

Inspection Report

17 June 2021



Peninsula Care Services

Type of service: Nursing Agency
Address: 3 Church Street, Newtownards, BT23 4AN
Telephone number: 028 9182 8921

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Peninsula Care Services Ltd	Registered Manager: Mrs Doreen Bingham
Responsible Individual: Mr Johnathan Cooke	Date registered: 1 June 2015
Person in charge at the time of inspection: Mrs Doreen Bingham	
Brief description of the agency operates: Peninsula Care Services is a nursing agency which operates from offices located in Newtownards. The agency currently supplies registered nurses to a number of private nursing homes and one children's home within the Belfast and North Down areas of Northern Ireland.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 17 June 2021 at 10.00am until 12.45pm.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements, as well as recruitment, registrations with the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to recruitment, staff training, monthly quality monitoring reports and staff registrations with the NMC. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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

RQIA were assured that this agency supplies nurses who are providing safe, effective and compassionate care; and that the agency is well led.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

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

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and written and verbal communication received since the previous care inspection.

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

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

Information was provided to service users, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff and service users to feedback to the RQIA; one response was received.

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

4.0 What people told us about the agency?

The information provided by two service users indicated that there were no concerns in relation to the agency. All confirmed that they were satisfied with the high standard, training and the skills and knowledge of the nurses being supplied and the responsiveness of the agency to any issues that may occur.

One staff member told us that they were happy with the support provided by the nursing agency.

5.0 The inspection

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

The last inspection of the agency was undertaken on 21 January 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

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

There was a good system in place to ensure that the nurses' skills were appropriately placed. Nurses were provided with training appropriate to the requirements of the settings they were being placed in. This included DoLS training appropriate to their job roles. Nurses spoken with demonstrated that they have an understanding that patients who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

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

5.2.2 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 20 of Nursing Agencies Regulations (Northern Ireland) 2005. It was noted that no safeguarding referrals had been made since the previous inspection.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. Adult safeguarding matters are reviewed as part of the quality monitoring process. The Annual Position Report was not available on the day of inspection; this was discussed with the manager and it was advised that this would be actioned as a matter of urgency.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

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

A review of the records confirmed that all staff provided are appropriately registered with the NMC. Information regarding registration details, renewal and revalidation dates are monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards.

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Mrs Doreen Bingham, registered manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	0



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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