

Announced Care Inspection Report 12 January 2017



Peninsula Care Services

Type of service: Nursing Agency
Address: First Floor, 3 Church Street, Newtownards, BT23 4AN
Tel no: 02891828921
Inspector: Amanda Jackson

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Peninsula Care Services took place on 12 January 2017 from 10.00 to 14.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

This inspection was underpinned by the Nursing Agencies Regulations (Northern Ireland) 2005, the Nursing Agencies Minimum Standards, 2008, previous inspection outcomes and any information we have received about the service since the previous inspection.

Is care safe?

The agency operates recruitment systems and ensures sufficient supply of appropriately skilled and competent staff. Three areas for improvement have been required regarding staff recruitment; these include appropriate staff references, NMC checks and verification of staff qualifications. The agency's provision for the training needs of staff has been assessed to be in compliance those outlined within the minimum standards. The welfare, care and protection of service users is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the service users and HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk whilst promoting the human rights and independence of service users. It was noted that the agency is responsive to the requirements of service users. The agency does not currently provide staff with annual appraisals and this has been required alongside a recommendation to review the policy to include staff supervision.

Is care effective?

The inspector saw evidence of the implementation of a quality monitoring process in accordance with minimum standards and guidance issued by RQIA with exception to the annual quality review process and report in accordance with Standard 1.13. The agency has in place a system for review and monitoring the quality of care in conjunction with service users. There are systems in place to effectively communicate with service users; this was verified by three service users who spoke with the inspector.

Is care compassionate?

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of service users but no overarching policy and procedure on quality improvement and monitoring of service; a recommendation has been made. It was noted from discussions with three staff members and three service users that the agency seeks to obtain and value the views of service users. This feedback supported positive outcomes for service users. The agency has a system in place to monitor and manage the performance of nursing staff but has been required to implement staff appraisals in line with the agency policy, this policy has also been recommended for review to include current staff supervision procedures. The agency's quality monitoring systems include consultation with service users.

Is the service well led?

The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person fulfils their responsibilities under most areas in order to promote effective service delivery and operate the agency in accordance with the regulatory framework. Evidence of effective working partnerships with service users and other external stakeholders was evident during the inspection. Two service users provided satisfactory feedback regarding the manner in which services and staff are provided. Requirements have been made under this area as detailed under previous sections regarding staff recruitment and appraisals.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Jonathan Cook, registered person and the registered manager Mrs Doreen Bingham, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 August 2015.

2.0 Service details

Registered organisation/registered person: Peninsula Care Services/Mr Jonathan Cook	Registered manager: Mrs Doreen Bingham
Person in charge of the agency at the time of inspection: Mrs Doreen Bingham	Date manager registered: 01 June 2015

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report and QIP
- Record of notifiable events for 2015/2016

- Record of complaints notified to the agency.

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

- Discussion with the registered person and registered manager
- Consultation with three staff
- Consultation with three service users
- Examination of records
- File audits
- Evaluation and feedback.

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met the registered person and registered manager.

The inspector spoke with three nursing staff and spoke with three service users to discuss their views regarding care and support provided by the agency, staff training and staffs general knowledge in respect of the agency. Feedback is contained within the body of this report.

The registered manager was provided with ten questionnaires to distribute to a random selection of staff members for their completion. The questionnaires asked for staff views regarding the service, and requested the return to RQIA; two staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Induction policy and procedure
- Three staff recruitment records
- Three staff induction and training records
- Staff training and development policy
- Three long term staff training records
- Supervision and appraisal policy and procedure
- Three staff supervision records
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three monthly monitoring reports
- Three staff skills profiles and competency assessments
- Three staff monthly NMC checks
- Management of records, confidentiality and sharing information policy and procedure
- Statement of purpose
- Service user guide/Terms of business
- Staff handbook
- Quality improvement and monitoring of the service delivery policy and procedure
- Complaints policy and procedure
- Confidentiality policy and procedure

- Reporting adverse incidents policy and procedure
- Untoward incidents policy and procedure
- One agency initial nursing home profile (regarding information gathering for future placements).

4.0 The inspection

Peninsula Care Services nursing agency operates from premises on Church Street in Newtownards. The agency currently supplies 15 registered nurses into a range of private nursing homes in the Belfast and South Eastern Health and Social Care Trust areas (BHSCT, and SEHSCT).

The inspector would like to thank the registered person, registered manager, service users, and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the most recent inspection Dated 11 August 2015

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 11 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14(2)(a) Stated: First time	The registered person shall ensure that each employee of the agency receives appropriate supervision.	Met
	Action taken as confirmed during the inspection: Review of quarterly group supervision notes confirmed staff supervision is offered to all staff in accordance with the agency procedures.	
Requirement 2 Ref: Regulation 12 (1) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Review of information during inspection confirmed the requested staff member has ceased employment with the agency.	

	Review of three recently recruited staff members' records confirmed knowledge, skills and competency assessments have been completed.	
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4.3 Is care safe?

During the inspection the inspector reviewed staffing arrangements in place within the agency.

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the registered manager stated that nurses are not provided until all required checks have been completed. Review of three recently recruited staff records evidenced gaps in the recruitment process in accordance with Regulation 12, Schedule 3; regarding an appropriate staff reference and evidence of qualification for one staff member and appropriate NMC check for a second staff member; a requirement has been stated.

The registered manager stated that a skills profile is completed during the interview process to identify skills and experience of individual staff; evidence of this process was reviewed during inspection. The agency's induction policy outlines the induction programme provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; review of induction records for three staff members recently recruited outlined the training provided during the induction period. One staff questionnaire returned indicated that the staff member had received appropriate training for their job role and this was also confirmed by three staff members spoken with during the inspection. A second staff questionnaire highlighted the staff member had not received appropriate training for their job role stating 'I asked for a couple of extra training areas and they never came through.' This feedback was shared with the registered manager post inspection.

The agency's appraisal policy details the procedure for staff appraisal which has not been implemented to date. The policy does not reflect staff supervision procedures and this has been recommended. The agency maintains a record of staff supervision; records viewed indicated that they are completed on a quarterly basis. The agency does not currently undertake staff appraisals, the manager discussed staff receiving invites to appraisals but not attending the meetings; a requirement has been made. Staff who completed questionnaires indicated that they receive supervision and this was also confirmed by three staff members spoken with post inspection.

The inspector examined the agency's provision for the welfare, care and protection of service users. The registered manager discussed the agency's planned response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; and are currently planning to revise their policy in accordance with the guidance.

The inspector did not review records in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the registered manager indicated that they had knowledge of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse and the

mechanism for liaising with the appropriate bodies in relation to any investigation they are required to be involved in.

Three service users who spoke to the inspector post inspection stated that issues or concerns do not generally arise in relation to the staff members provided. The service user stated they would be confident that any future matters arising would be handled appropriately and in a timely manner.

Discussions with the registered manager indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. Staff and service users spoken with during inspection were also able to confirm that update training had been provided. It was discussed how staff are being supported regarding NMC revalidation and this was confirmed by the staff members spoken with during inspection. The registered manager discussed their plans to support staff in this process ongoing.

The agency's staff handbook details the necessary actions staff are required to take in the event of suspected, alleged or actual incidents of abuse being identified and their responsibility in highlighting and raising concerns. Staff are provided with information in relation to the agency's safeguarding and whistleblowing policies (within the staff handbook) during their induction. Staff spoken with during inspection presented appropriate knowledge in this area.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's registered premises include a range of offices which is suitable for the operation of the agency as described in the Statement of Purpose. The registered manager confirmed the agency computers are password protected. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The registered manager could describe the process for assessing the needs and requirements of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency retains records of such assessments which are completed during interview with the staff member and reviewed on an ongoing basis. The agency also provided evidence of one previous service user referral and the process implemented by the agency to obtain full information from the service user on their requirements for staff being placed. The agency has a process for checking the NMC register during the recruitment process and on an ongoing monthly basis for each staff member employed; records maintained were viewed by the inspector.

Three service users stated that they are requested by the agency to complete quality audits on a bi-annual basis in relation to the quality of service provision; the inspector viewed a number of those returned.

Service users' comments:

- 'The staff members provided to the service ongoing are very skilled; no issues have arisen.'

Areas for improvement

Three areas for improvement were identified during the inspection. The agency is required to ensure staff recruitment is in accordance with Regulation 12(1)(b) regarding written references including a reference from the persons present or most recent employer, confirmation of staff qualifications and current registration with the Nursing and Midwifery Council (NMC). The registered person shall also ensure that the records specified in Schedule 4 are maintained regarding annual staff appraisals. The staff appraisal policy is recommended for revision to include staff supervision procedures.

Number of requirements	2	Number of recommendations:	1
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4.3 Is care effective?

During the inspection 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 detailed within the Statement of Purpose and Service User Guide/Terms of business.

The agency's policy on 'Management of records, confidentiality and sharing information' which was viewed by the inspector clearly details the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

From discussions with three staff, three service users and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this includes a review of training, complaints, incidents and safeguarding referrals. The registered manager confirmed they are in ongoing contact with service users to obtain their views on the service provided and this was confirmed during service user discussions.

Service users are not currently requested to complete an annual satisfaction survey. An annual quality survey is recommended in accordance with standard 1.13.

Three service users stated that they are provided with details of the agency's complaints procedure and indicated that they are confident any matters arising would be handled appropriately. No matters have arisen within this service.

There was evidence of systems to promote effective communication with service users and agency staff nurses. Discussion with three staff and three service users confirmed appropriate communication processes are in place.

The registered manager stated that service users are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided; they could describe the process for engaging with service users with regard to receiving feedback as to the competency of staff provided. It was identified that the agency has an informal process for obtaining the views and comments of service users in relation to staff provided and for

addressing competency as necessary. This contact is not however recorded and has been recommended during inspection.

The registered manager confirmed, when concerns relating to a staff member are identified the agency will address the concerns with the individual immediately. Whilst this process is ongoing the manager confirmed the staff member would not be provided to work.

Service users commented:

- ‘Communication with the agency is very good and maintained regularly. We receive the same staff members ongoing and they are very competent and skilled.’

Areas for improvement

One area for improvement was identified during the inspection regarding an annual quality survey and report.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care compassionate?

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction; this was confirmed during discussions with three staff during the inspection. The handbook includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the registered manager described the process for engaging with the relevant service users in order to obtain feedback. It was noted from records viewed that this process involves a bi-annual audit of service provision.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff members spoken with post inspection stated that they receive training specific to their role. Staff confirmed that they receive effective supervision and can speak with the registered manager or recruitment staff at any time.

Discussions with three service users and three agency staff 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 service users spoken with stated the staff members are very competent and provide a high quality level of care.

The registered manager stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training and the staff handbook, which details such information. Staff spoken with during the inspection confirmed their training and information provided in this area; they presented appropriate knowledge on the area of safeguarding and whistleblowing.

The agency has in place an 'Appraisal policy' but no supervision policy; a recommendation has been made in this regard. Staff are required to complete quarterly supervision and this was reviewed during inspection. The manager stated that training and development is discussed during the supervision meetings and a plan developed to address identified training needs. The manager stated that staff are encouraged to liaise at any time with the manager in relation to training needs; this was confirmed by the staff members spoken with during inspection. The agency does not have a system for staff appraisal in place and this has been required during inspection.

It was confirmed by the registered manager that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. This was confirmed by the staff members spoken with during inspection who also confirmed good on call arrangements are in place.

The registered manager confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. No matters have arisen since the previous inspection.

It was noted that the agency has in place systems to ensure that the views and opinions of service users are sought and taken into account but do not have an overarching policy and procedure for quality improvement and monitoring of the service; a recommendation has been made in this regard. A range of relevant agency documentation viewed recorded the feedback received from service users. Formal processes to record and respond to service users are maintained through the complaints process and monthly quality monitoring. Annual service user satisfaction surveys have been required during this inspection.

Service users commented:

- 'The staff members we have received ongoing for some time now are very competent and skilled, with no issues arising.'

Staff Nurses' comments:

- The staff spoken with during the inspection discussed respect and dignity and demonstrated a clear knowledge around confidentiality and raising concerns to their line manager as appropriate.

Areas for improvement

Three areas for improvement were identified during the inspection regarding implementation of annual staff appraisals and review of the staff appraisal policy to include staff supervision procedures; both matters have previously been referred to in the section above 'Is care safe'. Development of a policy regarding quality improvement and monitoring of service has also been recommended.

Number of requirements	1	Number of recommendations:	2
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. During the inspection the inspector viewed a number of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines. Policies and procedures are retained in paper format stored within the agency's office which staff have access to. Staff spoken with during inspection confirmed access to policies and coverage of policies during induction.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency had received no complaints for the period 01 April 2015 to 31 March 2016. Discussion with the registered manager indicated that the agency could deal with complaints received in accordance with their policy and procedures.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the registered person. This was discussed with the registered person in terms of the lack of qualitative comments retained from all stakeholders; the registered person provided assurances that review of this process would take place post inspection. Records viewed provided evidence of staff supervision taking place. Staff appraisals do not currently take place and have been required during inspection.

The agency delivers all mandatory training through their training team. The registered manager stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. It was confirmed by the manager that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of three staff members' files who were recently recruited confirmed partial compliance with the recruitment procedures and compliance with the training procedures. A requirement has been stated regarding staff recruitment.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. The registered manager could describe the procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. Staff spoken with post inspection confirmed ongoing training updates.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff. It was noted that at the commencement of employment staff are provided with a job description and a staff handbook which outline the roles and responsibilities of their individual job. In addition they are provided with information relating to the process for contacting their line manager. The agency retains a record to confirm staff have read and understood the agency's information provided to them during their induction programme; this was reviewed during inspection.

The registered manager has worked with RQIA during the past year to operate the service in accordance with the regulatory framework. 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 registered manager and service users indicated that there are good working relationships with external stakeholders and HSCT representatives. The service users could describe the process for contacting the agency's staff in relation to issues or concerns. The service users confirmed they had confidence in the agency to respond effectively to any issues highlighted.

The agency has a process for requesting feedback from service users on a bi-annual basis; the inspector viewed feedback documentation received by the agency and noted that they contained positive feedback in relation to the service provided.

Service users' comments:

- 'I am so impressed with the agency, communication is good and staff supplied are skilled and competent.'
- 'Peninsula care are very good; high up in my expectations of what the service provided should be'

Areas for improvement

Two areas for improvement were identified during the inspection and have been referenced within the above sections regarding staff recruitment and appraisals.

Number of requirements	2	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Jonathan Cook, registered person and the registered manager Mrs Doreen Bingham as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 to ensure that all requirements and recommendations contained within the QIP 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 the nursing agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Agencies Regulations (Northern Ireland) 2005.

5.2 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 12(1)(b)

Stated: First time

To be completed by:
With immediate effect from the date of inspection

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 persons present or most recent employer, documentary evidence of relevant qualifications and confirmation of current registration with the Nursing and Midwifery Council).

Response by registered provider detailing the actions taken:
Peninsula Care will ensure that all Nurses have the qualifications, knowledge, skills and competencies which are necessary for the work he is to perform and also satisfactory information in respect of the matters specified in Schedule 3.

Requirement 2

Ref: Regulation 18

Stated: First time

To be completed by:
12 March 2017

The registered person shall ensure that the records specified in Schedule 4 are maintained, and are available at all times for inspection. (Schedule 4 (8) regarding annual staff appraisals)

Response by registered provider detailing the actions taken:
Staff appraisal process has now commenced. We have in the past found it difficult to get Agency Nurses to engage in this process. We have now reviewed letter which is sent to Nurses with Self Appraisal form specifying the relevance of the process. Since inspection we have carried out 4 appraisals in line with the Nurses length of service.

Recommendations

Recommendation 1

Ref: Standard 1.13

Stated: First time

To be completed by:
12 March 2017

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.

(Regarding the annual quality review and report)

Response by registered provider detailing the actions taken:
An annual report has now been completed by Registered Person. This engaged those that work for the agency and those whom use our services.

Recommendation 2

Ref: Standard 2.1

Stated: First time

To be completed by:

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.

(Regarding management, control and monitoring of the nursing agency policy and the staff appraisal and supervision policy)

12 March 2017	Response by registered provider detailing the actions taken: The Registered Manager has now ensured that the above Policy in Management, control and monitoring of the nursing agency policy including staff appraisal and supervision policy has been updated.
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