

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Riada Resourcing

**Nursing Agency ID No:** 11983

**Inspection No:** 20908

**Date of Inspection:** 2 February 2015

**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**General Information**

<b>Name of agency:</b>	Riada Resourcing
<b>Address:</b>	90 Union Street Coleraine BT52 1QB
<b>Telephone number:</b>	(028) 7032 6600
<b>E mail address:</b>	<a href="mailto:frances@riadaresourcing.com">frances@riadaresourcing.com</a> <a href="mailto:Claire@riadacare.com">Claire@riadacare.com</a>
<b>Registered organisation/ Registered provider:</b>	Riada Recruitment Ltd/ Mrs Mary Lundy
<b>Registered manager:</b>	Mrs Claire McDowell
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Claire McDowell
<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>	24 March 2014: Announced Inspection
<b>Date and time of inspection:</b>	2 February 2015 8.45am-11.15am
<b>Name of inspector:</b>	Michele Kelly

## 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 Minimum Standards (July 2008)

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
- 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.**

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 of Service**

Riada Resourcing is a nursing agency operating from 90 Union Street, Coleraine, BT52 1QB. The service currently supplies one nurse daily/weekly into two service users within Trust and Private nursing home settings. The service currently operates throughout the Northern Trust area and offers service provision in the area of nursing care.

## **Summary of Inspection**

This is the annual announced inspection report for Riada Resourcing which was undertaken on 2 February 2015 by an inspector from the Regulation and Quality Improvement Authority (RQIA) starting at 8.45am and finishing at 11.15am.

The Registered Manager Claire McDowell was in attendance throughout the inspection. Discussions also took place with Mrs Frances Lundy (Registered Person) during the inspection.

The previous inspection occurred on 24 March 2014 and resulted in three requirements and two recommendations. Review of these five matters showed the agency had achieved compliance. The action taken by the agency can be viewed in the section following this summary.

This inspection focused on the following standards detailed in The Minimum Standards for Nursing Agencies 2008.

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 2008:

- **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.**

To validate compliance levels for each of the above standards, the inspectors had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Robust systems were in place to recruit staff as outlined in the recruitment policy and procedures. One personnel file was found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard. Currently there is only one nurse being supplied to two clients.

A number of policies and procedures were reviewed, which included protection of vulnerable adults and safeguarding children. A recommendation is made in respect of enhancing these policies. This is discussed fully in the main body of the report and in the appended Quality Improvement Plan. Since the last inspection no complaints were recorded. No incidents of alleged or suspected abuse have been reported to the agency and staff are trained on this subject matter.

**Standard 2: There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of the criteria for this standard evidenced that there are 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 (2008).

A number of policies and procedures were reviewed, which included protection of vulnerable adults and safeguarding children. A recommendation is made in respect of enhancing these policies.

Policies are centrally indexed and had been approved and appropriately dated by the registered manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was assessed as '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 the seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has a Management of Records and Information policy which sets out arrangements for the creation, use and storage of records.

The agency was assessed as 'compliant' with this standard.

One recommendation is made in this inspection and relates to the revision of the protection of vulnerable adults and safeguarding children policies to include information regarding immediate safe guarding measures in the case of suspected abuse.

The inspector would like to extend her gratitude to Mrs Claire Mc Dowell, Mrs Frances Lundy and the staff of Riada Resourcing for the hospitality and contribution to the inspection process.

### Follow-Up on Previous Issues from Pre-Registration Inspection

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 12 and Schedule 3	<p>The registered person/manager is required to review and revise the agency's recruitment procedure to ensure the process is compliant with Regulation 12 and Schedule 3.</p> <p>As discussed within theme one, standard 1.2 and within theme two, standard 6.5 within this report.</p> <p>(Minimum standard 4)</p>	The policy and procedure examined on the day had been updated as requested and was found to be satisfactory.	Compliant
2	Regulation 20	<p>The registered person is required to ensure consistent and complete monthly monitoring of the agency.</p> <p>As discussed within theme one, standard 1.12 within this report.</p> <p>(Minimum standard 1.12)</p>	Each month there are consistent summaries of the business of the agency and during months when the agency have supplied nurses there is a complete monthly monitoring report	Compliant
3	Regulation 20	<p>The registered person/manager is required to complete an annual quality review process and report.</p> <p>As discussed within theme three, standard 10.1 and 10.2 within this report.</p> <p>(Minimum standard 1.13)</p>	Service user feedback forms were sent for completion in January and details will be included in the annual report.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 2 Appendix 3	<p>The registered person/manager is recommended to develop a policy for assessment of new service users and to ensure this policy references the template used during initial service user meetings.</p> <p>As discussed within theme one, standard 1.2 within this report.</p>	This policy was developed on 17 April 2014.	Compliant
2	Standard 6.6	<p>The registered person/manager is recommended to ensure staff training records are maintained in compliance with standard 6.6.</p> <p>As discussed within theme two, standard 6.6 within this report.</p>	Evidence of up to date staff training for the one nurse placed was available in the personnel file.	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>2.1 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> Riada Care has policies and procedures in place that correspond with those identified in Appendix 3 and are in accordance with statutory requirements.	
<b>Inspection Findings:</b> The findings of the inspector confirmed the information detailed in the provider's self -assessment. A random selection of policies and procedures that included Absence of the Registered Manager, Orientation and Induction, Management and Control of Operations were examined and found to be satisfactory. The policies had been approved by the registered manager and were dated and signed.  The policies in relation to Protection of Vulnerable Adults and Safeguarding Children should be enhanced to include immediate safeguarding measures in respect of suspected abuse. A recommendation is made in respect of this.	Compliant

<b>Criterion Assessed:</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>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care policies and procedures are revised as appropriate following feedback from staff and managers from nursing homes.	
<b>Inspection Findings:</b> The inspector was informed that the agency has supplied one nurse. Discussion was held with the registered manager who was aware of the importance of involving staff and clients in the development of policies. The registered manager outlined how information obtained from contact with clients and staff would be used to ensure service improvement.	Compliant
<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> Riada Care has a policy and procedure manual and the policies and procedures are also uploaded onto our e ploy database.	
<b>Inspection Findings:</b> On the day of inspection policies and procedures were well organised, indexed and compiled in manuals.	Compliant
<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> All Riada Care policies and procedures are dated when issued and when either reviewed and revised.	
<b>Inspection Findings:</b> The policies examined on the day of inspection were all dated and the date of review was recorded on the policy.	Compliant

<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> Riada Care policies and procedures have only been in place since May 2012 but all amendments, revisions or introductions to date have all been ratified by the registered person. The policies and procedures will be subject to a systematic three review in May 2015	
<b>Inspection Findings:</b>	
The findings of the inspector concur with the provider's self-assessment.	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>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>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care has not supplied agency nurses to provide nursing care to private patients in their own homes and therefore has no records pertaining to same.	
<b>Inspection Findings:</b> The registered manager confirmed the agency do not supply nurses to private patients in their own home and explained this was not part of their terms of business.	Compliant
<b>Criterion Assessed:</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>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care has a management of records policy that details arrangements for the creation,use,retention,storage,transfer and disposal of and access to records.	
<b>Inspection Findings:</b> The management of records and information policy revised February 2015 detailed the arrangements for the creation, use, and of retention of records. The document referred that all records would be managed with the disposal schedule in "Good Management Good Records" DHSSPS NI.	Compliant

<b>Criterion Assessed:</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>Compliance Level</b>
<b>Provider's Self Assessment:</b> Records required under The HPSS Order 2003 are available in Riada Care for inspection at all times.	
<b>Inspection Findings:</b> On the day of inspection records were well organised, easy to reference and available for inspection.	Compliant
<b>Criterion Assessed:</b> <b>3.4 The information held on record is accurate, up to date and necessary.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care holds information on record that is accurate, up to date and necessary.	
<b>Inspection Findings:</b> The records examined on the day were accurate, up to date and necessary.	Compliant
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care nursing records are written and maintained in accordance with NMC guidelines.	
<b>Inspection Findings:</b> At induction there is a competency checklist which covers areas including Record Keeping. The staff handbook directs nurses to follow NMC principles in respect of nursing care records.	Compliant

<b>Criterion Assessed:</b> <b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.	
<b>Inspection Findings:</b> The policies in regard to the Management of Records and Information provided direction and guidance for staff in regard to the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant
<b>Criterion Assessed:</b> <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>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Riada Care records are held securely for the specified period of time in accordance with DHSSPS guidelines and disposed of in accordance with legislation.	
<b>Inspection Findings:</b> On the day of inspection The Management of Records and Information policy detailed the requirements for the storage and archival of records and was in accordance with the DHSSPS guidelines.	Compliant

### **Complaints and Incidents**

Since the last inspection no complaints or incidents were recorded and this is to be commended.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Claire Mc Dowell, Registered Manager, 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:

**Michele Kelly**  
**Inspector/ Quality Reviewer**  
**Regulation and Quality Improvement Authority**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 2BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Riada Resourcing

**2 February 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 Mrs Claire McDowell (Registered Manager and Mrs Frances Lundy (Registered Person) during and after 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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	9.1	<p>The registered person must ensure procedures for protecting vulnerable adults and safeguarding children are in accordance with legislation, DHSSPS guidance and HSC Trust protocols.</p> <p>Refers but is not limited to matters discussed at Section 2.1.</p>	Once	<p>Please see attached policies which include revisions:</p> <p>Protection of Vulnerable Adults</p> <p>Child Protection</p>	Within two months of the date of inspection 29 March 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>	Claire McDowell
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Frances Lundy

<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	Michele Kelly	9/4/15
Further information requested from provider			