

# Unannounced Care Inspection Report 7 February 2019



## The Scottish Nursing Guild

Type of service: Nursing Agency

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

Tel no: 03333230337

Inspector: Bridget Dougan

[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

This is a nursing agency which supplies nurses to a range of healthcare settings, including hospitals, community and nursing homes.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Independent Clinical Services Ltd  <b>Responsible Individual:</b> Ms Sara Lilian James	<b>Registered Manager:</b> Ms Kate Nicholson-Florence – application received 21 December 2018 – registration pending
<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 unannounced inspection took place on 7 February 2019 from 12.00 to 16.00.

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

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 a number of areas of service delivery including recruitment policies and procedures and communication between service users, staff and other key stakeholders.

Areas requiring improvement were identified including the adult safeguarding policy and the monthly quality monitoring report.

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 Ms. Kate Nicholson-Florence, 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 22 September 2017

No further actions were required to be taken following the most recent inspection on 22 September 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report
- record of notifiable events since the previous inspection
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the manager, community care manager, office manager and 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 this report.

The following records were examined during the inspection:

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

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 September 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 22 September 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 manager advised that all staff selection and recruitment records were retained within the head office of the agency and that all new staff were recruited and selected in accordance with statutory employment legislation and minimum standards. Pre-employment checks were undertaken prior to commencement of employing new staff. Checks were retained electronically and reviewed on an annual basis by the manager. A review of the recruitment records for three registered nurses demonstrated that all the relevant information as outlined in Schedule 2 of The Nursing Agencies Regulations (Northern Ireland) 2005 had been sought and retained.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be compliant with related regulations and standards.

The manager confirmed that all new staff are required to complete a structured induction programme. Records reviewed established that staff induction, including required mandatory training, was provided and signed.

The provision of staff supervision was discussed with the manager who advised that informal supervision was provided via telephone on an ongoing basis, with formal supervision provided following significant incidents. Full time Registered Nurses were fully supported through revalidation and all staff complete an annual workbook which identifies training requirements. The manager confirmed that they currently provide annual supervision/appraisal to staff working in community services in England and Scotland and they are planning to extend this to Northern Ireland.

The agency has an electronic system for recording training completed by staff and for highlighting training required; it was noted that a reminder will be sent to registered nurses when training updates are required. The manager stated that registered nurses are not provided with work placements if annual training updates have not been completed.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The safeguarding and protecting children policy dated October 2017 did not reference the regional policy. An electronic copy of the policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (March 2016) was forwarded to the agency following the inspection. The safeguarding policy was updated following the inspection and an electronic copy forwarded to RQIA.

The adult safeguarding policy dated April 2018 did not reference the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) or the 'Adult Safeguarding Operational Procedures' (September 2016). The agency's policy has not identified the Adult Safeguarding Champion or detailed their key responsibilities in line with regional guidance. An area for improvement has been identified.

The manager 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 are required to be involved in.

Registered nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction.

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.

The manager also described the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, skills, training, experience and suitability of the nurse to be provided.

A system was in place for monitoring and recording the registration status of nurses with the NMC; the manager described the process for checking the NMC register on a monthly basis to ensure all staff are registered.

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 recruitment induction, policies and procedures.

## Areas for improvement

An area for improvement was identified in respect of the adult safeguarding policy

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

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

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 outlined within the Statement of Purpose and Service User Guide.

The agency's management of records and information policy details the process for the creation, storage, retention and disposal of records; it was noted from documentation viewed that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided to service users. The systems include processes for the review of training, complaints, incidents, safeguarding referrals and in addition audits of service user feedback and documentation. This information is provided to the senior management team in accordance with their governance procedures.

A sample of monthly monitoring reports for January 2019 and February 2019 was reviewed and included analysis of incidents, complaints, safeguarding incidents and training. A summary of service user feedback had not been included in the reports and an area for improvement has been identified.

Processes to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection.

Discussions with the manager indicated that the agency seeks to 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 nurses provided. The agency has improved their process for obtaining the comments of service users in relation to staff provided.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and agency staff and other key stakeholders.



## Areas for improvement

An area for improvement was identified in respect of the monthly quality monitoring report.

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

### 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 and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

It was identified that staff are provided with information relating to confidentiality during their induction programme. The agency also has a system for recording training completed and for highlighting when training updates are required.

The agency has processes in place for obtaining the views of service users in relation to staff performance and attitude.

On call arrangements are in place to ensure that nurses and service users can report concerns they may have regarding a placement or to access support and guidance.

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

The manager also described the processes for receiving feedback from service users following the provision of staff nurses. Formal processes to record and respond to service user feedback are maintained through the agency's complaints and quality monitoring processes.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## 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 inspector reviewed the agency's management and governance systems in place to meet the needs of service users. An application was received by RQIA on 21 December 2018 in respect of Ms Kate Nicholson-Florence as registered manager and this registration is pending.

The organisational and management structure of the agency identifies 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 which outlines the responsibilities of their role.

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. Policies and procedures were ratified and signed by the registered manager, with review dates recorded. Electronic versions of policies and procedures were also available for inspection and to agency staff.

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.

The Statement of Purpose and Service User Guide are kept under review.

Discussion with the manager indicated that there is evidence of collaborative working relationships with service users. The agency has a process for ensuring that they actively seek feedback from service users when staff has been provided; the inspector viewed feedback received by the agency and noted that they contained a range of positive comments in relation to the service provided.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## **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, 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 Regulations (Northern Ireland) 2005 and/or 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 9.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2019	<p>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).</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            .The Adult Safeguarding Policy has been updated with Northern Ireland Specific Information including:            - Roles and Responsibilities            - Legislation and Guidance            - Contact details for the local Gateways Emergency Teams            The information is detailed in the main policy and we have created appendix F for additional information.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 1.12  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2019	<p>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.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The monthly quality report has been updated and now includes a service user feedback section</p>

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



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  
**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)