



The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Ashfield Healthcare  
**Nursing Agency ID No:** 11144  
**Inspection No:** 20902  
**Date of Inspection:** 27 March 2015  
**Inspector's Name:** Norma Munn

**The Regulation And Quality Improvement Authority**  
**Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of agency:</b>	Ashfield Healthcare Limited
<b>Address:</b>	Ashfield House Resolution Road Ashby de la Zouch Leicestershire LE65 1HW
<b>Telephone number:</b>	0870 850 1234
<b>E mail address:</b>	<a href="mailto:sally.woolston@ashfieldhealthcare.com">sally.woolston@ashfieldhealthcare.com</a>
<b>Registered organisation/ Registered provider:</b>	Dr Ian Rubin
<b>Registered manager:</b>	Miss Sally Woolston
<b>Person in Charge of the agency at the time of inspection:</b>	Miss Sally Woolston
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	1
<b>Date and type of previous inspection:</b>	18 March 2014
<b>Date and time of inspection:</b>	27 March 2015 09.30 – 13.30 hours
<b>Name of inspector:</b>	Norma Munn

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- The Nursing Agencies Regulations (Northern Ireland) 2005.
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards (2012).

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager.
- Discussion with the registered nurse.
- Examination of records.
- File audit.
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**
- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**
- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**
- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**
- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**
- **Standard 15:**  
**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile**

Ashfield Healthcare is a nursing agency operating from a location in Leicestershire, England. The agency is primarily responsible as a service provider to the pharmaceutical industry offering contracted services across Ireland and the UK. The service currently employs one nurse on a permanent contract arrangement within Northern Ireland. The nurse offers a range of services both in primary and secondary care clinics and within patients' homes, which includes patient education on drug administration and audit services. The nurse also provides education and support to other health care professionals.

## **Inspection**

This is the annual announced inspection report for Ashfield Health Care which was undertaken on 27 March 2015 by Norma Munn, inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 9.30am and finishing at 1.30pm.

The Registered Manager, Ms Sally Woolston and the nurse employed by Ashfield Health Care, Ms Diana Aston were in attendance throughout the inspection.

The inspection took place at RQIA offices in Belfast and sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

Maire Marley, senior inspector joined the inspection for a short period and had a brief discussion with the registered manager and registered nurse in attendance.

The previous inspection occurred on 18 March 2014 and resulted in five requirements and four recommendations. Review showed full compliance in two requirements and three recommendations. Three requirements were substantially compliant and further recommendations have been made. One recommendation was not compliant and has been stated for the second time. Details can be found following this summary.

The registered manager of the agency is based in England. Discussion with the registered nurse indicated that leadership and support was provided by her line manager, who was not the registered manager of the agency. Monitoring visits, supervisions and appraisals were also carried out by her line manager and not by the registered manager. It was difficult to identify clear lines of responsibility for the day to day operations of the service within Northern Ireland. During the inspection, Maire Marley, senior inspector for RQIA had a brief discussion with the registered manager and requested that a review of the overall management of day to day operations of the agency within Northern Ireland be carried out and the outcomes of the review should be forwarded to RQIA. A recommendation has been made.

The focus for this inspection was to examine a selected number of criteria from the following standards extracted from the minimum standards documentation for nursing agencies 2012:

### **Standard 2:**

**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of five criteria for this standard evidenced that there were policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards Minimum Standards (2012).

Discussion with the registered manager confirmed that policies were centrally indexed, dated and signed. Five policies were viewed both on the day of inspection and following the inspection by email. Policies reviewed had been subject to at least a three yearly review by the registered manager, the compliance executive or the responsible person.

The registered manager informed the inspector that the policy for the absence of the registered manager had not been developed and was not available for inspection. A recommendation has been made.

The safeguarding vulnerable adults and children policies need to be updated to include contact details of local trusts and guidance in relation to local policies and procedures within Northern Ireland. A recommendation has been made.

The registered manager discussed how feedback from the nurse employed and clients would help inform policy and procedure.

The agency was judged to be 'substantially compliant' with this standard.

**Standard 3:**

**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of seven criteria for this standard evidenced that systems were in place for the management of records in accordance with legislative requirements. The agency has a management of records policy which sets out arrangements for the creation, use and storage of records.

On the day of the inspection, there was one nurse employed by the agency to work in Northern Ireland. The personnel file for this nurse was reviewed partly electronically and partly via email. The information contained was found to be fully compliant with the legislation and systems were in place to check the registration status of nurse with the NMC.

The agency was judged to be 'compliant' with this standard

**Standard 11:**

**There are arrangements in place to respond promptly to requests for private nursing care.**

The agency has clear referral systems in place for responding to requests to provide a service within a patient's own home. The patient's support programme was reviewed following the inspection. This programme detailed the referral system from the local health care trust to the agency.

Review of the statement of purpose and the service user guide evidenced up to date information regarding the agency. However, the complaints section in the statement of purpose and the service user guide did not include the details of the NI Commissioner for complaints. A recommendation has been made.

The agency was judged to be 'substantially compliant' with this standard.

**Standard 12:**

**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**

The provision of any treatment or care given and re-assessment of the patient's ongoing care needs, are agreed with the patient and recorded at each visit. A copy of the record is held in the patient's home during the visit and maintained electronically with the nurse.

Systems are in place to provide ongoing clinical supervision, annual competency assessments and appraisals for the nurse employed by the agency.

Patients are encouraged to participate in their care and have the opportunity to provide feedback on the service provided.

The agency was judged to be 'compliant' with this standard.

**Standard 13:**

**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**

The agency has guidelines for records, record keeping and access to patient records which is used in conjunction with the management of records policy.

The agency was judged to be 'compliant' with this standard.

**Standard 14:**

**Consent to treatment and care is obtained from private patients who receive care in their own home.**

The agency has a policy and procedure in place for obtaining consent to treatment.

Following referral and assessment, the nurse provides patients with information regarding their treatment, possible side effects and expected outcomes prior to obtaining consent. The nurse provides the patient with a service user guide and is available to explain all procedures and answer any questions. The nurse and the patient both sign the electronic consent record.

The agency was judged to be 'compliant' with this standard.

**Standard 15:**

**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The agency has policies and procedures in place for the management and administration of medication in the patient's own home. Nurses are issued with relevant information regarding the medication to be administered and any specific treatment protocols. This information is included in the patient support programme. The registered manager ensures compliance with the medications policy and procedure.

The agency was judged to be 'compliant' with this standard.



To validate compliance levels for each of the above standards, the inspector had a lengthy discussion with the registered manager and registered nurse and undertook a review of relevant documentation available on the day of the inspection. Feedback was provided at the end of the inspection to the registered manager and registered nurse.

At the conclusion of the inspection the registered manager agreed to forward additional records requested by email to evidence working practices and audit findings. A selection of the records emailed was reviewed following the inspection.

Seven recommendations have been made relating to the management of the agency, policies and procedures, complaints and training. These issues are discussed fully in the main body of the report and in the appended Quality Improvement Plan.

The inspector would like to extend their gratitude to the registered manager and registered nurse for their contribution to the inspection process.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 5 (c)	<p>The registered provider is required to amend The Service User Guide to include their revised Complaints procedure.</p> <p>The procedure will detail all the elements required within Regulation 19 and Standard 8 and will make reference to prompt reporting to the Nursing and Midwifery Council where there is evidence of misconduct by a nurse.(regulation 19 (8)).</p>	<p>Review of the revised service user guide evidenced details outlined in Regulation 19 and Standard 8. However, the service user guide and statement of purpose need to be further developed to include details for the Northern Ireland Commissioner of Complaints. A separate recommendation has been made.</p>	Substantially compliant
2	Regulation 18 (b)	<p>The registered provider is required to expand the management of records procedure to ensure that the records specified in Regulation 18 (b), Schedule 4 are retained for a period of not less than eight years beginning on the date of the last entry.</p>	<p>Review of the management of records policy evidenced that patient health records are retained according to legislation.</p>	Compliant
3	Regulation 18 Schedule 4 (10)	<p>The registered provider is required to update policies and procedures for Protection of Vulnerable Adults and Safeguarding Children to include reference to Northern Ireland legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and Trusts.</p>	<p>Review of the safeguarding of children and adults policies evidenced that they had been revised to include references to current legislation. However, both policies do not include contact details of local trusts and guidance in relation to local policies and procedures within Northern Ireland. A separate recommendation has been made.</p>	Substantially compliant
4	Regulation	Prior to recruitment of a nurse, two written reference are	Review of two references via email	Compliant

	12(1) Schedule 3(5)	required. In this case a reference will be obtained in retrospect.	evidenced that this requirement has been met.	
5	Regulation 12	The nurses handbook should provide specific details on training and development requirements and opportunities.	Review of the staff hand book entitled "Operations Manual and Minimum Standards 2015" evidenced sections on training, appraisals and a personal development plan. However, details and the frequency of mandatory training required was not included in the handbook. The registered manager has given assurances that these details will be included in the hand book. Discussion with the registered manager and details in a follow up email indicated that manual handling training is not included in mandatory training for nurses. A separate recommendation has been made	Substantially compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	1.12	It is recommended that the registered person carries out monthly monitoring of the quality of service provision and compiles a summary report with findings. The report should provide details of audit activity, audit findings and an action plan completed where deficits are identified for that particular month.	Discussion with the registered manager confirmed that monthly monitoring is not carried out. Three monthly clinical governance meetings are held in England and any deficits are identified and an action plan developed. This recommendation has been stated for a second time.	Not compliant
2	6.5	Ensure nurses attend infection control training.	Review of the training records evidenced that the registered nurse had attended training in infection control.	Compliant
3	6.6	An up to date record is kept of all training completed by agency nurses. The record should include; the name and qualifications of the trainer or the training agency, and the signature of the nurse attending the training.	Review of training records emailed following the inspection evidenced that an electronic record is kept of all training, the name and qualifications of the trainer and details of the name of the nurse attending.	Compliant
4	10.1	Feedback information should be developed into a	Discussion with the	Compliant

		<p>summary report with recommendations with an action plan section, if necessary to address areas highlighted as deficits.</p>	<p>registered manager confirmed that feedback from patients is recorded and action plans developed to address any issues highlighted.</p>	
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<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Within the companies Quality Management Framework exists an SOP that details the procedure for recruiting nurses within the statutory requirements for Northern Ireland, Southern Ireland, England and Scotland. All nurses are managed as per the requirements of the client contract, nursing and midwifery council and the ABPI.	Compliant
<b>Inspection Findings:</b>	
<p>Policies and procedures were in place that directs the quality of services provided by the nursing agency.</p> <p>The following policies reviewed were in line with statutory requirements:</p> <ul style="list-style-type: none"> <li>• Record Keeping.</li> <li>• Complaints.</li> <li>• Consent.</li> </ul> <p>The following policies reviewed were not in line with current legislation and require to be updated to include contact details of local trusts and clear guidance in relation to local policies and procedures within Northern Ireland:</p> <ul style="list-style-type: none"> <li>• Safeguarding of Vulnerable Adults.</li> <li>• Safeguarding of Children.</li> </ul> <p>A recommendation has been made.</p> <p>The registered manager informed the inspector that there was no policy on file for the absence of the registered manager. A recommendation has been made.</p>	Substantially compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	
<b>Provider's Self Assessment:</b>	
All clinical programme documents (Service Operating Procedures) are created with the full input of the nurse management team. Opportunities for feedback are provided for every patient and carer following their receipt of the service. Feedback is collated and analysed to identify any areas for improvement. A system of deviations ensures identification of any changes within the service offering and the programme documentation is amended accordingly. All patients are provided with a service user guide that details the remit of the service they are receiving and directs them to the relevant department should they wish to make a complaint.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that feedback from patients and nurses is used to develop policies and improve the service delivered.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> We have a full index of SOP's and a quality manual that details how the quality management system is managed. Each and every clinical service has an Service Operating procedure that details the programme specifics. This is an approved and controlled document that is unique to each programme.	Compliant
<b>Inspection Findings:</b> Discussion with the registered manager and registered nurse confirmed that policies and procedures are located electronically and are easily accessible to all staff.	Compliant



<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> We have a procedure on writing and managing SOP's which includes full direction on managing the revision, review and approval of each document. Each document is reviewed on a 2 yearly basis and is uniquely numbered.	Compliant
<b>Inspection Findings:</b> Review of policies and procedures on the day of the inspection evidenced that they had been dated when issued, reviewed or revised.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
As stated before, each document is reviewed every two years as a minimum and at the time of any relevant updates.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that policies were reviewed at least three yearly. Policies reviewed on the day of the inspection had been approved by the registered manager and the compliance manager.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	
<b>Provider's Self Assessment:</b>	
Any identifiable patient information is managed in line with the Data Protection Act 1998 by using encrypted emails and password protected tablets.	Compliant
<b>Inspection Findings:</b>	
<p>Discussion with the registered manager and registered nurse confirmed that each patient is supplied with a copy of their plan of care which is kept in their own home. This plan is entitled "Patient Support Programme, Visit and Training Record". A template of this plan was available for inspection.</p> <p>The contents of the plan are discussed with each patient during the first visit and at regular intervals at their request.</p>	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	
<b>Provider's Self Assessment:</b>	
We have a robust SOP on the management and retention and destruction of documentation. In addition we have SOP's on record keeping and confidentiality and data protection.	Substantially compliant
<b>Inspection Findings:</b>	
The management of records policy was reviewed entitled "Document Retention and Destruction." This policy included the arrangements for creation, use, retention, storage, transfer and disposal of and access to records.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</b>	
<b>Provider's Self Assessment:</b>	
Yes	Substantially compliant
<b>Inspection Findings:</b>	
The registered manager had emailed records requested prior to the inspection, presented records during the inspection and emailed further records following the inspection. Records were examined relating to the recruitment of the nurse employed. The personnel file was partly accessible electronically and partly via email. The information reviewed was found to be fully compliant with the legislation and systems were in place to check the registration status of nurse with the NMC. Records requested had been made available for inspection	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.4 The information held on record is accurate, up to date and necessary.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Yes, the nurses use an electronic patient record system that has fully encrypted protection. The any patient information is sent securely to the clinician incharge of the patients care.	Substantially compliant
<b>Inspection Findings:</b>	
Records reviewed were confirmed by the registered manager as accurate and up to date.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.5 Nursing care records are written and maintained in accordance with NMC guidelines.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Any patient records are sent securely to the clinician in charge of the patients care. The nurses do not have access to full patient records.	Substantially compliant
<b>Inspection Findings:</b>	
Discussion with the registered manager and registered nurse confirmed that records of care delivered by the nurse are in accordance with NMC guidelines.	Compliant

<b>Standard 3: Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All clinical nurses who work on the services are trained and validated on the service provision prior to attending any patient. All the nurses qualifications are checked on entry into the organisation.	Compliant
<b>Inspection Findings:</b> Discussion with the registered nurse confirmed that she has been trained in record keeping in line with current legislation	Compliant



<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> 3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Any paper copies of patient visit records are stored within a 'safe haven' within head office.	Substantially compliant
<b>Inspection Findings:</b> Discussion with the registered manager confirmed that all records are kept in accordance with current legislation.	Compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>11.1 The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.</b>	
<b>Provider's Self Assessment:</b>	
The services that we deliver at ashfield Healthcare are sponsored by pharmaceutical clients, therefore this is not applicable to our business.	Not applicable
<b>Inspection Findings:</b>	
Review of the patient's support programme detailed the arrangements to provide a service to patients in their own homes. The referral is made from the local health care trust to a pharmaceutical company. The agency receive the referral from the pharmaceutical company to supply a trained registered nurse to train, educate and assist patients to administer medication prescribed via sub cutaneous injection.	Compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b> 11.2 An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Every clinical programme has a risk assessment completed prior to any nurse being active on it. The risk assessment is assessed by the risk assessment panel and then, if needed, reported to our insurers. Only when there are sufficient risk minimisation strategies present and risk deemed at an acceptable level will the service proceed.	Compliant
<b>Inspection Findings:</b>	
Following referral the nurse supplied by the agency emails the health care professional responsible for the patient to discuss local protocols and treatment to be given. Contact with the patient is made initially via phone before the medication is delivered. A date and time to visit is agreed with the patient and the patient is advised to read the instruction leaflet regarding the medication to be administered. An initial risk assessment is carried out by the nurse prior to visiting the patient.	Compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>11.3 An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.</b>	
<b>Provider's Self Assessment:</b>	
Nurses are recruited for individual programmes and are therefore selected based on their expertise and qualifications.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that her line manager from the agency will assign a patient to her, matching up the skills needed to carry out the programme requested. The registered manager is not involved in this process.	Compliant

<b>Standard 11: There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>11.4 All information including associated factors and risks are given to the nurse(s) prior to placement.</b>	
<b>Provider's Self Assessment:</b>	
Each nurse receives full training and validation prior to becoming active on the programme. This includes how to complete a secondary risk assessment which takes place every time the nurse enters the patients home. It allows the nurse to identify any potential risk so she/he can make a judgement on whether to proceed or not.	Compliant
<b>Inspection Findings:</b>	
Review of the "pre visit assessment record" template evidenced a section where details of the patients risk assessment are recorded. This information is made available to the nurse prior to the first initial visit.	Compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>11.5 A service user’s guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)</b>	
<b>Provider’s Self Assessment:</b>	
A service user guide is always provided to each patient before the nurse delivers the service. It details who the nurses is and what the service is about. It also details who to complain to if they are not satisfied.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that the service user guide is given to each patient. Review of the service user guide evidenced up to date information regarding the agency. However, as discussed in the follow up section of this report, the complaints procedure detailed in the service user guide did not include the details of the NI Commissioner for complaints. A recommendation has been made.	Substantially compliant

<b>Standard 11:</b> <b>There are arrangements in place to respond promptly to requests for private nursing care.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>11.6 A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)</b>	
<b>Provider's Self Assessment:</b>	
N/A	Not applicable
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that a contract is made between the pharmaceutical company only and the agency. A contract is not provided between the agency and the patient.	Not applicable

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>12.1 The agency nurse implements an person-centred nursing care plan that is based on an initial assessment of the patient’s care needs and is agreed with the patient.</b>	
<b>Provider’s Self Assessment:</b>	
The service is very specific and relates to only one aspect of the patients care. The full care of the patient always resides with the HCP who is responsible for the patients care.	Not applicable
<b>Inspection Findings:</b>	
Review of the patient support programme template evidenced that care is recorded and based on the initial assessment of the patient’s individual needs. Discussion with the registered nurse confirmed that this plan of care is agreed by the patient.	Compliant



<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>12.2 The provision of nursing care and re-assessment of the patient’s ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.</b>	
<b>Provider’s Self Assessment:</b>	
N/A	Not applicable
<b>Inspection Findings:</b>	
The nurse visits the patient usually up to three occasions following referral with the option of further visits if needed. Discussion with the registered nurse confirmed that the patient’s needs are reassessed during each visit and any care given is recorded.	Compliant

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b> 12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
The service provision only goes ahead with the written consent of the patient. should the patient refuse to sign the consent then they are handed back to the HCP incharge of their care to ensure they overall care is not affected.	Substantially compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that all patients are given an explanation of the treatment to be given and any options available prior to the commencement of the programme.	Compliant

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their representatives at time intervals as recorded.</b>	
<b>Provider's Self Assessment:</b>	
The service does not encompass the patient full care. The dates for the patients visits are agreed between the nurse and the patient/carer and an assessment of their fitness to proceed is completed at every visit.	Substantially compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that any treatment given is reviewed and agreed with the patient at the time of the visit and a date made for a follow up visit if required.	Compliant

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b> 12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Every patient and carer are provided with a feedback form to allow them to evaluate the service. The results are collated and used to help improve the service moving forwards.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that all patients are able to make comments regarding the care they receive. Questionnaires are given to patients and the feedback received is used to improve the quality of the service delivered	Compliant

<b>Standard 12:</b> <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b>	
<b>Criterion Assessed:</b> <b>12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> the nursing team practice clinical supervision as per our internal SOP.	Compliant
<b>Inspection Findings:</b> Discussion with the registered nurse confirmed that clinical supervision sessions had taken place. However, there was no evidence of records of supervision sessions on the day of the inspection. Following the inspection supervision records were emailed to evidence that regular supervision sessions had been carried out by the nurse's line manager, who is a registered nurse. The registered manager does not carry out supervision sessions and is not involved in this process.	Compliant

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>13.1 The policy and written procedures for managing case records of care and treatment planned and given to private patients detail arrangements for the creation, use, retention, storage, transfer and access to those records.</b>	
<b>Provider's Self Assessment:</b>	
We have a robust SOP on the management and retention and destruction of documentation. In addition we have SOP's on record keeping and confidentiality and data protection. Within the service specific operating procedure it details the process for the transfer and storage of all patient identifiable information.	Compliant
<b>Inspection Findings:</b>	
Review of the management of records policy evidenced the arrangements for the creation, use, retention, storage, transfer and access to patients' health records. Discussion with the registered nurse confirmed that patients' care records are managed in accordance with the management of records policy.	Compliant

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed</b>	<b>Compliance Level</b>
<b>13.2 All entries in case records are contemporaneous; dated, timed, and signed, with the signature accompanied by the name and designation of the signatory.</b>	
<b>Provider's Self Assessment:</b>	
All entries are electronically entered on the electronic patient record system and signed and dated by the nurse. Should a paper copy of the documentation be used (in the event of the EPRS not being available) the nurse will complete, sign and date any necessary documentation.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that she had attended training on record keeping. The inspector was unable to review any care records on the day of the inspection. The registered manager confirmed that all entries made are contemporaneous, dated and signed.	Compliant

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>13.3 Any alterations or additions are dated, timed, and signed, and made in such a way that the original entry can still be read.</b>	
<b>Provider's Self Assessment:</b>	
Should this unlikely event happen, any additional access to the patient record system is logged and recorded.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that any alterations or additions would be signed and dated ensuring the original entry could be read.	Compliant



<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>13.4 Agency nurses record all care given and recommendations in patients' case record.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
All patients records are documented on the electronic patient record system.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that any treatment or advice given to the patient is recorded in the patient's records.	Compliant

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed:</b> 13.5 Where private patients, decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
The patient's full medical records are never accessed by the nurse during the visit. The management of the patients full records remain the responsibility of the HCP who is in charge of the patients care.	Not applicable
<b>Inspection Findings:</b>	
Discussion with the registered manager indicated that the patient's full medical history and notes are retained by the health care trust responsible for the patient. The patient's support programme is retained by the agency and a copy given to the patient. The registered nurse informed the inspector that no patient has ever declined to keep records in their home.	Compliant

<b>Standard 13:</b> <b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.</b>	
<b>Provider's Self Assessment:</b>	
N/A	Not applicable
<b>Inspection Findings:</b>	
Discussion with the nurse confirmed that the patient's support programme is kept in the patient's home during each visit. Following the visits the notes are held by the clinician responsible for the patient.	Compliant

<b>Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.</b>	
<b>Provider's Self Assessment:</b>	
We have an internal procedure on consent which is adhered to by all nurses within the organisation.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered manager confirmed that the policy on consent refers to the NMC code of conduct and is in accordance with current legislation. The consent policy reviewed via email following the inspection was in line with current legislation.	Compliant

<b>Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b> 14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> If a patient does not give consent or is unable to consent then they are not reviewed by our nurses in line with agreed internal documentation.	Compliant
<b>Inspection Findings:</b> The consent policy includes guidelines if a patient does not give consent or lacks capacity. Discussion with the registered nurse evidenced a knowledge of the consent policy	Compliant

<b>Standard 14:</b> <b>Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b> 14.3 Nursing procedures are explained to patients informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Patients are provided with education around the treatment that they are receiving from our nurse. They are provided this in order to enable them to provide full informed consent.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that all patients are given an explanation of the treatment to be given and any options available prior to the commencement of the programme.	Compliant

<b>Standard 14: Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b> 14.4 Completed consent forms are maintained within individual nursing care records.	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Complete consent forms are logged in the electronic patient record system and are securely transferred to the HCP who is in charge of the patients care.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that completed consent forms are held in the patient's electronic records	Compliant

<b>Standard 15:</b>	
<b>There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients . These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.</b>	
<b>Provider's Self Assessment:</b>	
We have an approved internal medicines management SOP which is trained in and adhered to by all nurses within the organisation.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that the agency has a policy for medication management. This policy was not reviewed at the time of the inspection.	Compliant



<b>Standard 15:</b>	
<b>There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>15.2 The agency provides private patients and their carers with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.</b>	
<b>Provider's Self Assessment:</b>	
This information is located on the patient service user guide which is provided to every patient/carer who receives the service.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that all patients are given detailed information regarding the drug to be administered, how to self - administer, injection sites and safe disposal of the injection device. All information regarding the administration of the drug is included in the patient's support programme leaflet.	Compliant

<b>Standard 15:</b>	
<b>There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.</b>	
<b>Criterion Assessed:</b>	<b>Compliance Level</b>
<b>15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.</b>	
<b>Provider's Self Assessment:</b>	
Any medicine errors are reported as per our internal clinical incidents procedure and are managed in accordance with local procedure.	Compliant
<b>Inspection Findings:</b>	
Discussion with the registered nurse confirmed that any medication errors or incidents that occur in a patient's home are immediately reported to her line manager and dealt with in accordance with the medicines policy and procedure	Compliant

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Sally Woolston, Registered Manager, and Ms Diana Aston, Registered Nurse, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Norma Munn**  
**The Regulation and Quality Improvement Authority**  
**9th floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Announced Primary Inspection

Ashfield Health Care

27 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Sally Woolston, registered manager and Ms Diana Aston, registered nurse during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

**These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	1.12	It is recommended that the registered person carries out monthly monitoring of the quality of service provision and compiles a summary report with findings. The report should provide details of audit activity, audit findings and an action plan completed where deficits are identified for that particular month.	Two	On a monthly basis, I will receive the field visit reports and feedback reports from the nurse who currently works in Northern Ireland. These documents will enable me to measure the quality of the service that is being provided to patients who are recruited onto the programme. The nurse is given KPI's which measure the quality of her patients interactions, her performance against these will also form part of the monthly review. Any deficit in the quality of the service that is being provided to patients in Northern Ireland will be addressed with the Line Manager who is then operationally responsible for addressing them with the nurse.	Immediate and no later than 22 May 2015
2	1.1	The registered person should review the present management structure to identify clear lines of responsibility for the day to day operations of the service within Northern Ireland.	One	The structure detailed here has been agreed with the Ashfield Healthcare Head of Operations following the inspection. Nurses in Northern Ireland are managed by a registered nurse	By 22 May 2015

				<p>line manager who may or may not reside in Northern Ireland. Either way, all nurses who work in Northern Ireland receive monthly field visits from their line manager, details of this were presented during the inspection. Day to day responsibility of the operational activity relating to a specific programme resides with the project manager of the programme in which the nurse is working, The registered manager has oversight of all nurse programmes running in Northern Ireland and is responsible for ensuring the nurses adhere to the standards set out in the by the RQIA. This is done by working in partnership with the operations team and providing the necessary tools (documents, reporting processes, complaints processes) for the nurses to use during their working day.</p>	
3	2.1	The registered person should ensure that a policy for the absence of the registered manager is in place.	One	This SOP is currently in production and will detail the responsibilities of the registered manager for the RQIA, including what to do should the registered manager be	By 22 May 2015

				absent.This will be completed by the 30 <sup>th</sup> June 2015 .	
4	9.1 9.2.	The registered person should ensure that the safeguarding of vulnerable adults and safeguarding of children policy is in line with current legislation and consistent with regional protocols and procedures issued by Health and Social Services Boards and local Trusts.	One	Both of these SOP's are under review following the inspection from the RQIA. As we are also inspected by the Scottish Care inspectorate and the Care Quality Commission, we need additional time to ensure that any findings following their inspections (which are yet to take place) are met. We have taken the approach to remove specific contact details for safeguarding due to the fact that these details will get updated and we (as an organisation) would not be made aware. We took the decision to include the detail of accessing the website should any safeguarding issue require escalating to the NHS in order to negate the risk of having out of date information in our procedures. This will be reviewed following inspection by the other two nations and I would anticipate the completion of this finding by the 31 <sup>st</sup> July 2015.	By 22 May 2015

5	11.5	The registered person should ensure that the Service User guide is updated to include details of the Northern Ireland Commissioner of Complaints.	One	This finding has been met. A copy of the amended document is available on request.	By 22 May 2015
6	8.6	The registered person should ensure that the Statement of Purpose is updated to include details of the Northern Ireland Commissioner of Complaints.	One	This finding has been met. A copy of the amended document is available on request.	By 22 May 2015
7	6.3	The registered manager should ensure that manual handling training is carried out for the nurse employed within Northern Ireland.	One	We had undertaken our standard risk assessment that had not identified patient manual handling as a risk as it was out of scope of the service being provided. This is revisited for all new services and, in the past, we have run a service where a formal patient manual handling risk assessment was undertaken and manual handling training provided for all members of that team. This was an approach applied across all 4 countries and was acceptable in 3. Although we do not believe patient manual handling training is required for this one member of a team of 15 national nurses (the remaining 14 work within the UK), we will of course undertake it if it is an absolute requirement.	By 22 May 2015





Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Sally Woolston
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Ian Rubin

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	M Marley	18/6/15
Further information requested from provider			