

Unannounced Care Inspection Report 13 October 2017



Peninsula Care Services

Type of Service: Nursing Agency

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Inspector: Priscilla Clayton

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Assurance, Challenge and Improvement in Health and Social Care

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

This is a nursing agency which supplies registered nurses into a range of private nursing homes.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 13 October 2017 from 09.45 to 14.30 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 areas for improvement identified during and 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, induction, training, supervision and appraisal, adult safeguarding and risk management.

There were no areas requiring improvement from this 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 Doreen Bingham, registered manager, and Jonathan Cook, responsible person, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 12 January 2017

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 12 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report and QIP
- Notifiable events
- Correspondence

During the inspection, the inspector met with the registered manager, responsible person and one administrative staff member.

The following records were examined during the inspection:

- RQIA registration certificate
- Liability Insurance certificate
- Statement of Purpose
- Service User Guide
- Two staff recruitment files
- Staff induction
- Staff handbook
- Staff training and development
- Nursing and Midwifery registrations
- Quality Improvement Audits
- Incident / accidents
- Complaints
- Staff supervision / appraisals
- Staff selection and recruitment policy
- Staff supply and placement policy
- Staff Disciplinary policy
- Adult safeguarding policy
- Whistleblowing policy
- Staff training and development policy
- Complaint policy and procedure
- Accident policy

The registered manager was provided with ten satisfaction questionnaires for distribution to agency nursing staff. One questionnaire was completed and returned to RQIA within the timescale.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Doreen Bingham, registered manager and Jonathan Cooke, responsible person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 January 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12(1)(b) Stated: First time	The registered person shall ensure that no nurse is supplied by the agency unless- (b) he has the qualifications, knowledge, skills and competencies which are necessary for the work which he is to perform (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. (Regarding written references including a reference from the person's present or most recent employer, documentary evidence of relevant qualifications and confirmation of current registration with the Nursing and Midwifery Council).	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of two staff recruitment files confirmed compliance with this requirement.	

<p>Area for improvement 2</p> <p>Ref: Regulation 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and are available at all times for inspection.</p> <p>(Schedule 4 (8) regarding annual staff appraisals)</p> <p>Action taken as confirmed during the inspection: The registered manager advised that all regulatory documents were being retained within the agency office. All records required for the inspection were available. Staff appraisals were retained within the agency office.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 1.13</p> <p>Stated: First time</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.</p> <p>(Regarding the annual quality review and report)</p> <p>Action taken as confirmed during the inspection: The agency's annual report was reviewed and discussed with the responsible person and registered manager. The report reflected the service user satisfaction survey.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.1</p> <p>Stated: First time</p>	<p>Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in place and in accordance with statutory requirements.</p> <p>(Regarding management, control and monitoring of the nursing agency policy and the staff appraisal and supervision policy)</p> <p>Action taken as confirmed during the inspection: The registered manager advised that the policies had been developed as recommended. Management, control and monitoring of the nursing agency and staff appraisal/supervision policies were in place.</p>	<p>Met</p>

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.

The registered manager advised that all nursing staff employed were suitably qualified, competent and experienced to work within the allocated placements provided to service users by the agency.

The agency's recruitment and selection policy for nurses, dated 24 April 2016, outlines the mechanisms for ensuring that appropriate nursing staff pre-employment checks are completed prior to commencement of employment. The registered manager advised that nurses are not provided until all required pre-employment checks are completed.

The registered manager could describe the process for matching nursing staff to placement which included completion of a profile which reflected; qualifications, training, experience, knowledge and skills. The agency had a staff induction policy and procedure which outlined the induction programme. Documentation reviewed outlined the training and information provided to staff prior to appointment.

The agency's written policy, dated 05 April 2017 outlined the procedure regarding the supervision and appraisal of staff. The registered manager advised that group supervision was provided on a three monthly basis. cursory review of recent group supervision records were discussed with the registered manager. The registered manager advised that annual appraisal had been provided and these records were retained.

The registered manager described how the agency promotes and makes provision for the welfare, care and protection of service users; the provision of mandatory staff training was ongoing as reviewed by the inspector in the electronic records retained. Training provided included adult safeguarding. The registered manager explained that the training provided in-house was based on the Department of Health (DOH) policy, titled Adult Safeguarding, Prevention and Protection in Partnership, dated 2015. The registered manager advised that the agency's policy on adult safeguarding had been reviewed and revised in keeping with DOH policy / procedures. A copy of the agency's revised policy was retained within the office and was available to nursing staff alongside all other policies and procedures. The registered manager advised that she was the agency's champion for adult safeguarding and had received training in this regard. The registered manager demonstrated good knowledge and understanding of the new procedures.

The registered manager advised that all new staff appointed receive a staff handbook detailing the procedure to follow in the event of suspected, alleged or actual incidents of abuse. The hand book also made reference to the agency's whistle blowing policy and complaints handling. The agency's whistle blowing policy was dated 19 June 2016.

One adult safeguarding matter, which had been notified to the commissioning health and social care trust and RQIA, was discussed with the registered manager. Appropriate records were retained. The registered manager agreed to inform RQIA on the outcome of investigation.

The registered manager could describe the process for appropriately assessing the requirements of a request for an agency nurse; this included assessing the knowledge, skills, training and experience of the nurse to be provided. The registered manager described the process for checking the Nursing and Midwifery Council (NMC) registration status each month. Records of registration dates were retained.

The registered manager explained the procedure for monitoring staff performance which included distribution of service user satisfaction questionnaires twice yearly. In addition, telephone contact and visits to the service user were also made. The outcome of satisfaction surveys completed was reflected within the agency’s annual quality report.

The agency’s registered facility was observed to be well maintained and suitable for the purposes of the agency as set out in the Statement of Purpose.

One satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated satisfaction with the safe care provided by the agency.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

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.

Review of the agency’s arrangements for appropriately responding to and meeting the needs of people who use the service were detailed within the agency’s Statement of Purpose.

The agency’s policy on Management of Records included confidentiality and sharing information detailed the procedures for creation, storage, retention and disposal of records; it was observed from the range of records reviewed during the inspection that records were maintained in accordance with legislation, standards and organisational policy.

Discussions with the registered manager, responsible person and records reviewed identified that the agency had in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

The agency monitors the effectiveness and quality of care provided to service users; including training, complaints, incidents and safeguarding.

The registered manager advised that the agency was in regular contact with service users to obtain their views on the service provided. Records had been made on all communications and feedback was recorded. Service users' questionnaires responses were reflected within the annual report.

The responsible person for the agency monitors the quality of the service and completes a monitoring report each month. Reports relating to August, September and October 2017 reviewed were in accordance with Nursing Agencies Minimum Standards.

The registered manager advised that service users are informed of the process for contacting the agency to discuss concerns in regard to the competency of staff provided. It was identified that the agency has a process for obtaining the comments of service users in relation to staff provided.

The registered manager could describe the modes of communication with service users and agency nursing staff, for example; an "open door" to everyone, twenty four hour telephone contact, staff meetings, regular telephone contact with service users, satisfaction questionnaires to service users and staff supervisions.

One satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated satisfaction with the effective care provided.

Areas of good practice

There were examples of good practice found in relation to records, audits and reviews, communication between service users and agency staff and other key stakeholders.

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.

Agency staff were made aware of the agency's confidentiality policy as reflected within hand books issued during induction. The agency's Confidentiality policy, dated 19 April 2014, was available and reviewed during the inspection. Review of the policy was a work in progress.

The agency had systems in place to monitor the performance of nursing staff; these included training updates, feedback from service users in relation to staff performance, staff supervision and appraisal.

The agency had a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with relevant service users to obtain feedback.

The registered manager described the process for staff induction and orientation in placement which included shadowing or attending the area of work for a structured induction and orientation.

The agency includes feedback on staff placements service users in the monthly monitoring report.

The agency had an electronic system for recording and monitoring the provision of mandatory and other professional development training. A highlighting alert is indicated when training is due. The registered manager advised that staff who do not undertake training up-dates would not be used until all training is successfully completed.

Discussions with the registered manager 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.

The registered manager advised that prior to placement, all agency nurses were provided with information to ensure they are aware of the procedure to follow in the event of a suspicion of or actual abuse; this was also included within staff handbooks given to each staff member.

One satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated satisfaction with the effective care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

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 registered manager is supported in her role by the responsible person and two administrative officers. At operation level, support is provided by a small team of administrative clerical staff and team of nursing agency staff.

The agency’s current RQIA registration certificate and liability certificate were displayed in a prominent position within the office.

Review and discussion of management and governance systems and processes took place. The registered manager advised that all records required by legislation were retained within the agency office and that staff can access these if required. Policies and procedures viewed were observed to have been reviewed in accordance with minimum standards, relevant legislation and guidelines. Review of the policy on Confidentiality dated April 2014 was a work in progress.

Documentation reviewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; for example, provision of appropriate policies and procedures, monitoring of agency training, monthly monitoring of NMC registration status, safeguarding incidents and service user views on the service provided by the agency. The registered manager explained that audits of complaints would be undertaken if any were received. One complaint received had moved to adult safeguarding.

There was evidence of continuous quality improvement; and seeking the views of service users, through twice yearly satisfaction surveys. Responses were analysed by the responsible provider and an annual quality report developed for year 2016. Issues requiring improvement are actioned by the registered manager. Records reviewed provided evidence of on-going staff training, development of group supervision and provision of annual appraisal.

It was identified that staff are required to complete mandatory training prior to being provided to work. The registered manager advised that the agency has a process for ensuring staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. Staff are provided with a job description and a staff handbook which outline the role and responsibilities of their individual job. The agency has a process for supporting nursing staff in their completing of NMC revalidation.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with regulations and minimum standards. The agency's Statement of Purpose and Service User Guide were retained within the agency office and available to all staff.

One satisfaction questionnaire was completed and returned to RQIA within the timescale. The respondent indicated satisfaction that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

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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