

Inspection Report

24 June 2021



The Scottish Nursing Guild

Type of Service: Nursing Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Independent Clinical Services Ltd	Registered Manager: Miss Kate Nicholson-Florence
Responsible Individual: Ms Sara James	Date registered: 05 December 2019
Person in charge at the time of inspection: Miss Kate Nicholson-Florence	
Brief description of the agency operates: The Scottish Nursing Guild is a nursing agency; they supply registered nurses from an office located in Belfast. Staff are supplied to a number of Health and Social Care Trust (HSCT) acute areas.	

2.0 Inspection summary

An announced care inspection took place on 24 June 2021 between 9.45am and 2.45pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to appropriate checks being undertaken before nurses were supplied to the various health care settings. Good practice was also found in relation to the system in place for disseminating Covid-19 related information and guidance to staff, staff training and recruitment. There were good governance and management oversight systems in place.

Service users said that they were satisfied with the standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on contacting the service users and staff to find out their views on the service and reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 20.

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA. No responses were received.

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

4.0 What people told us about the agency?

The service users consulted with spoke positively in relation to the quality of nurses being supplied by the agency. All confirmed that they were satisfied with the quality and standard of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

Comments received:

Service users' comments

- "Good communication from the staff at The Scottish Nursing Guild."
- "Nurses supplied are of a high standard and the nurses are always professional."
- "We work very well with The Guild."
- "Feedback is that the nurses are always professional and work well."

Staff comments

- “Very good support and out of hours arrangements are in place. We can contact the agency at any time.”
- “I got very good information during Covid-19 and factsheets were available on the Guild's intranet system.”
- “I had to complete a very detailed application and provide evidence of all my training.”
- “We are skilled matched to the hospitals that we are supplied to.”

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 24 October 2019 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 24 October 2019		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for improvement 1 Ref: Standard 8.1 Stated: First time To be completed by: 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 Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The complaints policy and procedure was reviewed and found to be satisfactory.	Met

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before nurses were supplied to the various health care settings. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a system in place to ensure that the nurses' skills were appropriately matched to the placements. Staff were provided with training appropriate to the requirements of the settings they were being placed in. The agency requests feedback from service users with regards to staff supplied.

Nurses were provided with training appropriate to the requirements of the hospitals they were being placed in. This included Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The manager had a robust system in place to monitor alerts issued by the Chief Nursing Officer (CNO) for Northern Ireland. This indicates that the appropriate checks are undertaken before nurses are employed.

5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. These arrangements were found to be satisfactory. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

The review of incidents identified that appropriate action had been taken in regards to any incidents the agency had been informed of. Training requirements were reviewed and provided as necessary, in response to any incidents which occurred.

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Kate Nicholson-Florence, manager, and the office manager, as part of the inspection process and can be found in the main body of the report.



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