



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Staff Nursing Ltd  
**Nursing Agency ID No:** 10688  
**Inspection No:** IN021049  
**Date of Inspection:** 22 January 2015  
**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of agency:</b>	Staff Nursing Ltd
<b>Address:</b>	Castleton Centre 44 York Road Belfast BT15 3HE
<b>Telephone number:</b>	028 9074 5481
<b>E mail address:</b>	<a href="mailto:meg@staffnursing.co.uk">meg@staffnursing.co.uk</a>
<b>Registered organisation/ Registered provider:</b>	Mr Thomas Robinson
<b>Registered manager:</b>	Mrs Margaret Robinson
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Margaret Robinson
<b>Categories of care:</b>	Not applicable
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	Thirty four
<b>Date and type of previous inspection:</b>	28 March 2014 Annual unannounced inspection
<b>Date and time of inspection:</b>	22 January 2015 10 am -12.30 pm
<b>Name of inspector:</b>	Michele Kelly

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## Profile of Service

Staff Nursing Ltd is a nursing agency operating from Castleton Centre, 44 York Road, Belfast, BT15 3HE. The service currently supplies thirty four nurses to a number of service users.

## Summary of Inspection

This is the annual unannounced inspection report for Staff Nursing Ltd which was undertaken on 22 January 2015 by Michele Kelly an inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 10.00am and finishing at 12.30pm.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies (2008).

The Registered Manager, Mrs Margaret Robinson was in attendance throughout the inspection.

The previous inspection occurred on 28 March 2014 and resulted in no requirements or recommendations.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008).

To validate compliance levels for two of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. Six personnel files reviewed were found to be fully compliant with the legislation and electronic systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations.

There are no requirements or recommendations made as a result of this inspection.

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2008) Policies are centrally indexed and three policies were viewed on the day of inspection. These had

been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records. In the staff handbook there is information on recording and reporting which is used as part of the induction process and training in care planning and record keeping is also provided to agency nurses.

The agency was judged to be 'compliant' with this standard.

### **Additional Matters**

The inspector viewed the record of complaints and incidents and concluded that they were thoroughly investigated. One matter which continues to be unresolved was discussed with the inspector.

The overall outcome of the inspection would indicate that the agency is providing a high quality service with safe and effective patient care.

The inspector would like to extend gratitude to Mrs Margaret Robinson and the staff of Staff Nursing Ltd for the hospitality and contribution to the inspection process.

### **Follow-Up Issues from Previous Inspection**

No requirements or recommendations were made as a result of the previous inspection.

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies and procedures that relate to the management of the Nursing Agency are in place in accordance with statutory requirements	Compliant
<b>Inspection Findings:</b>	
There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the registered manager and provider in August 2014 and were dated and signed.	Compliant



<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	
<b>Provider's Self Assessment:</b>	
Nursing Home Managers and Staff have the opportunity to provide input into any new or updated policies and procedures	Compliant
<b>Inspection Findings:</b>	
The quality of services is monitored by the registered person and the registered manager on an ongoing basis through evaluations completed by clients and agency nurses. These are recorded monthly in a monitoring report. The registered manager also makes regular weekly and sometimes daily contacts with clients regarding the quality of service provided by the agency. Clients are also surveyed annually and information obtained from both formal and informal contacts is used to ensure service improvement and may influence the development of policy and procedures. The registered manager discussed how information from a setting regarding the disposal of clinical waste resulted in a review of policy which was then circulated to all staff.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies are centrally indexed and are compiled in a policy manual	Compliant
<b>Inspection Findings:</b>	
On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Policies and procedures are dated when issued, reviewed and revised	Compliant
<b>Inspection Findings:</b>	
All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All policies are reviewed annually by the Nurse Manager	Compliant
<b>Inspection Findings:</b>	
The inspector viewed the policy manual and it was evident that policies are reviewed at least three yearly. The registered manager and the registered person are involved in all reviews of policies and procedures. It was evident that the registered provider is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Staff Nursing does not supply nurses to care for patients in their own homes	Not applicable
<b>Inspection Findings:</b> There are no nurses being supplied at present to provide nursing care to private patients in their own homes.	Not applicable

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	
<b>Provider's Self Assessment:</b>	
Staff Nursing has a Management Records policy in place detailing arrangements for creation, use, retention, storage, transfer, disposal of and access to records	Compliant
<b>Inspection Findings:</b>	
The Management of Records policy and procedure contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</b>	
<b>Provider's Self Assessment:</b>	
All records required under the HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in Staff Nursing at all times for inspection	Compliant
<b>Inspection Findings:</b>	
On the day of inspection all records requested were made available to the inspector.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.4 The information held on record is accurate, up to date and necessary.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Staff Nursing ensures that the information held on record is accurate, up-to-date and necessary	Compliant
<b>Inspection Findings:</b>	
Records inspected were current, necessary and confirmed by the manager as accurate.	Compliant



<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Not applicable
<b>Inspection Findings:</b>	
The agency reinforces the importance of adhering to NMC guidelines in relation to record keeping at induction. As part of interview and recruitment processes there is an assessment of competence which has a focus on recording and reporting.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	
<b>Provider's Self Assessment:</b>	
	Not applicable
<b>Inspection Findings:</b>	
Evidence of agency staff having had training in Data Protection on 13 August 2014 was available. This training included detail in relation to creation, use, management and disposal of records in line with good practice and legislative requirements.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	
<b>Provider's Self Assessment:</b>	
All records retained at Staff Nursing are held securely for the periods of time specified in DHSSPS guidelines and are disposed of in accordance with legislation	Compliant
<b>Inspection Findings:</b>	
The Management of Records policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines	Compliant

Enquiries relating to this report should be addressed to:

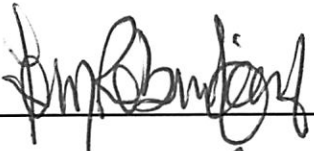
**Michele Kelly**  
**Regulation and Quality Improvement Authority**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 2BT**

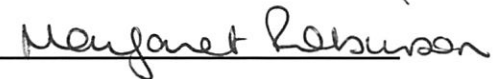


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No requirements or recommendations resulted from the **primary unannounced** inspection of **Staff Nursing Ltd** which was undertaken on **22 January 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED:   
 NAME: THOMAS ROBINSON  
 Registered Provider  
 DATE 27/2/15

SIGNED:   
 NAME: MARGARET ROBINSON  
 Registered Manager  
 DATE 27/2/15

Approved by:	Date

<b>Approved by:</b> Michele Kelly	<b>Date</b> 11/3/15