to policy and procedures in dealing with allegations of abuse. The manager stated that where shortcomings in systems are highlighted as a result of investigation that an action plan is developed; the inspector viewed records detailing actions taken following the outcomes of investigations. Discussions with the manager indicated that they had extensive knowledge and oversight of the management of safeguarding within the agency and 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 are required to be involved in.

Service users who spoke to the inspector stated that issues or concerns reported to the manager in relation to staff provided are handled efficiently; they stated that the agency communicates effectively with them in relation to the outcomes of any completed investigations.

Discussions with the registered manager, training consultants and records viewed indicated that staff are provided with face to face training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update. It was noted that staff have been provided with revalidation training and a personal portfolio in line with NMC registration requirements; the manager could describe the mechanisms that are currently being implemented to support staff in achieving the requirements for revalidation and registration with the NMC.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction.

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

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. The inspector viewed a number of training and simulation rooms used by the agency to provide appropriate training to their staff.

The manager could describe the process for appropriately assessing the needs and requirement of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency has a process for checking the NMC register monthly for each staff member employed; records maintained were viewed by the inspector. Discussion with the manager indicated that a number of staff have been provided with specialist training to meet the needs of the service users such as tracheostomy care, dementia care and peg tube care.

Service users stated that they are requested by the agency to complete progress reports in relation to staff provided; the inspector viewed a number of those returned.

Staff are required to complete a record of the orientation provided to them by the service users prior to them completing a shift.

Five staff questionnaires were returned to the inspector; responses received indicated that staff feel care provided is safe.

Service users' comments:

- 'The service provided is excellent.'
- 'Staff are well trained.'
- 'The agency provides us with full details of the staff's training, experience, registration status and Access NI checks; we get a photo of the staff nurse being provided.'
- 'I have no issues or concerns; the service provided is very good.'
- 'This is the only agency we use because their standards are high and the staff are well trained and experienced.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.3 Is care effective?

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 detailed within the Statement of Purpose and Service User Guide.

The agency's data protection policy and data retention and disposal policy which were viewed by the inspector clearly detail the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. It was noted that agency records are maintained to a high standard and overseen by robust monitoring systems.

From discussions with staff and records viewed it was identified that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this includes a review of training, complaints, incidents, safeguarding referrals and in addition audits of staffing issues and documentation. The inspector noted that the agency requests that service users complete a 'Performance monitoring form' for each staff nurse provided. Records of audits viewed included the views of service users and where appropriate other relevant professionals. The registered

manager stated that they are in regular contact with service users to obtain their views on the service provided and that they are required to record when any actions identified in the action plan have been completed.

Service users are requested to complete an annual satisfaction survey electronically and the inspector viewed the outcomes of the most recent survey.

Service users stated that they are provided with details of the agency's complaints procedure and indicated that complaints made are handled efficiently and appropriately.

There was evidence of robust systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders. Discussions with service users and observation of administration staff interaction during the inspection indicated that staff communicate appropriately with service users. Service users stated that they can speak to administration staff or the manager at any time and made positive comments about their working relationships with agency staff.

During the inspection it was evident that the agency seeks to maintain effective working relationships with service users. The registered manager could describe examples of recent liaison with stakeholders in relation to achieving better outcomes for service users.

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. It was identified that the agency has a process for obtaining the views and comments of service users in relation to staff provided and for addressing competency issues with staff.

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.

Five staff questionnaires were returned to the inspector; responses received indicated that staff feel care provided is effective.

Service users' comments:

- 'The agency is very responsive; I am very satisfied with the service provided.'
- 'Staff nurses provided to us have received exceptional training.'
- 'We are in contact with the agency on a daily basis; the communication is good.'
- 'They listen to any issues or concerns we have and are proactive in dealing with issues raised.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care compassionate?

Staff are made aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure; it was noted that all staff are provided with a handbook which contains relevant policies and procedures.

It was identified that the agency has robust systems in place to monitor the performance of nursing staff; these include competency assessments completed under the supervision of the training consultants in the one of the agency's competency assessment training simulation rooms. The manager provided evidence of occasions when training personnel have undertaken direct observation of staff whilst on placement.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging 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 their contact with the agency's administration staff.

The inspector noted that the agency incorporates feedback received in the agency's monthly quality monitoring report.

The agency has an electronic system for recording training completed and in addition for highlighting when training updates are required; it was viewed by the inspector. The registered manager could describe their role in identifying and highlighting gaps on a monthly basis. Staff stated that they receive training specific to their role training and in addition training specific to the needs of individual service users' such as tracheostomy care and dementia. Staff confirmed that they receive effective supervision and appraisal.

Staff training records viewed indicated that staff had received Human Rights training during their induction. Discussions with service users, discussions with agency staff and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

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.

The agency has in place an 'Appraisal Policy'; 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; they stated that staff are encouraged to liaise at any time with the manager in relation to training needs.

It was noted that the agency has in place robust systems to ensure that nurses can report concerns they may have regarding a placement. The manager provided evidence that staff can contact a senior within the agency at any time to discuss issues or concerns.

The agency’s ‘Whistleblowing Policy’ outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. It was identified that reference is made as to the role of RQIA in relation to whistleblowing.

The agency maintains a record of all incidents of suspected, alleged or actual abuse identified; records viewed indicate that the agency acted in accordance with their policy and procedures.

It was noted that the agency has in place systems to ensure that the views and opinions of service users are sought and taken into account. A range of relevant agency documentation viewed recorded the feedback received from service users; it was noted that both positive and negative comments were recorded and details of how matters of concern had been addressed. Formal processes to record and respond to service users are maintained through the complaints process, monthly quality monitoring and annual service user satisfaction surveys.

The registered manager described the range of processes for receiving feedback from service users following the provision of staff and annually in the form of an electronic survey. The inspector viewed documentation which contained the outcome of feedback received and an action plan which had been developed in response to the issues identified.

Five staff questionnaires were returned to the inspector; responses received indicated that staff feel care provided is compassionate.

Service users’ comments:

- ‘Staff go out of their way to send us the same staff nurse; we like this it is better for the residents.’
- ‘The nurses we get are excellent.’
- ‘The agency ensures that the staff supplied have the training and skills we need.’
- ‘****’s standard of care and manner with residents and other staff really stands out; they are an excellent ambassador for Staff Nursing.’
- ‘***** is excellent with our client group who all have a dementia diagnosis.’

Staff Nurses’ comments:

- ‘Being a staff nurse, I always make sure every time I give care to a client there is always a compassionate and genuine respect and concern for them.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed annually and in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained electronically which all staff have access to, and additionally in paper format stored within the agency's office.

Documentation viewed and discussions with the registered manager evidenced that the agency's governance arrangements promote the identification and management of risk; these include appropriate policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA and a risk assessments relating to risks to staff.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received a number of complaints for the period 1 April 2015 to 31 March 2016. Discussion with the registered manager and documentation viewed indicated that the agency had dealt effectively with complaints received in accordance with their policy and procedures.

It was identified that the agency has in place robust management and governance systems to drive quality improvement. Arrangements in place for managing and monitoring of incidents and complaints include mechanisms for auditing, identifying trends and reducing the risk of recurrences. Records viewed provided evidence of robust staff supervision, appraisal, and where required management of performance issues. The manager could describe the importance of ongoing review and monitoring of services provided to identify areas for learning and development, improving the quality of the service, and of providing better outcomes for service users.

The agency's attention to the training needs of staff has included the provision of training opportunities well in excess of the minimum standards. The agency has a team of training personnel employed to deliver all mandatory training and training specific to the needs of individual service users. The registered manager stated that staff are required to complete training during their induction and an annual update. It was noted by the inspector that agency staff are not provided 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 training completed by staff; it was noted that the system highlights when training updates are required. Records viewed indicated that staff have received the necessary mandatory training and in addition training specific to the needs of service users. 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 all training provided and to undertake competency assessments in a number of identified areas. The agency has a number of simulated training rooms providing them with the opportunity of accurately assessing staff competency in a range of areas.

It was noted from discussions with one of the training consultants that when performance issues have been identified that staff will receive updated training and competency assessments which may include direct observation whilst on placement.

The organisational and management structure of the agency identifies clear 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 and a staff handbook which outline the role and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record that staff have signed to indicate that they have read and understood the agency's policies and procedures and information provided to them during their induction programme.

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.

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 and service users indicated that there are effective collaborative working relationships with external stakeholders, including where appropriate HSCT representatives. Service users could describe the process for contacting the agency's staff in relation to issues or concerns and indicated that the agency responds effectively to any issues highlighted.

The agency has a process for ensuring that they proactively receive feedback from service users on each occasion a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that they contained a range of positive comments in relation to the service provided.

Five staff questionnaires were returned to the inspector; responses received indicated that staff feel the service is well led.

Service users' comments:

- 'Anything I have reported to the manager has been dealt with effectively.'
- 'If I raise a concern I get good feedback; the communication is good.'
- 'I am very happy with the nurses provided.'
- 'The agency seeks feedback regularly on the staff supplied and the service provided by the admin staff.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

📍 @RQIANews