

## **Announced Care Inspection Report 24 October 2019**



### **The Scottish Nursing Guild**

**Type of Service: Nursing Agency**

**Address: 6th Floor, City Exchange, Gloucester Street, Belfast, BT1 4LS**

**Tel No: 03333230338**

**Inspector: Bridget Dougan**

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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

This is a nursing agency which supplies nurses to a range of healthcare settings, including hospitals, community, nursing homes and hospices. The agency also supplies nurses to provide care to patients living in their own homes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Independent Clinical Services Ltd  <b>Responsible Individual(s):</b> Ms Sara Lilian James	<b>Registered Manager:</b> Ms Kate Nicholson-Florence: application received 21 December 2018
<b>Person in charge at the time of inspection:</b> Ms Kate Nicholson-Florence	<b>Date manager registered:</b> Registration pending

### 4.0 Inspection summary

An announced inspection took place on 24 October 2019 from 10.30 to 15.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of nursing agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Service users have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction and training; the agency's quality monitoring process and engagement with service users and other relevant stakeholders.

One area for improvement was identified in relation to the complaints policy and procedure.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with the manager and the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 07 February 2019**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2019

### **5.0 How we inspect**

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report and QIP
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

The inspector spoke with Ms Kate Nicholson-Florence, manager, the deputy manager, the general manager, four registered nurses and three office staff. Comments received are included within the body of the report.

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

The following records were examined during the inspection:

- A range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management.
- Statement of purpose.
- Service user guide.
- Three staff members' recruitment records.
- Two staff members' induction records.
- Two staff members' training and competency assessment records.
- Staff Nursing and Midwifery Council (NMC) registration checking process.
- A range of quality monitoring reports.
- Incidents.
- Quality audits and governance arrangements.

The findings of the inspection were provided to the manager and deputy manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 7 February 2019

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 7 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time	The registered person shall ensure that the adult safeguarding policy is updated to reflect the regional policy and guidance documents entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and 'Adult Safeguarding Operational Procedures' (September 2016).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The adult safeguarding policy dated March 2019 had been reviewed and updated to reflect the regional 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) policy and guidance documents.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 1.12  <b>Stated:</b> First time	The registered person shall ensure the monthly monitoring report summarises the comments of people who use the services and/or their representatives about the quality of the services provided, and any actions taken by the registered person or the manager to ensure that the nursing agency is being managed in accordance with minimum standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of monthly monitoring reports dated March 2019 – September 2019 evidenced that	

	the comments of people who use the services and/or their representatives had been summarised and included in the reports. An action plan had been included to address any issues identified.	
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### 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 the 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 registered nurses are not permitted to work until all pre-employment checks have been satisfactorily completed and verified. Staff recruitment records viewed evidenced that required checks had been completed and that the agency's recruitment process is robust.

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 outline the information and support provided to staff during the induction process.

There was a rolling programme of training, competency assessments, supervision and appraisal. Records of staff supervision indicated that staff had received supervision and appraisal in accordance with the time frames specified in the agency's procedures.

The agency has a system for recording training completed by staff and for highlighting when training is required. The manager stated that registered nurses are not permitted to work if annual training updates have not been completed. It was good to note that additional training had been provided to staff in areas such as consent, record keeping, confidentiality, whistleblowing and Deprivation of Liberty Safeguards (DOLS).

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records and discussion with the manager confirmed that there had been no potential safeguarding incidents since the previous inspection.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the deputy manager was the identified ASC. The Annual Position Report had not yet been completed and the manager was advised that RQIA will wish to review evidence of the report following the implementation date of 1 April 2020.

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 discussions with the manager 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 and ASC could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. It was noted that the monthly quality monitoring audit process includes the review of referrals made in relation to adult protection matters.

The manager could describe the procedure for appropriately matching the individual skills of the registered nurses employed to the needs of the service users; this includes the completion of a skills and experience profile during the interview process and ongoing training, development and competency assessments following employment.

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure that all staff are registered.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector viewed a range of risk assessments in place relating to individual service users.

The manager explained the systems in place to seek, record, monitor and retain service user comments regarding the quality of care provided by the agency. Methods included for example; agency staff and provider satisfaction surveys; regular audits of service provision and monthly quality monitoring visits.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, and supervision.

### **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.

The review of the care records for patients in receipt of private nursing care identified that they were person-centred and maintained in an electronic system in an organised manner. The care records evidenced referral information and risk assessments.

The care plans reviewed identified that consideration had been given to the service users' human rights. This related particularly to, but was not limited to, the service user's right to privacy and dignity; personal choices and autonomy; promoting family life; and their right to refuse care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

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, referrals relating to adult protection and audits of service user feedback and documentation. This information is provided to the senior management team in accordance with their governance procedures.

Monthly quality monitoring audits are completed by the manager and a monthly report developed. The reports contain details of the review of incidents, complaints, safeguarding referrals and feedback received by the agency. The manager confirmed that the responsible person reviews the quality monitoring reports, as part of the quality monitoring process. It was identified that the name of the responsible person and the date the report had been reviewed by them had not been included on the quality monitoring reports. Assurances were provided to the inspector that this would be actioned in all future monthly quality monitoring reports.

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, deputy manager and administrative staff provided evidence that the agency seeks to develop and maintain effective working relationships with service users. The manager stated that 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, face to face meetings, skype calls and regular phone contact with service users.



The manager described the process for addressing concerns relating to individual staff members; it indicated that the agency's procedure for dealing with concerns is effective.

### Areas of good practice

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

### Areas for improvement

No areas for improvement 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.**

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

The 'Whistleblowing Policy' provided to staff, outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

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

Discussions with the manager, deputy manager and staff 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 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 pro-forma for staff provided. The manager and administrative staff described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process face to face meetings and telephone contact with service users to obtain their views as to the quality of the service provided and feedback on staff performance.

Comments received from service users included:

- "Just as soon as I made contact with the Nursing Guild, I began to feel that someone was listening, but the difference was you were listening with offers of how to help. Calls were returned to me so quickly to put that help in place"

- “I recently received excellent care from one of your nursing staff which I would like to formally acknowledge”
- “I received excellent care from a Guild nurse during my recent admission to hospital and would just like to pass on my appreciation, recognition and thanks”.

We spoke to four registered nurses during the inspection and comments included:

- “I am very happy working for Scottish Nursing Guild. The management are very supportive”
- “Plenty of shifts and great support”
- “I have completed a lot of training. I am more than satisfied”

### Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, staff 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.**

Ms Nicholson-Florence is supported in the management of the agency by a full time deputy manager, based in Northern Ireland.

A range of policies and procedures were in place which directs the quality of services provided by the agency. Policies/procedures were readily available, centrally indexed and compiled into a policy file. Electronic versions of policies and procedures were also available for inspection and to agency staff. Policies and procedures were ratified and signed by the manager, with review dates recorded. It was identified that the Equality and Diversity policy, which had been reviewed in December 2017, stated the date of the next review was December 2021. This was discussed with the manager, who confirmed, following the inspection that this date of review had been changed to December 2020 in line with the minimum standards.

Records viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk. These include provision of relevant policies and procedures; monthly audit of registration status with the NMC, staff training, complaints, incidents and safeguarding.

There was a complaints policy and procedure in place which was not fully in accordance with the legislation and Department of Health (DOH) guidance on complaints management. The role of the HSC Trust had not been identified. This was discussed with the manager and the current DOH guidance was shared with the agency following the inspection. An area for improvement has been made in this regard.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with their policy and procedures. Records viewed were noted to contain comprehensive accounts of the outcome of the investigation of the complaint received and any further actions taken by the agency.

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 Scottish Nursing Guild had systems in place to ensure that staff were well informed of the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships and that the management team were responsive to suggestions and/or concerns raised.

We reviewed the annual quality report for 2018. The report included an overview of complaints, accidents/incidents and staff training for the year. The manager confirmed that service users, their representatives, staff and other key stakeholders will be involved in this process in the future, and their views will be included in all future annual quality reports.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified with regard to the complaints policy and procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Kate Nicholson-Florence, manager, and the deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Agencies Minimum Standards, 2008.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2019	The registered person shall ensure the complaints policy and procedure has been reviewed and amended and is in accordance with legislation and Department of Health (DOH) 2019 guidance on complaints management  Ref: 6.7
	<b>Response by registered person detailing the actions taken:</b> Complaints Policy Updated with the requested information and re-published,

*\*Please ensure this document is completed in full and returned via Web Portal\**



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

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