



The Regulation and
Quality Improvement
Authority

Peninsula Care Services
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**Unannounced Care Inspection
of
Peninsula Care Services**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 11 August 2015 from 09.15 am to 14.30 hours Overall on the day of the inspection the Agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the quality improvement plan appended to this report. This inspection was underpinned by The Nursing Agencies Regulations (Northern Ireland) 2005, and The DHSPSS The Nursing Agencies Minimum Standards (2008).

2. Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

3. Actions/Enforcement Resulting From This Inspection

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

4. Inspection Outcome

	Requirements	Recommendations
Total Requirements and Recommendations Made at this inspection	2	0

The details of the QIP within this report were discussed with the Registered Manager Mrs Doreen Binghamas part of the inspection process. The timescales for completion commence from the date of inspection

5. Service Details

Registered Organisation/ Registered Provider Peninsula Care Services Ltd/Mr Jonathan Cook	Registered Manager: Mrs Doreen Bingham
Person in Charge of the agency at the time of Inspection: Mr Jonathan Cook and Mrs Doreen Bingham	Date Manager Registered: 01/06/15
Number of service users in receipt of a service on the day of Inspection: 25	Number of registered nurses, health visitors and midwives on the agency's books: 10 nurses

6. 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 themes: Nurse Training and Vulnerable adults and children are protected from abuse.

7. Methods/Process

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

Prior to inspection the following records were analysed:

- Previous inspection report
- Previous quality improvement plan

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

- Discussion with the registered person, registered manager and recruitment consultant.
- Discussions with three staff members also took place on the day of inspection. One discussion took place face to face while the remaining two discussions took place via telephone.
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- References for two staff members. (recruitment files)
- Staff knowledge and competency assessment records for two staff members.

- Records for one staff member previously reviewed at last inspection regarding competence
- Policy on staff training and development.
- Training and development plan for three staff members.
- Trainer qualifications and content of training for three mandatory training areas.
- Staff training competency assessments for three staff members.
- Follow up action taken by agency when staff competence is below expected standard for one staff member.
- Monitoring and auditing the quality of services policy and procedure.
- Quality monitoring feedback from service users for December 2014 and April 2015.

- Policy on Protection of Vulnerable adults and Safeguarding children.
- Pre-employment checks completed for two staff members.
- Three staff training records.
- Three staff supervision and appraisal records.

The inspector would like to extend gratitude to Jonathan Cook (registered person) and Doreen Bingham (registered manager) for their hospitality and contribution to the inspection process.

8. The Inspection

The previous inspection of the agency was an unannounced care inspection dated 22 December 2014. The completed QIP was returned and reviewed by the inspector.

8.1 Review of Requirements and Recommendations from Previous Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 12 (1) Schedule 3	The registered person must ensure that each nurse has two written references including a reference from the person's present or most recent employer.	Met
	Action taken as confirmed during the inspection: Review of two staff recruitment files recruited since the previous inspection where found to be compliant with Regulation 12 (1) and Schedule 3 regarding appropriate references.	
Requirement 2 Ref: Regulation 12 (1) (b)	The registered person must ensure that an action plan is developed to ensure that a nurse has the knowledge skills and competencies for the work they have to perform. This action plan and progress notes must be sent to RQIA until competence has been verified. Refers to information discussed within Additional Matters.	Partially Met
	Action taken as confirmed during the inspection: Review of two staff files evidenced several processes for confirming staff knowledge, skills and competence. At the point of recruitment staff members are required to complete and self-verify their own competencies and qualities on a standard template. Review of this template by the registered person and manager prior to interview highlights any specific areas for discussion at interview. Interview questions are focused around specific situations staff may come across within their role and answers are scored accordingly to verify staff's knowledge in dealing with certain situations. Following interview staff attend mandatory/induction training which is competency assessed and signed off by the trainer/training company. Ongoing mandatory training then continues to be delivered and assessed in the same manner. Feedback from quarterly quality monitoring with providers/nursing homes is also used to support staff	

	<p>competence and skills in practice and any matters requiring attention.</p> <p>Review of one staff member file at the previous inspection required the agency to complete follow up competency review in respect of staff members practice in the area of medication management. The agency presented a quality monitoring observation which had taken place with the staff member together with a supervision record which evidenced discussion on how the staff member's competence in the required area would be assessed and monitored ongoing. An action plan was also presented for review which had previously been submitted to the required RQIA inspector. The agency was unable to present an overall practice competence assessment from the home manager where the staff member had completed their period of assessed practice on day duty. This information has been requested following inspection for review by the current inspector.</p>	
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8.2 Theme 1: Nurse Training -The agency has procedures in place to ensure all nurses are appropriately trained and qualified for their roles.

Is Care Safe?

Peninsula care is a small nursing agency with ten nurses employed and one nurse manager overseeing the recruitment process. The agency currently supply's nurses to twenty five nursing homes. The recently registered manager prides herself on the support the agency can offer to both the nurses and the service users. The agency is also a recruitment agency involved in the supply of care staff and is registered with Department of Employment and Learning (DEL).

The agency has a training and development policy that had been approved, signed and dated. The policy was found to be in compliance with the RQIA mandatory training guidelines (2012) and made reference to nurses' requirements to maintain their post registration education and practice (Prep) information for continued renewal of their Nursing and Midwifery Council (NMC) registration.

There was evidence that the training needs of individual nurses are identified and records viewed confirmed that the agency had systems in place to provide nurses with a range of training including mandatory training compliant with RQIA mandatory training guidelines (2012) and additional training to maintain their professional development.

Information examined indicated that each new nurse must complete an induction prior to any placement. Training records examined provided evidence that three nurses employed by the agency had completed the induction programme and mandatory training. The feedback from staff discussions supported staff being happy within their role and working for Peninsula care services. Staff described training as appropriate to their needs, delivered regularly and ongoing covering a range of mandatory areas in line with RQIA training guidelines (2012).

Discussion with the agency manager and three nurses confirmed appraisal processes in place which are just currently being updated for 2015. The agency does not currently have a system for staff supervision, the agency manager discussed supervision taking place only when a staff member requests a meeting to discuss matters. The inspector requires the agency to review their current supervision policy and procedure in accordance with regulation 14 (2) (a) and consider how this procedure will apply to those staff who work full time for the agency and for those staff who work within other employment.

On the day of this inspection there was evidence that administration systems are well organised and required records were maintained and available for inspection.

Is Care Effective?

The training files relating to three nurses were examined and contained evidence that the agency had documentary evidence of the nurse's previous learning, professional development and practice experience. Recruitment files relating to two nurses who were recently recruited and commenced work showed details of previous learning and practice experience.

There were suitable arrangements in place to ensure that skills and expertise of each nurse is matched to the requirements of placements.

Arrangements were in place to check that each nurse is registered with NMC. The training and development policy referred to the need for nurses to adhere to the NMC requirements and nurses are required to produce evidence that their professional registration requirements are met and maintained on an ongoing basis.

Records examined found that the training needs of three nurses had been identified and the required training had been met by the agency or the staff member's permanent employer as was the case for one staff member.

Is Care Compassionate?

There was evidence that the effect of the nurses training is evaluated as part of quality monitoring. The agency has arrangements in place to obtain service users' views about nurses regarding their performance and competencies. Review of two quarterly quality monitoring reports supported good feedback from homes regarding staff placements.

The review of staff records and service users feed-back informed us there are suitable arrangements in place to ensure all nurses are appropriately trained and qualified for their roles.

Areas for Improvement

The agency is required to review the supervision policy and procedure to ensure all staff receive appropriate supervision in line with regulation 14(2)(a).

Number of Requirements	1	Number Recommendations:	0
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8.3 Theme 2: Vulnerable adults and children are protected from abuse.

Is Care Safe?

The agency had procedures for protecting vulnerable adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Board and the relevant HSC trust. The registered manager confirmed the agency was not providing a service to children at this time but may in the future.

Staff training records examined confirmed that procedures for protecting vulnerable adults and for safeguarding children and young people are included in the induction programme for staff.

There is a written policy on "Whistle Blowing" and procedures that identify to whom staff report concerns about poor practice.

The registered manager reported to date there had been no reported issues or concerns regarding the protection of vulnerable adults and children. The registered manager was fully familiar with the reporting of any such event.

Is Care Effective?

On the day of this inspection the registered manager told the inspector of the range of safeguards the agency had implemented to ensure vulnerable adults and children are protected from abuse. This included the arrangements in place that ensure all necessary pre-employment checks are completed and considered. Pre-employment checks reviewed during inspection were confirmed as appropriate.

The registered manager reported that she was confident that prior to placement agency nurses were provided with the relevant information to ensure they took appropriate action in the event of a suspicion of, or actual abuse. The manager was confident with her role and responsibility regarding any investigation in the event of an allegation of abuse being made.

Is Care Compassionate?

The registered manager is a trained registered nurse and is fully involved in the recruitment process. There was evidence that the agency had sound recruitment processes in place and appropriate pre-employment checks are completed.

Nurses employed complete an induction that includes training in all aspects of abuse and the protection of vulnerable adults and children. Refresher training is provided for nurses on an annual basis. The registered manager confirmed that the agency do not currently operate a supervision programme for nurses employed and this has been required as previously stated within theme one of this report.

Discussion with the registered manager, review of training materials and discussions with three nurses demonstrate that the agency promotes the core values of care and takes account of the minimum standards and regulations.

Staff presented an appropriate knowledge in the area of vulnerable adults in line with theme two of this report.

There was evidence to confirm that the agency had arrangements in place to obtain service users views about nurses regarding their performance and competencies. The manager expressed they had no concerns about their nurses practice and confirmed they were in receipt of all nurse's training regarding the protection of vulnerable adults.

Areas for Improvement

No areas of improvement were identified within theme two.

Number of Requirements	0	Number Recommendations:	0
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9. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the Quality Improvement Plan. Details of this Quality Improvement Plan were discussed with the registered person Jonathan Cook and registered manager Doreen Bingham as part of the inspection process. The timescales commence from the date of inspection.

Registered providers/managers 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 / 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.

9.1 Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Agencies Regulations (Northern Ireland) 2005.

9.2 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 Person may enhance service, quality and delivery.

9.3 Actions Taken by the Registered Manager/Responsible Person

The Quality Improvement Plan will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The responsible person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk to be assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 14(2)(a)</p> <p>Stated: First time</p> <p>To be Completed by: 11 October 2015</p>	<p>The registered person shall ensure that each employee of the agency receives appropriate supervision.</p> <p>As discussed within theme one of this report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Four group supervisions have been arranged for the next year, the first taking place on the 7th October. One to one supervision is available for those who wish to do it this way.</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: Second time</p> <p>To be Completed by: With immediate effect</p>	<p>The registered person must ensure that a competency assessment sign off is submitted to RQIA to confirm a nurse has the knowledge skills and competencies for the work they are to perform.</p> <p>As discussed within requirement two within the follow up section of this report.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Competency assessments forwarded as requested.</p>

Response by Registered Person(s) Detailing the Actions Taken:			
Registered Manager Completing QIP	DoreenBingham	Date Completed	30/9/2015
Registered Person Approving QIP	Jonny Cooke	Date Approved	30/09/2015
RQIA Inspector Assessing Response	Caroline Jackson	Date Approved	15/10/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below:

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