

# Unannounced Care Inspection Report

## 28 March 2019



## North West Recruitment

**Type of Service: Nursing Agency**

**Address: 19 Carlisle Road, Derry/Londonderry, BT48 6JJ**

**Tel No: 02871372937**

**Inspector: Kieran Murray**

[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

North West Recruitment is a nursing agency which operates from offices located in Londonderry. The agency currently supplies nurses to private nursing homes and Health and Social Care Trust (HSCT) facilities in the Western Health and Social Care Trust (WHSCT), Northern Health and Social Care Trust (NHSCT) and South Eastern Health and Social Care Trust (SEHSCT) areas.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> North West Recruitment  <b>Responsible Individual(s):</b> Mr Philip Stewart	<b>Registered Manager:</b> Mrs Shauna Teresa Irwin Acting Manager
<b>Person in charge at the time of inspection:</b> Mrs Shauna Teresa Irwin	<b>Date manager registered:</b> 14 August 2018 Mrs Shauna Teresa Irwin – application not yet submitted

### 4.0 Inspection summary

An unannounced inspection took place on 28 March 2019 from 09.30 to 15.30 hours.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

#### Evidence of good practice was found in relation to:

- staff recruitment
- quality monitoring process
- training and development
- supervision and appraisals
- professional body regulations
- engagement with service users and other relevant stakeholders

No areas requiring improvement were identified during the inspection.

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 Mrs Shauna Teresa Irwin, Acting 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 7 November 2017**

No further actions were required to be taken following the most recent inspection on 7 November 2017.

#### **5.0 How we inspect**

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

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

- discussion with the manager and administrative staff
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- two staff recruitment records
- two staff induction and training records
- three records relating to staff supervision and appraisal
- records relating to Adult Safeguarding
- service user feedback records
- 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 timescales as outlined within the minimum standards.

During the inspection the inspector met with the manager and administrative staff.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

The inspector requested that the manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, and families who were not available

on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the agency.

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 7 November 2017**

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

### **6.2 Review of areas for improvement from the last care inspection dated 7 November 2017**

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

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency retains a record of checks completed; the manager confirmed that information is reviewed and verified by the manager and that nurses are not provided until all the relevant pre-employment checks have been satisfactorily completed and verified. Two staff recruitment records viewed indicated that required checks had been completed and that the agency's recruitment process is robust. Staff records viewed indicated that staff are not provided until the pre-employment checks and documentation relating to training had been received and verified.

The agency requires registered nurses to complete an 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 outlined the information and support provided to staff during the induction process.

The agency's supervision and appraisal process was reviewed during inspection. The agency maintains a record of staff supervision; records viewed indicated that they were completed in accordance with the agency's procedural timeframes. Staff appraisals are completed on an annual basis and this was confirmed from staff records reviewed during inspection.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are informed when training updates are required. The manager stated that registered nurses are not provided with work placements if required training updates have not been completed.

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 operations manager is the identified Adult Safeguarding Champion (ASC).

The manager stated that 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 discussion with the manager, staff and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training.

The manager described 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 may be required to be involved in. It was noted that the monthly quality monitoring audit, reviews referrals made in relation to adult and child protection.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that a number of safeguarding referrals were made to the trust since the last inspection 7 November 2017. The referrals were made appropriately and management plans were made in conjunction with the HSC trust as evidenced by the inspector.

It was positive to note that the agency had completed an adult safeguarding position report for 2017/2018 and the agency was in the process of finalising the 2018/2019 report.

The manager described the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and competency profile for each nurse. The manager described the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, experience, skills and suitability of the nurse to be provided.

The agency has a system for monitoring and recording the registration status of nurses with the Nursing Midwifery Council (NMC); the manager described the process of checking the NMC register on a monthly basis to ensure all staff are registered.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided. The feedback documentation requests information relating to staffs' timekeeping, appearance, interaction and delivery of care.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected. The manager could describe the additional measures taken to ensure compliance with General Data Protection Regulation (GDPR).

## Areas of good practice

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

It was identified from records viewed that they were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the manager and documentation viewed provided evidence that the agency has effective systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, nurses' registration status with the NMC, audits of complaints, accidents, incidents and referrals relating to safeguarding of patients.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by the operations manager who has a good working knowledge of the agency.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with service users', staff, and progress on improvement matters.

The inspector noted the following comment made by a service user during a quality monitoring visit:

### Service user comment:

'North West Recruitment service very good, just seeking nursing staff due to shortages in the WHSCT.'



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 manager provided evidence that the agency seeks to develop and maintain effective working relationships with service users. Service users are informed 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 regular site and phone contact with service users.

### Areas of good practice

Areas of good practice were identified in relation to 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 were 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.**

Discussions with the manager 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 staff handbook and information provided to all registered nurses during their initial induction contains details of a number of key policies and procedures including the agency's confidentiality policy. The manager stated that confidentiality is discussed with staff during induction. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times.

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's staff handbook clearly outlines the process for staff in relation to reporting concerns.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback proforma for staff provided. The manager described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process, site visits and telephone contacts with service users to obtain their views as to the quality of the service provided and feedback on staff performance.



The inspector noted that staff are provided with the agency's 'Whistleblowing Policy' which outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

### 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 agency's management and governance systems in place to meet the needs of service users were reviewed. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Policies are retained both electronically and in paper format stored within the agency office. It was identified that a number of policies were required to be reviewed to include the recently updated contact details for RQIA; assurances were given by the manager that this would be actioned. Staff are provided with a number of key policies during induction and in the staff handbook; in addition staff can access required policies in the agency's office.

Discussions with the manager and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include the provision of required policies and procedures, monitoring of staff training, registration status of staff with the NMC, monitoring of feedback received, complaints, safeguarding referrals, accidents and incidents including those notifiable to RQIA.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. A number of incidents have been reported appropriately to RQIA since the previous care inspection.

The agency's complaints policy outlines the process and timescales for managing complaints. Discussions with the registered manager demonstrated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints.

Records viewed confirmed that the agency has a robust process for recording details of complaints received and the actions taken, and for reviewing complaints on a monthly basis as part of the quality monitoring process. The agency had not received any complaints since the previous care inspection.

It was identified that 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 manager stated that the agency has a process for continually reviewing the service provided to identify areas for improving the quality of the service.

The inspector noted and examined the following surveys carried out by North West Recruitment, Service User Questionnaires 2017/2018, Performance Questionnaires 2017/2018, North West Recruitment Office Performance Monitoring 2017/2018, Staff Surveys and Site Visits, all with positive results. On the day of the inspection the annual quality report 2018 was in the process of being finalised, this can be reviewed at the next inspection.

Electronic and paper 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 a compliance system for identifying training needs of staff provided and for reviewing the registration of staff with the appropriate regulatory body.

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 outlines the responsibilities of their job role. Staff are required to highlight areas where 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 manager provided evidence that the agency promotes effective collaborative working relationships with service users. It was identified that the agency processes for ensuring that they actively seek feedback from service users following staff having been provided.

### **Areas of good practice**

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



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