

# Unannounced Care Inspection Report 16 November 2016



## The Scottish Nursing Guild

Type of service: Nursing Agency

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of The Scottish Nursing Guild took place on 16 November 2016 from 10.15 to 15.30 hours. The registered manager was out of the office on other agency business and was contactable via mobile telephone should any issues have arisen.

The operations team manager who was in charge of the agency demonstrated good knowledge and understanding of the Nursing Agencies Regulations, Minimum Standards and overall management of operations.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the nursing agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

The delivery of safe care was evident on inspection. There was evidence that the agency operated effective recruitment systems and ensured a supply of appropriately skilled and competent staff at all times. The welfare, care and protection of service users was ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency had systems in place to ensure the identification, prevention and management of risk. It was noted that the agency was responsive to the requirements of service users. One area identified for improvement related to review and revision of the Adult Safeguarding Policy, dated 28 April 2015, to ensure that it reflects the new DOH regional guidelines entitled "Adult Safeguarding Prevention and Protection in Partnership", July 2015.

### Is care effective?

The delivery of effective care was evident on inspection. The agency had systems in place for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There were systems in place to promote effective communication with service users and relevant stakeholders. The agency responded effectively to meet the needs of service users which had resulted in positive outcomes. No areas for improvement were identified during the inspection.

### Is care compassionate?

The delivery of compassionate care was evident during the inspection. The ethos of dignity and respect, independence and rights was embedded throughout staff attitudes. The agency had systems in place for obtaining and responding to the views of service users. It was noted from observation and discussion with staff that the agency sought to obtain and value the views of stakeholders. The agency had systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with service users. No areas for improvement were identified during the inspection.

### Is the service well led?

The agency had management and governance systems in place to meet the needs of service users. Agency staff had a clear understanding of their roles and responsibilities within the management structure. The registered persons fulfilled their responsibilities in a manner which

encouraged the respect of staff and service users and operated the agency in accordance with the Regulations and Minimum Standards. Evidence of effective working partnerships with service users was evident during the inspection. No areas for improvement were identified during the inspection

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Klara Milligan, operations team 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 September 2015.

### 2.0 Service details

<b>Registered organization / registered person:</b> The Scottish Nursing Guild/Sara James	<b>Registered manager:</b> Sara James
<b>Person in charge of the home at the time of inspection:</b> Klara Milligan, operations team manager	<b>Date manager registered:</b> 20 March 2008

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous care inspection report/QIP dated 16 September 2015
- Incident notifications
- Complaints information forwarded to RQIA

The following records were examined during the inspection:

- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of:
  - Adult safeguarding
  - Whistleblowing
  - Induction
  - Staff training
  - Data protection/Confidentiality
  - Record keeping
  - Health records management
  - Service user feedback
  - Complaints
  - Clinical governance
  - Risk management
  - Incident
  - Monthly quality monitoring
- Staff pre-employment checks /recruitment and selection files (3)
- Staff induction programmes
- Staff handbook of induction
- Staff training records
- Staff appraisal
- Incident records
- Complaints records
- Service user contact records
- RQIA registration certificate
- Matching Skills and Expertise record

During the inspection the inspector met the operations manager and office staff.

Ten questionnaires were given to the operations manager for completion by staff members; two questionnaires were completed and returned to RQIA within the timescale requested.

The inspector would like to thank the operations manager and office staff for their support and co-operation during the inspection process.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 16 September 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 12 (1) <b>Stated:</b> First time	<p>The responsible person must ensure that documentation relating to nurses who are deployed in Northern Ireland is up to date and details the full employment history along with details of any current employment other than for the purposes of the agency.</p> <p><b>Action taken as confirmed during the inspection:</b>            Two staff files records examined contained all documents including a full work history from leaving full time education.</p>	<b>Met</b>
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 6.1 <b>Stated:</b> First time	<p>The registered person must ensure that records are maintained of the induction nurses receive prior to placement in Northern Ireland.</p> <p><b>Action taken as confirmed during the inspection:</b>            Induction programmes examined evidenced that induction was provided for nurse placements within Northern Ireland.</p>	<b>Met</b>
<b>Recommendation 3</b> <b>Ref:</b> Standard 9.1 <b>Stated:</b> First time	<p>The registered person must confirm that the section in the policy of safeguarding vulnerable adults on the reporting of abuse has been reviewed. This section should detail the responsibility of an agency nurse to report any concerns directly to the person in charge within the placement as well as to their line-manager in the agency.</p> <p>The information contained in section 5.9.1 "Writing a Report" should be reviewed to ensure factual information is recorded regarding any concerns reported or identified to the agency nurse.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The adult safeguarding policy dated 25 April 2015 had been reviewed and revised in accordance with recommended action as stated above (A copy of this policy was forwarded to RQIA following the previous care inspection undertaken on 16 September 2015).</p>	
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## 4.2 Is care safe?

The agency had robust policies and procedures relating to the selection and recruitment of staff which were dated 16 April 2016. It was noted that that policies were in compliance with legislative requirements and Department of Health (DOH) guidelines.

Systems and processes in place for the recruitment and selection of staff were discussed with the operations manager. These were considered to be in keeping with the Nursing Agencies Minimum Standard 4.

The agency's recruitment policy for nurses outlined the mechanism in place for ensuring that appropriate pre-employment checks are completed prior to commencement of employment. The inspector viewed a recruitment checklist which recorded the checks that had been completed; the operations team manager confirmed that nurses would never be provided until all required checks were completed.

The agency's staff induction policy outlined the induction programme provided to staff prior to their commencement of employment. The agency maintained a record of the induction provided to staff; it was noted that staff were provided with a copy of the agency's staff handbook.

The agency's supervision and appraisal policy detailed the procedure for staff supervision and appraisal. It was noted that systems in place recorded that date of completion and the planned date of subsequent appraisals. The inspector viewed records of staff supervision and appraisal maintained by the agency.

The operations team manager described the agency's procedure in regard to their policy / procedure entitled "Adult Safeguarding" which included immediate notification to the commissioning trust and RQIA. One recommendation was made in regard to review and revision of the policy to reflect DOH new regional guidelines entitled "Adult safeguarding Prevention and Protection in Partnership" dated July 2015. The identification of a "safeguarding champion", as reflected within the new guidelines, will be necessary.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation reviewed evidenced that the agency had made two referrals to the commissioning Health and Social Care Trust (HSCT) in relation to allegations of abuse, both of which were ongoing. RQIA had been notified as required. Discussion with the operational team manager provided assurance that they had knowledge and oversight of the management of safeguarding within the agency. They could describe the procedures for reporting any incidents of suspected, alleged or actual abuse and

the mechanism for liaising with the appropriate bodies in relation to any investigation in which they may be required to be involved.

Discussion with the operational team manager alongside training, personnel and electronic records viewed indicated that staff were provided with safeguarding vulnerable adults training during their initial induction and they were required to complete a three yearly update. The operations team manager could describe the mechanisms that would be implemented to support staff in achieving the requirements for revalidation and registration with the NMC.

The operations team manager confirmed that staff were provided with information in relation to the agency's safeguarding and whistleblowing policies during their induction programme.

The operations team manager described the process for appropriately assessing the requirements 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 operations team manager also described the process for checking the NMC register monthly for staff nurses employed; electronic records maintained were reviewed by the inspector.

The agency's registered premises included a number of offices which were suitable for the operation of the agency, as described in the Statement of Purpose.

Two completed staff questionnaires were returned to RQIA. Respondents indicated they were satisfied that care was safe. One comment made included: "Scottish Nursing Guild ensure training is completed before you begin working for them with annual check- up on your specialist area".

### Areas for improvement

One area for improvement was identified; this related to reviewing and revising of the Adult Safeguarding Policy and identification of a named champion.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.3 Is care effective?

Review of the agency's arrangements for appropriately responding to and meeting the needs of people who use the service was discussed with the operations team manager. Information relating to the nature and range of services provided was detailed within the agency's Statement of Purpose and Service User Guide.

The agency's management of records policy outlined the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records reviewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

Discussions with the operations team manager and a review of a sample of records identified that the agency had in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The inspector identified that the agency monitored the effectiveness and quality of care provided to service users monthly which included a review of training, complaints, incidents and safeguarding referrals.

It was noted that service users were requested to complete satisfaction surveys; the agency maintained a record of compliments and complaints.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. Discussions with administration staff during the inspection indicated that the agency seeks to maintain effective working relationships service users. The operations team manager described the liaison with stakeholders in regard to achieving better outcomes for service users.

The operations team manager confirmed that service users were informed of the process for contacting the agency to discuss any issues in relation to the competency of staff provided. It was identified that the agency had a process for obtaining the comments of service users in relation to staff provided.

The operations team manager described the process that would be adhered to for addressing concerns relating to a staff member and stated whilst the process was ongoing the staff member would not be commissioned to work.

Two staff questionnaires were completed and returned to RQIA. Respondents indicated they were satisfied that care provided was effective.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care compassionate?

Agency staff were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure. It was noted that all staff could access relevant policies and procedures in the agency's office and are provided with a staff handbook.

The agency had systems in place to monitor the performance of nursing staff; these included training updates, feedback from service users, supervision and appraisal.

The agency had 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.

The manager described the process for staff induction and orientation in placement which included staff reporting for duty earlier than their shift start time, on occasions shadowing prior to placement or attending the area of work for a structured induction and orientation.

The agency had an electronic system for recording training completed and in addition for highlighting when training updates are required; it was viewed by the inspector. The registered



manager and administration personnel could describe their role in identifying and highlighting gaps. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

Discussions with agency staff and observations made during the inspection 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.

Two staff questionnaires were completed and returned to RQIA; Responses received indicated satisfaction that the care provided was compassionate.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is the service well led?

The RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The agency's registered manager, Sara James, was not available during this inspection due to other assigned work within the agency.

The agency's management and governance systems in place to meet the needs of service users were discussed with the operational team manager. Documentation viewed and discussions with the operations team manager indicated that the agency's governance arrangements promoted the identification and management of risk. These included appropriate policies and procedures; monitoring of training; monthly audit of registration status with the NMC; audit of complaints; safeguarding incidents and incidents notifiable to RQIA.

It was identified that the agency had in place management and governance systems to drive quality improvement. There were arrangements in place for managing and monitoring of incidents and complaints. Records viewed provided evidence of staff training, supervision and appraisal.

The inspector reviewed a number of policies and procedures; it was noted that the agency had in place a range of policies and procedures which were noted to have been recently reviewed and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures were retained within the agency's office in both hard copy and electronic format, so that staff could access if required.

The agency's complaints policy outlined the procedure in handling complaints; discussion with the registered manager and documentation reviewed indicated that the agency had knowledge of the agency's complaints procedure and had managed complaints appropriately.

It was identified that staff were required to complete mandatory training prior to being provided to work. It was noted that the agency had an electronic process for ensuring that staff were

not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The inspector reviewed the agency's electronic system for recording training completed by staff; it was noted that the system highlighted when training updates were required.

Records reviewed indicated that staff had received the necessary mandatory training and in addition training specific to the needs of service users. One of the agency's administrators could describe the process for informing staff when training updates were required and stated that staff were not provided to work if training updates had not been completed.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. Staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job. The agency has a process for supporting nursing staff in completing the NMC revalidation process.

The agency had a process for ensuring that they proactively obtain feedback from service users when a nurse has been provided.

Two completed staff questionnaires were returned to RQIA. Respondents indicated they were satisfied that the agency was well led. One comment recorded included, "Very efficient, whenever I need to get any answers on any subject there is always someone to help me."

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Klara Milligan, operations team manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing agencies. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

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## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 9.</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the Adult Safeguarding Policy dated 28 April 2015 is reviewed and revised to ensure that information is in keeping with the new DOH regional guidelines entitled "Adult Safeguarding Prevention and Protection in Partnership". The identified named "Champion" for adult protection should be included.</p>
<p><b>To be completed by:</b> 31 January 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> The agency's Adult Safeguarding Policy has been returned to our clinical governance manager for review and renewal, to ensure content is compliant with new NI DOH guidelines. New policy will also include named 'safeguarding champion'. Policy will be completed by 31<sup>st</sup> January 2017 and forwarded to RQIA for confirmation.</p> <p>S. James Chief Operating Officer, Scottish Nursing Guild</p>

*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**



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