

Unannounced Care Inspection Report 21 January 2019



Peninsula Care Services

Type of Service: Nursing Agency
Address: First Floor, 3 Church Street,
Newtownards,
BT23 4AN
Tel No: 02891828921
Inspector: Caroline Rix

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Peninsula Care Services Ltd	Registered Manager: Doreen Bingham
Responsible Individual: Jonathan Cook	
Person in charge at the time of inspection: Doreen Bingham	Date manager registered: 01/06/2015

4.0 Inspection summary

An unannounced inspection took place on 21 January 2019 from 09.30 to 12.30 hours.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to governance arrangements in place including: staff recruitment, training, quality monitoring process and communication with service users and other relevant stakeholders.

There were no areas requiring improvement identified during the inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 13 October 2017

No further actions were required to be taken following the most recent inspection on 13 October 2017.

5.0 How we inspect

Prior to inspection the following records were analysed:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the manager
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- Staff recruitment records
- Staff induction and training records
- Records relating to staff supervision and appraisal
- Records relating to Adult Safeguarding
- Service user feedback records
- Monthly quality monitoring reports
- Complaints records
- Incident records
- Statement of Purpose
- Service User Guide

A range of policies and procedures viewed during the inspection were noted to have been issued or reviewed within the timescales as outlined within the minimum standards.

At the request of the inspector, the manager was asked to display a poster within the agency's registered premises. The poster invited staff to provide their views by an electronic means to RQIA regarding the quality of service provision; no responses were received.

In addition the inspector requested that a 'We missed you' card be displayed to provide details of the process for contacting RQIA if required; no responses were received.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 13 October 2017

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 October 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing arrangements in place within the agency were reviewed by the inspector. The agency's recruitment policy outlines the procedures for ensuring that required staff pre-employment checks are completed prior to commencement of employment or supply of staff. The manager stated that registered nurses are not provided until all pre-employment checks have been satisfactorily completed and verified.

Records viewed during the inspection indicated that the required checks had been completed prior to the commencement of employment and details retained in individual staff personnel files. It was noted that the information relating to the checks is reviewed and verified by the manager.

Staff recruitment records viewed indicated that the agency's recruitment process is robust.

Registered nurses supplied by the agency are required to complete an initial induction and undertake training in a range of mandatory areas prior to their commencement of employment. A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process. In addition the agency requires that staff receive an induction at the commencement of a work placement. Staff are provided with induction information which was noted to include the agency's staff handbook, a job description, and key policies. Staff are required to sign a statement indicating that they have received and understood all information provided during their induction process.

The agency has a system for recording training completed by staff and for highlighting training required; it was noted that nurses are informed when training updates are required. The manager stated that registered nurses are not provided with work placements if required training updates have not been completed.

The inspector viewed the agency's electronic system for recording compliance of staff training. The manager confirmed that staff cannot be supplied for work if necessary training is not completed.

The agency's supervision and appraisal policies outline the processes for staff supervision and appraisal; the manager stated that registered nurses are required to participate in quarterly supervision and annual appraisal. Records of staff supervision and appraisal indicated that staff had received supervision and appraisal in accordance with the agency's procedures. It was identified that feedback received from service users in relation to individual staff is discussed with the registered nurse during the supervision and appraisal processes.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. It was identified that the agency's policy and procedures reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015. The registered manager is the identified Adult Safeguarding Champion (ASC).

The manager stated that nurses employed by the agency are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction and in the agency's staff handbook.

Training records viewed during the inspection indicated that staff had completed appropriate training in relation to adult and child protection.

The manager could describe the procedure for reporting any incidents of suspected, alleged or actual abuse and the mechanism for liaising with the appropriate bodies in relation to any investigation they may be required to be involved in. It was noted that the monthly quality monitoring audit, reviews referrals made in relation to adult and child protection.

The inspector reviewed records maintained in relation to safeguarding patients; discussions with the manager and documentation viewed indicated that the agency had received one referral in relation to an alleged adult safeguarding matter since the previous inspection. Records evidenced that this matter had been appropriately managed and reported to the relevant bodies as required and closed.

The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the service users; this includes the completion of a skills and competency profile for each nurse. The manager could describe the process for appropriately assessing the requirements of individual service users; it was noted that this process also included assessing the knowledge, experience, skills and suitability of the nurse to be provided.

The agency provides service users with relevant staff profiles when confirmation of a shift is provided; those viewed were noted to include details of skills/competencies, experience, training and registration status with the Nursing and Midwifery Council (NMC).

The agency has a system for monitoring and recording the registration status of nurses with the NMC; the manager could describe the process for checking the NMC register on a monthly basis to ensure all staff are registered and to identify if any staff have been removed from or had conditions placed on their registration. The agency retains details of individual staff registration status, expiry dates and revalidation dates electronically.

The agency requests that service users complete feedback reports in relation to the performance of registered nurses provided. The feedback documentation requests information relating to staffs' timekeeping, appearance, interaction and delivery of care.

Comments received from feedback forms:

- '**** is a knowledgeable member of staff, who completed the new admission paperwork very well.'
- '**** is a valued member of this team.'

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection records were noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected. The manager could describe the additional measures taken to ensure compliance with General Data Protection Regulation (GDPR).

Areas of good practice

Areas of good practice were identified in relation to the agency's staff recruitment, induction, staff training, supervision and appraisal processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

It was identified from records viewed that they were maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy. Staff employed within the agency have recently been required to complete training relating to GDPR.

Discussions with the manager and documentation viewed provided evidence that the agency has effective systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems were noted to include processes for the review of compliance levels of training completed by staff, nurses' registration status with the NMC, audits of complaints, accidents, incidents and referrals relating to safeguarding of patients.

The manager meets at least monthly with the registered person to discuss the effectiveness of the service provided and to review any identified matters of concern.

Monthly quality monitoring audits are completed by the registered person and a monthly report developed. The reports contain details of the review of incidents, complaints and safeguarding referrals and include comments relating to the quality of the service provided from feedback forms completed by service users and relevant stakeholders.

Systems to promote and achieve effective communication with service users, the agency's registered nurses and other relevant stakeholders were evident on inspection. Discussions with the manager and administrative staff provided evidence that the agency seeks to develop and maintain effective working relationships with service users. Service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of registered nurses provided. The agency has systems in place for obtaining the comments of service users in relation to staff provided; they include staff feedback forms and regular phone contact with service users.

The manager described the process for addressing concerns relating to individual staff members; and indicated that the agency's procedure for dealing with concerns is effective. Records confirmed that the agency has on occasions made referrals to the NMC in relation to the practice of individual staff nurses.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with service users, the agency's training programme and systems for reviewing the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency's staff handbook and information provided to all registered nurses during their initial induction contains details of a number of key policies and procedures including the agency's confidentiality policy. The manager stated that confidentiality is discussed with staff during induction. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times

The agency has on call arrangements in place to ensure that staff and service users can report concerns they may have regarding a placement or to access support and guidance at any time including out of hours. The agency's staff handbook clearly outlines the process for staff in relation to reporting concerns.

The agency has a range of methods for obtaining the views of service users in relation to staff performance; it includes requesting that service users complete a feedback proforma for staff

provided. The inspector viewed a range of feedback that had been received by the agency and noted that information was recorded in relation to matters that needed further action. The manager and administrative staff described the processes for engaging with service users in order to obtain feedback; this includes the agency's quality monitoring process and calls to the service users to obtain their views as to the quality of the service provided.

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

The inspector noted that staff are provided with the agency's 'Whistleblowing Policy' which outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with service users, and the promotion of values such as confidentiality, dignity and respect.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency's management and governance systems in place to meet the needs of service users were reviewed. It was identified that the agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales as outlined within the Minimum Standards, relevant legislation and guidelines.

Policies are retained both electronically and in a paper format stored within the agency's office. Staff are provided with a number of key policies during induction and in the staff handbook; in addition staff can access required policies in the agency's office.

Discussions with the manager and documentation viewed indicated that the agency's governance arrangements promote the identification and management of risk. These include the provision of required policies and procedures, monitoring of staff training, registration status of staff with the NMC, monitoring of feedback received, complaints, safeguarding referrals, accidents and incidents including those notifiable to RQIA.

The agency's complaints policy outlines the process and timescales for managing complaints; records viewed indicated that the agency has managed complaints received in accordance with

their policy and procedures. Discussions with the manager demonstrated that they had a clear understanding of the agency's complaints procedure and the process for effectively managing complaints.

Records viewed confirmed that the agency has a robust process for recording details of complaints received and the actions taken, and for reviewing complaints on a monthly basis as part of the quality monitoring process.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. It was identified that the agency has a system for retaining a record of accidents, incidents and safeguarding referrals made and of actions taken. Two incidents have been reported appropriately to RQIA since the previous care inspection.

It was identified that the agency has management and governance systems in place to drive quality improvement. The agency's arrangements for the ongoing monitoring of incidents and complaints were reviewed. The manager stated that the agency has a process for continually reviewing the service provided to identify areas for improving the quality of the service.

The inspector noted the feedback received by the agency following their annual satisfaction survey for 2017 was very positive and a report had been shared with service users, representatives, staff in March 2018.

Electronic and paper records viewed by the inspector provided evidence of appropriate staff induction, training, supervision and appraisal. The agency has a system for recording staff training and a compliance system for identifying training needs of staff provided and for reviewing the registration of staff with the appropriate regulatory body.

The organisational and management structure of the agency identifies lines of accountability and the roles and responsibilities of staff. It was identified that registered nurses are provided with a job description at the commencement of employment which outlines the responsibilities of their job role. Staff are required to highlight areas where they feel that they need additional training.

The agency's Statement of Purpose and Service User Guide are kept under review. On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the manager and administrative staff provided evidence that the agency promotes effective collaborative working relationships with service users. It was identified that the agency processes for ensuring that they actively seek feedback from service users following staff having been provided.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures, governance arrangements, engagement with stakeholders, monitoring of compliance and the management and monitoring of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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