

# Short notice announced Care Inspection Report 22 September 2016



## North West Recruitment

Type of service: **Nursing Agency**  
Address: **19 Carlisle Road, Derry, Londonderry, BT48 6JJ**  
Tel No: **02871372937**  
Inspector: **Amanda Jackson**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

A short notice announced inspection of North West Recruitment took place on 22 September 2016 from 11.00 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and 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 and previous inspection outcomes and any information we have received about the service since the previous inspection

### **Is care safe?**

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 has been assessed to be in compliance with the minimum standards. The welfare, care and protection of service users is ensured through 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.

### **Is care effective?**

The inspector saw evidence of the implementation of quality monitoring in accordance with minimum standards and guidance issued by RQIA. The agency has in place a system for review and monitoring the quality of care in conjunction with service users. There are systems in place to effectively communicate with service users; this was verified by one service user/trust professional who spoke to the inspector.

### **Is care compassionate?**

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 discussions with two staff members and one service user that the agency seeks to obtain and value the views of service users. This feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users.

### **Is the service well led?**

The agency has in place 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 manager fulfil their responsibilities in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. Evidence of effective working partnerships with service users, HSC Trust representatives and other external stakeholders was

evident during the inspection. One service user/trust professional provided satisfactory feedback regarding the manner in which issues and concerns are addressed.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Shauna Irwin, 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

<b>Registered organisation/registered person:</b> North West Recruitment/Mr Philip Stewart	<b>Registered manager:</b> Mrs Shauna Irwin
<b>Person in charge of the home at the time of inspection:</b> Mrs Shauna Irwin	<b>Date manager registered:</b> 10 October 2011

### 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency.

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

- Discussion with the registered manager
- Consultation with two staff
- Consultation with one service user/trust professional
- Examination of records
- File audits
- Evaluation and feedback.

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.

Following the day of inspection the inspector spoke with two nursing staff and spoke with the one service user/trust professional to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

The registered manager was provided with five questionnaires to distribute to all staff members for their completion. The questionnaires asked for staff views regarding the service, and requesting their return to RQIA. No staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Induction policy and procedure
- Three staff recruitment records
- Three staff induction and training records
- Staff training and development policy
- Staff training and development plan
- Two long term staff training records
- Supervision policy and procedure
- Appraisal policy and procedure
- Two staff supervision records
- One staff appraisal record
- Two staff quality monitoring reports
- Protection of Vulnerable adults policy and procedure
- Three monthly monitoring reports by Chief executive officer (CEO)
- Annual quality report
- Whistleblowing policy and procedure
- Two staff whistleblowing and confidentiality agreements
- Five staff skills and competence assessments
- Two staff monthly NMC checks
- Management of records policy
- Statement of purpose
- Service user guide
- Staff handbook
- Untoward incidents policy and procedure
- Two staff NMC revalidation information.

## 4.0 The inspection

North West Recruitment nursing agency operates from premises on Carlisle Road in Londonderry. The agency currently supplies two registered nurses into five facilities in the Western Health and Social Care Trust (WHSCCT). The agency is currently recruiting a further three nurses.

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 11 February 2016

The most recent inspection of the agency was an unannounced care inspection. This inspection resulted in no requirements or recommendations being made.

### 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; evidence of this process was reviewed during inspection. An update skills assessment is completed annually by the agency and was available for review during inspection. The agency's induction policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; review of induction for three staff members currently being recruited outlined the training provided during the induction period. Staff spoken with post inspection confirmed they had received appropriate training for their job role.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. The agency maintains a record of staff supervision; records viewed indicated that they are completed in accordance with the agency's policies and procedures. The agency undertake staff appraisals on an annual basis and this was confirmed within one staff file during inspection, the remaining staff member had commenced employment within the previous year. Staff spoken with post inspection 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; and have revised their policy in accordance with the guidance.

The inspector was unable to review records maintained in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the registered manager clearly indicated that they had knowledge of safeguarding within the agency. The registered manager 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.

One service user/trust professional who spoke to the inspector post inspection stated that issues or concerns do not generally arise in relation to the staff member provided. The service user stated they would be confident that any matters arising would be handled appropriately and in a timely manner.

Discussions with the registered manager indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. It was discussed how staff are being supported regarding NMC revalidation and this was confirmed by the staff members spoken with post inspection. The registered manager discussed their plans to support staff in this process ongoing.

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 (within the staff handbook) 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 includes a range of offices which is suitable for the operation of the agency as described in the Statement of Purpose. The registered manager confirmed the agency computers are password protected. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The registered manager could describe the process for 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 retain records of such assessments which are completed during interview with the staff member and reviewed on an annual basis. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for each staff member employed; records maintained were viewed by the inspector.

One service user/trust professional stated that they are requested by the agency to complete members assessments in relation to staff provided; the inspector viewed a number of those returned.

#### **Service users' comments:**

- 'The staff member provided to the service ongoing in very competent.'

## Areas for improvement

No areas for improvement were identified during the inspection.

### 4.3 Is care effective?

During the inspection 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 detailed within the Statement of Purpose and Service User Guide.

The agency's policy on 'Management of records' which was 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.

From discussions with two staff and records viewed it was identified that the agency has in place 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 include a review of training, complaints, incidents and safeguarding referrals. The inspector noted that the agency requests that service users complete a 'Members assessment'/quality monitoring record for each staff nurse provided. Records of audits viewed included the views of service users. The registered manager confirmed they are in contact with service users to obtain their views on the service provided.

Service users are requested to complete an annual satisfaction survey in addition to the members assessments. This feedback is detailed with the annual report reviewed during inspection for 2015.

One service user/trust professional stated that they are provided with details of the agency's complaints procedure and indicated that they are confident any matters arising would be handled appropriately. No matters have arisen within this service.

There was evidence of systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders. Discussion with one service user/trust professional confirmed appropriate communication processes are in place.

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 as necessary.

The registered manager confirmed, when concerns relating to a staff member are identified the agency will address the concerns with the individual immediately. Whilst this process is ongoing the manager confirmed the staff member would not be provided to work.

**Service users commented:**

- ‘Communication with the agency is good, we receive the same staff member ongoing and she is very competent.’

**Areas for improvement**

No areas for improvement were identified during the inspection.

**4.4 Is care compassionate?**

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction, the handbook includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during inspection.

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 members assessment for each staff member provided on an ongoing six monthly basis.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff members spoken with stated that they receive training specific to their role; one staff member commented the training is very good and better than what they receive in their main employment. Staff confirmed that they receive effective supervision and appraisal and can speak with the registered manager at any time.

Discussions with one service user/trust professional and agency staff 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 service user spoken with stated the staff member is very competent and provides a good quality of care.

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 supplied by the agency have received the relevant training and the staff handbook which details such information.

The agency has in place ‘Supervision and appraisal Policies’; it was noted that staff are required to complete an annual appraisal and six monthly supervisions. The manager stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The manager stated that staff are encouraged to liaise at any time with the manager in relation to training needs; this was confirmed by the staff members spoken with post inspection.

It was confirmed by the registered manager that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. This was confirmed by the staff members spoken with post inspection.

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 registered manager confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. No matters have arising since the previous inspection.

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. 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. The inspector viewed the annual quality report for 2015 which presented feedback from all stakeholder groups.

**Service users commented:**

- 'The staff member we have received ongoing for some time now is very competent and provides a good quality of care.'

**Staff Nurses' comments:**

- The staff spoken with following the inspection discussed respect and dignity and demonstrated a clear knowledge around confidentiality and raising concerns to their line manager as appropriate.

**Areas for improvement**

No areas for improvement were identified during the inspection.

## 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 ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained in paper format stored within the agency's office, which all staff have access to.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has not received any complaints for the period 01 April 2015 to 31 March 2016. Discussion with the registered manager indicated that the agency would deal with complaints received in accordance with their policy and procedures.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the CEO. Records viewed provided evidence of staff supervision and appraisal in accordance with the agency policy and procedure.

The agency delivers all mandatory training through their training team. The registered manager stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. It was confirmed by the manager that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of three staff members file who are currently being recruited confirmed compliance with the recruitment and training procedures.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. 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.

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 roles 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 to confirm staff have read and understood the agency's information provided to them during their induction programme and this was reviewed during inspection.

The registered manager has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. 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 user/trust professional indicated that there are good working relationships with external stakeholders, including where appropriate HSCT representatives. The service user could describe the process for contacting the agency's staff in relation to issues or concerns and indicated that no matters of concern have arisen. The service users confirmed they had confidence in the agency to respond effectively to any issues highlighted.

The agency has a process for requesting feedback from service users following staff placements; the inspector viewed feedback documentation received by the agency and noted that they contained positive feedback in relation to the service provided.

**Service users' comments:**

- 'Quality of care delivered is good.'

**Areas for improvement**

No areas for improvement were identified during the inspection.

**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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