

# Announced Care Inspection Report 22 March 2018



## Ashfield Healthcare Ltd

**Type of service: Nursing Agency**  
**Address: Ashfield House, Resolution Road, Ashby de la Zouch,  
Leicestershire, LE65 1HW**  
**Tel no: 08708501234**  
**Inspector: Priscilla Clayton**

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

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 a nurse to provide treatment and support to patients in their own homes, hospitals and other health care settings.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ashfield Healthcare Ltd	<b>Registered Manager:</b> Sarah Szabo, awaiting registration on the day of inspection.
<b>Person in charge at the time of inspection:</b> Sarah Szabo	<b>Date manager registered:</b> Registered - post inspection (09 April 2018)

### 4.0 Inspection summary

An announced inspection took place on 22 March 2018 from 12.00 to 14.30 Hours

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 regard to the provision of safe, effective, compassionate care. There was evidence of effective governance arrangements; staff training, supervision, appraisal, quality improvement, communication and maintaining good team work relations. Care records were noted to be comprehensive with individualised care plans provided for each patient. The service feedback submitted to Ashfield from patients and service users was noted to be positive.

Areas requiring improvement were identified included two improvements, which are stated for a second time; review/revision of adult safeguarding policy/procedure to ensure relevance to DoH (NI) policy and the complaints policy which requires additional revision. Staff training in adult safeguarding, which is relevant to the aforementioned safeguarding policy, will be necessary.

Continuation of the review and revision of all Ashfield (NI) policies / procedures is necessary to ensure these are in accordance with The Nursing Agencies Regulations (Northern Ireland) 2005 and Nursing Agencies Minimum Standards.

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	4

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

#### 4.2 Action taken following the most recent care inspection dated 27 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 March 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 care inspection report, the returned QIP, written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, Sarah Szabo who is currently awaiting registration as registered manager from RQIA, head of clinical operations, project manager and nurse advisor.

One poster was provided which contained information on how staff can obtain a satisfaction question on the provision of care. One response was received at RQIA following the inspection.

The following records were examined during the inspection.

- Statement of Purpose
- Staff recruitment and selection
- Pre-employment checks
- Staff induction programme
- Appraisal / Supervision
- Staff training
- Accidents / Incidents
- Range of policies and procedures relating to the inspection
- NMC registration status
- Audit records
- Integrated nursing care pathway record
- Incident records / Complaints
- Monthly monitoring meetings
- Patient contact records with patients
- Risk management
- RQIA registration status

The three areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met for one and partially met for the remaining two recommendations.

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 27 March 2017.**

The most recent inspection of the agency was an announced 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 27 March 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.2  <b>Stated:</b> First time	The registered provider should revise the “Vulnerable Adult Safeguarding procedure” 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 also be necessary.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b>  The adult safeguarding policy was reviewed and discussed with the manager. Further work is necessary to ensure that the policy fully reflects Department of Health (DOH) Northern Ireland regional policy.  The manager advised that the organisation had a designated Adult Safeguarding Champion. This information should be included within the revised policy.  Reference to the Quality Care Commission should be removed.	

<b>Recommendation 2</b> <b>Ref:</b> Standard 1.8 <b>Stated:</b> First time	The registered provider should revise the statement of purpose to include the name and contact details of RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The Statement of Purpose (Jan 2018) examined reflected contact details of RQIA as recommended.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 8.1 and 8.4 <b>Stated:</b> First time	The registered provider should revise the complaints policy to include the role and function of RQIA along with their contact details. The role of the commissioning trust should also be included in the policy.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b>  The Complaints policy (Feb 2018) was reviewed and discussed with the manager. Further work is necessary to ensure full details are included in accordance with Nursing Agencies Minimum Standards (Standard 8) and DOH (NI) Complaints Procedure. References to the Quality Care Commission, Care Inspectorate (Scotland) should be removed.	

### 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.**

Ashfield Healthcare Ltd provides one registered clinical nurse within Northern Ireland to undertake programmes of treatment for the National Health Service either sponsored by Pharmaceutical and Medical Equipment Manufactures or directly for the NHS. Currently the programmes include the provision of health care in the patient's home or other health care facilities where the healthcare is under the control of a hospital or general practitioner. The nurse advised that there are currently 45 patients on the register who are in receipt of Ashfield Healthcare periodic care and support treatment programmes.

The manager and nurse advised that staffing was satisfactory in meeting the current identified needs of patients within the commissioned programmes of care.



The agency's policies and procedures on the selection and recruitment of staff were reviewed and discussed with the manager and nurse who provides treatment and support. Employment records for one staff member were considered to be in accordance with employment legislation. Access Northern Ireland and Nursing and Midwifery Council checks were undertaken and recorded.

The agency's manager confirmed that only suitably qualified, competent and experienced staff were employed and that there were systems and processes in place to provide professional development, mandatory training, regular supervision, annual appraisal and support to ensure that clinical practice was maintained to a high safe standard. Records were viewed of staff training, supervision and appraisal.

The agency had a structured staff induction and training programme for newly appointed staff which was retained electronically. A staff hand book was provided on commencement of employment alongside terms and conditions of employment.

The nurse explained the arrangements in place to assess the needs of each new patient including the referral process and the integrated nursing care pathway programme. There was evidence of comprehensive documentation including patient consent to treatment.

Staff training in adult safeguarding policy was discussed with the manager. The adult safeguarding policy/procedure was not considered to be in accordance with NI regional policy titled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and operational procedures. Improvement in this regard was stated at the previous care inspection and is stated for a second time. Staff training in the revised policy / procedure was recommended.

The manager advised that the agency had identified an adult safeguarding champion. Training in the role and function of the Champion will be necessary to ensure that correct procedures are followed including the production of a position report during March 2019. The manager and nurse advised that no adult safeguarding issues had arisen since the previous care inspection.

The manager stated that all of Ashfield Healthcare (NI) policies and procedures were being reviewed and revised to ensure these relate to RQIA legislation, Nursing Agencies Minimum Standards and current best practice. Reference to Quality Care Commission and other agencies not relevant to NI would be removed.

Staff training records viewed reflected mandatory training and other professional development training provided.

There was evidence of systems in place to ensure unnecessary risks to the health, welfare or safety of patients are identified, managed and where possible eliminated. For example; the agency appropriately assess the needs including risks and requirements of each commissioned request for intervention; notifiable events were appropriate would be reported to RQIA and other relevant organisations; arrangements were in place to assure the agency that NI nurse's NMC registration is maintained; the recruitment and selection of nursing staffs is undertaken by an identified nurse with appropriate skills and expertise. The monitoring the performance of staff where included within records reviewed and discussed. For example; regular accompanied home visits, one to one supervision, annual appraisal and monthly staff meetings.

In keeping with good practice the agency provides an out of hour's telephone support line to patients. This information was contained within the service operating procedure.

The agency does not have RQIA registered premises/office within NI, rather the appointed nurse has remote direct access to the organisation's central office in Leicestershire and undertakes frequent visits to the mainland to meet with the manager and the agency's management team.

The clinical nurse for NI provided positive feedback on the provision of care and the support provided by management to ensure a high standard of care was provided. No issues or concerns were raised or indicated.

One completed staff satisfaction questionnaire was returned to RQIA following the inspection. The respondent indicated they were very satisfied that care was safe. No issues or concerns were recorded.

### Areas of good practice

There were examples of good practice found in relation to staff recruitment, induction, training, supervision and appraisal and risk management.

### Areas for improvement

Areas of improvement identified included; complete the work in progress in regard to review and revision of policies and procedures including Adult Safeguarding policy and provide update staff training in Adult Safeguarding as applicable to DoH (NI) regional policy 2015 and associated procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 6.5 Is care effective?

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

The agency's Statement of Purpose outlined the aims and objectives of the service and the commitment to ongoing quality improvement; continued review and refinement of systems, processes and programmes and development of staff to improve standards and outcomes for patients. Review and revision of the Statement of Purpose is necessary to ensure that this reflects The Nursing Agencies Minimum Standards (section 2). Reference to the Quality Care Commission and Care Inspectorate (Scotland) should be removed as this information is not relevant to NI. The organisational structure flowchart contained within the Statement of Purpose should also be reviewed and revised to reflect the named responsible person, registered manager and organisational structure as relevant to NI.

The manager explained the procedure for recording individual patient's treatment within the integrated nursing care pathway document which were held electronically and in hard copy format. The nurse explained that all electronic information was password protected with high security measures in place.

The project manager explained the systems in place to promote communication between service users (commissioning trusts), staff and other stakeholders.



These included meetings, telephone and electronic contact which were considered to be effective. The agency maintains records of all contacts made with service users. The nurse attends staff meetings with the manager and governance team on a regular monthly basis or more frequently if necessary.

The arrangements for responding to and meeting the needs all patients which are referred from commissioning trusts was discussed with the nurse who explained the integrated nursing care pathway. Review of associated care records evidenced that comprehensive care records were retained in accordance with the agency's policy and Minimum Care Standards.

The nurse confirmed he had very good support arrangements from management and had electronic access to all policies and procedures, agency business and attends regional group team meetings on a monthly basis with overview and monitoring of the service in NI is discussed.

The nurse adviser present during the inspection explained the methods used to monitor, on a monthly basis, the effectiveness and quality of care provided which included; patient satisfaction questionnaires, review of training, complaints, incidents/accidents, staff supervision, and reviews with service users Health and Social Care Trusts (HSCT) Patient feedback questionnaires issued to each patient are analysed and presented at monthly monitoring meetings. When necessary action plans are developed to address any issues arising. Service user reviews were also held with medical representatives from commissioning trusts. Records on feedback are retained and shared with the agency's quality and governance team. Those viewed by the inspector were noted to be positive. The manager explained that minutes of monthly monitoring were retained.

One staff satisfaction questionnaire was completed and returned to RQIA. The responded indicated satisfaction that the care provided was effective. No issues or concerns were recorded.

### **Areas of good practice**

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

### **Areas for improvement**

One area identified for improvement related to review and revision of the Statement of Purpose.

	<b>Regulations</b>	<b>Standards</b>
<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.**

The agency had arrangements in place to monitor the performance of nursing staff which included obtaining the views of patients and service users in regard to staff performance; the nurse described the process for engaging with patients and service users in order to obtain feedback. Records examined evidenced a high level of satisfaction with nurses and care provided.

Examples of comments recorded included;

- “My nurse on the home visit was excellent. He explained everything to me clearly and patiently. I felt very comfortable talking to him. I found him very reassuring”
- “I feel totally supported at all times, my nurse has been brilliant, could not ask for better”
- “Home service at a time that suited me. XXX is a very friendly caring nurse”
- “The delivery of information has been clear and precise. Any questions were answered, at the moment I cannot think of an area that could be improved”
- “I feel totally supported at all times”
- “My support nurse made me feel easy and at home throughout the whole processes”
- “I could ring the nurse at any time”

Feedback on the quality of the care provided from service users was obtained by various methods including meetings, telephone feedback and electronic responses. Records of responses evidenced a high level of satisfaction.

The agency retains an electronic system for recording all information in regard to staff training undertaken and identifying when training updates are due. The clinical nurse advised that all mandatory and professional training required to support a high standard of care was provided. The nurse demonstrated good knowledge on the principles of adult safeguarding. However, training as applicable to DoH regional policy/procedures (NI) 2015 should be provided.

A system was in place to ensure that nurses can immediately report any issues or concerns they may have regarding the work placement to management. This service is provided over the twenty four hour period.

The agency had a wide range of policies and procedures which reflect the service users core values of rights including; confidentiality, integrated care pathways and patient centred care planning.

One staff satisfaction questionnaire was completed and returned to RQIA. The responded indicated satisfaction that the care provided was effective. No issues or concerns were recorded.

### Areas of good practice

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

## Areas for improvement

No areas for improvement were identified within the compassionate care domain.

	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.**

Following the inspection the manager, Sarah Szabo, received confirmation from RQIA of her registration as manager for Ashfield Healthcare NI on 9 April 2018.

The manager advised that she is supported in her role by one clinical registered nurse, one regional project manager (NI) one nurse adviser and the responsible person; Dr Ian Rubin who is based in England. In addition support is provided by operational delivery team, quality and governance team and legal and compliance team.

The nurse explained that he had received a job description and terms and conditions of service on commencement of work and induction programme which included mandatory training.

Documentation viewed and discussions held with the management team present indicated that the agency's governance arrangements promoted the identification and management of risks.

The manager explained that she is currently reviewing systems and process for the NI team including review and revision of all related NI policies and procedures to ensure only relevant information is reflected.

The manager, nurse and project manager (NI) demonstrated good understanding of The Nursing Agencies Regulations (Northern Ireland) 2005 and Nursing Agencies Minimum Standards.

The agency had a Clinical Incidents and Complaints policy (02 February 2018) which outlined the handling of complaints. This policy is currently under further review by management to ensure information relates to DoH (NI) and The Nursing Agencies Minimum Standards (Standard 8). References to CQC, Inspectorate (Scotland), Health Information and Quality Authority (Ireland) should be removed.

The inspector reviewed the agency's electronic system for recording information such as accidents / incidents / staff training and complaints. No complaints were received since the previous inspection. The nurse confirmed that no notifiable accidents/incidents had occurred since the last care inspection. The nurse demonstrated awareness of events which require to be reported to RQIA.

One staff satisfaction questionnaire was completed and returned to RQIA. The responded indicated satisfaction that the care provided was effective. No issues or concerns were recorded.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified within the compassionate care domain.

	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 Sarah Szabo, registered manager and team, 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 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> : 30 May 2018</p>	<p>The registered provider should revise the “Vulnerable Adult Safeguarding procedure” to reflect DOH regional guidelines entitled “Adult safeguarding Prevention and Protection in Partnership” dated July 2015.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Changes made to Vulnerable Adult Safeguarding Procedure as per DOH guidelines 2015 Completed by 30/05/18.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 8.4 and 8.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>The registered provider shall ensure that the complaints policy is reviewed and revised to include the role and function of RQIA and contact details. The role of the commissioning trust should also be included in the policy.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> Changes made to complaints policy to reflect role and function of RQIA and commissioning trust as per comments Completed by 30/05/18</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 9.0</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>The registered person shall ensure that update staff training in Adult Safeguarding, as applicable to “Adult Safeguarding Prevention and Protection in Partnership” DoH (NI) July 2015.</p> <p>Training in the role and function of the Adult Safeguarding Champion is recommended.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Staff training updated to be applicable to Adult Safeguarding Prevention and Protection in Partnership July 2015 Training also identified for ASC Completed by 30/05/18</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard – Section 2 (page 37)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 May 2018</p>	<p>The registered person shall ensure that the Statement of Purpose (Jan 2018) is reviewed and revised to reflect information which is relevant to NI. Reference to other agencies; CQC and Care Inspectorate (Scotland) should be removed. In addition amendment to the organisational structure flowchart to reflect the named responsible person, registered manager and current organisational structure as relevant to NI.</p> <p>A copy of the revised Statement of Purpose should be forwarded to RQIA on return of this QIP.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Statement of Purpose updated to reflect information relevant to NI and associated comments regarding structure Completed by 30/05/18</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)