

Unannounced Care Inspection Report 27 March 2017



Ashfield Healthcare Ltd

Type of service: Nursing Agency
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Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ashfield Healthcare Ltd took place on 27 March 2017 from 13.00 to 16.00hrs.

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

Is care safe?

Ashfield Healthcare has written procedures in place regarding the recruitment and selection of staff that ensures the nurses they employ are suitably skilled, competent and qualified. The review of the recruitment file for a recently employed nurse found the procedures worked effectively and documentation required by legislation was noted to be in place.

The welfare, care and protection of service users was ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency had systems in place to ensure the identification, prevention and management of risk. It was noted that the agency was responsive to the requirements of service users.

One area was identified for improvement and related to the review and revision of the Vulnerable Adult Safeguarding Procedure dated 23 October 2015, to ensure that it reflects the new DOH regional guidelines entitled "Adult Safeguarding Prevention and Protection in Partnership", July 2015.

Is care effective?

There was evidence that the agency was contributing to effective care being delivered. Robust arrangements were in place to ensure that the selection of nurses matches the requirements of each placement. Systems were in place to monitor and review the placements of nurses and the quality of care provided.

There were systems in place to promote effective communication with service users and relevant stakeholders. The agency responded effectively to meet the needs of service users which had resulted in positive outcomes. One area for improvement was identified during the inspection and relates to the need to update the statement of purpose.

Is care compassionate?

There was evidence that the agency contributed to the delivery of compassionate care. It was noted from observation and discussion with a staff member that the agency sought to obtain and valued the views of stakeholders. Suitable arrangements were in place to communicate, listen and value the views of service users formally. This was evident from the service users' feedback regarding staff attitudes and the provision of individualised care and support provided by the nurse. A starter pack that included written and audio information on the treatment prescribed was provided for each patient and ensured patients were provided with the relevant knowledge and information about their treatment. No areas for improvement were identified during the inspection.

Is the service well led?

The agency has in place robust management and governance systems to meet the needs of service users and ensure that the agency is well led.

It was evident from discussion with an agency nurse and information provided in the returned staff questionnaires that staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. Staff reported that the registered manager fulfils her responsibilities in a manner which encourages the respect of staff and promotes effective service delivery, and ensures that the agency operates in accordance with the regulatory framework.

One area for quality improvement was identified during the inspection in relation to the domain 'Is the service well led?' and refers to the revision of the complaint procedure.

This inspection was underpinned by the Nursing Agency's Regulations (Northern Ireland) 2005, the Nursing Agency's Minimum Standards 2008 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Sally Woolston, registered manager, Greg Draper project manager, Sarah Szabo, head of clinical operations and Leanne Prosser, nurse advisor as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Ashfield Healthcare Ltd/Ian Rubin	Registered manager: Sally Ruth Woolston
Person in charge of the home at the time of inspection:	Date manager registered: 9 October 2014

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events

The following records were viewed during the inspection:

- Statement of purpose
- Service user guide
- Staff pre-employment checks /recruitment and selection files (2)
- Staff induction programmes
- Staff handbook of induction
- Staff training records
- Staff appraisal/supervision
- Incident records
- Complaints records
- Service user contact records
- RQIA registration certificate
- Matching Skills and Expertise record
- Confirmation of NMC Status
- Selection of policies and procedures including those in respect of:
 - Adult safeguarding
 - Whistleblowing
 - Induction
 - Staff training
 - Data protection/Confidentiality
 - Record keeping
 - Health records management
 - Service user feedback
 - Complaints
 - Clinical governance
 - Risk management
 - Accident/Incident management
 - Monthly quality monitoring
- Evaluation and feedback

During the inspection the inspector met with the registered manager, head of clinical operations, project manager and a nurse advisor. One questionnaire was left to be distributed for completion by staff members. Feedback received by the inspector during the course of the inspection and from the returned questionnaire is reflected throughout this report.

The inspector would like to thank the registered manager and team for their support and co-operation during the inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 25 February 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The agency had robust policies and procedures relating to the selection and recruitment of staff which were dated 23 October 2015. It was noted that policies were in compliance with legislative requirements and Department of Health (DOH) guidelines.

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

The agency's recruitment policy for nurses outlined the mechanism in place for ensuring that appropriate pre-employment checks are completed prior to commencement of employment. The inspector reviewed a file pertaining to a recently recruited nurse and found the procedures had worked effectively and documentation required by legislation was in place. The head of clinical operations confirmed that nurses would never be provided until all required checks were completed.

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

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

The project manager described the agency's procedure in regard to their policy / procedure entitled "Vulnerable Adult Safeguarding". One recommendation was made in regard to reviewing and revising the policy to reflect DOH new regional guidelines entitled "Adult safeguarding Prevention and Protection in Partnership" dated July 2015. The identification of a "safeguarding champion", as reflected within the new guidelines, will also be necessary.

The inspector was informed that there had been no referrals to any safeguarding team, discussion with the management team provided assurance that they had knowledge and oversight of the management of safeguarding within the agency. They could describe the procedures for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation in which they may be required to be involved.

Discussion with the management team, alongside the electronic records viewed, indicated that staff were provided with safeguarding vulnerable adults training during their initial induction and

were required to complete yearly updates. The head of clinical operations could describe the mechanisms that would be implemented to support staff in achieving the requirements for revalidation and registration with the NMC.

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

The head of clinical operations described the process for appropriately assessing the requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. There was evidence that the NMC register is regularly checked in regard to the staff nurses employed; electronic records maintained were reviewed by the inspector.

One completed staff questionnaire was returned to RQIA. The respondent indicated they were satisfied that care was safe.

Areas for improvement

One area for improvement was identified during the inspection and relates to the revision of the safeguarding policy.

Number of requirements	0	Number of recommendations	1
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4.3 Is care effective?

Review of the agency's arrangements for appropriately responding to and meeting the needs of people who use the service was discussed with the management team. Information relating to the nature and range of services provided was detailed within the agency's Statement of Purpose and Service User Guide. It is recommended that the statement of purpose is revised to include the name and contact details of RQIA, the current document refers to the Scottish Commission for the Regulation of Care.

The agency's record keeping arrangements and associated policies were reviewed and discussed with the registered manager.

The data protection policy was examined and contained the procedures for the creation, storage, retention and disposal of records; it was noted from the range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The agency has a dedicated training department and effective policies that detail the role and responsibilities of the nurse and managerial staff regarding professional development and training, as specified by the Nursing and Midwifery Council (NMC). The policy outlines mandatory training requirements and was found to be up to date.

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

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

The project manager and nurse advisor described the liaison with stakeholders in regard to achieving better outcomes for service users. There was evidence that service users were informed of the process for contacting the agency to discuss any issues in relation to the competency of staff provided.

Information provided to service users included the procedure for contacting the agency to discuss concerns in relation to the competency of staff provided.

The inspector was informed of the process that would be followed for addressing concerns relating to a nurse and stated that whilst the process was ongoing the staff member would not be provided to work.

Areas for improvement

One area for improvement was identified during the inspection and related to the revision of the statement of purpose.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

Agency staff are provided with information in relation to the agency's confidentiality policy; it was noted that all staff can access policies and procedures electronically. The nurse advisor spoken with during the inspection was fully aware of the need to ensure confidentiality and demonstrated knowledge of the agency's confidentiality procedure.

The agency has arrangements in place to monitor the performance of nursing staff; these include training and competency assessments completed electronically; the registered manager reported all staff must achieve a required level before being deemed competent.

The agency has a process for obtaining the views of service users in relation to staff performance; the senior nurse described the process for engaging with the relevant service users in order to obtain feedback, and records examined evidenced a high level of satisfaction with nurses provided.

Formal processes to record and respond to service users are maintained through the agency's complaints process, monthly quality monitoring and service user satisfaction surveys. It was noted that the agency's monthly quality monitoring report incorporated the feedback received from service users.

The agency has an electronic system for recording training completed and identifying when training updates are required. The inspector was provided with assurances that staff would not be provided if training updates had not been successfully completed.

The inspector was informed the agency provides all staff with the required training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. This information was confirmed in the review of records of staff training.

A system is in place to ensure that nurses can report concerns they may have regarding a placement. The agency has an on call system that staff can access out of hours for support and guidance.

Discussions with the nurse advisor and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation.

One staff questionnaire was completed and returned to RQIA. The responses received indicated satisfaction that the care provided was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The registered manager Sally Woolston attended the inspection accompanied by Greg Draper project manager, Sarah Szabo, head of clinical operations and Leanne Prosser nurse advisor.

The agency's management and governance arrangements were reviewed and established that the systems in place were suitable to meet the needs of service users and provided evidence that the service was well led.

The review of a number of policies and procedures established that policies were reviewed regularly and maintained in accordance with the minimum standards and relevant legislation. It was identified that staff have access to the policies and procedures electronically

Documentation viewed and discussions with the registered manager indicated that the overall governance arrangements promote the identification and management of risk. Associated policies were in place.

The agency's complaints policy outlines the procedure in handling complaints. A review of the information returned to RQIA relating to complaints received between 1 January 2015 and 31 March 2016 evidenced that the agency has received no complaints for this period. The role and function of RQIA in dealing with complaints about the agency and their contact details should be included in the policy along with information that anyone dissatisfied with the treatment received can refer their complaint to the Trust who has commissioned the service.

The certificates of registration and indemnity insurance were provided electronically for inspection.

There was evidence of the management and governance systems that drive quality improvement, and these included a monthly operation report that commented on a range of audits undertaken, including staff meetings, audits of files, complaints, training and supervision and accidents/incidents.

Suitable arrangements are in place to ensure that staff are appropriately recruited, complete training during their initial induction and thereafter attend the required refresher training.

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

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

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. This information is also included in the handbook provided to staff, which outlines the role and responsibilities of their individual job roles.

The agency has a process for obtaining feedback from service users when a nurse has been provided; the inspector viewed feedback documentation received by the agency and noted that feed-back was positive.

One staff questionnaire was returned to the inspector in time for inclusion in this report. All responses indicated that the staff member was satisfied that the service was well led.

Areas for improvement

One area for improvement was identified during the inspection and refers to the revision of the complaints policy.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sally Woolston, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing 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.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **the web portal** for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p>	<p>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.</p>
<p>To be completed by: 31 May 2017</p>	<p>Response by registered provider detailing the actions taken: We will immediately update the Vulnerable adult and safeguarding SOP to reflect the DOH new guidelines To be completed by 31/10/17 Safeguarding champion to be identified at our Clinical Governance meeting on 24/10/17</p>
<p>Recommendation 2</p> <p>Ref: Standard 1.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should revise the statement of purpose to include the name and contact details of RQIA.</p> <p>Response by registered provider detailing the actions taken: To be completed by 31/10/17</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.1 and 8.4</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: To be completed by 31/10/17</p>



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