

Announced Care Inspection Report 1 February 2019



Optimum Nurse

Type of Service: Nursing Agency

Address: Movilla House, 2 Berkshire Road, Newtownards, BT23 7HH

Tel No: 02891828999

Inspector: Joanne Faulkner

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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

Optimum Nurse is a registered nursing agency; the agency's office is located in Newtownards. The agency currently supplies registered nurses to operate as part of a team providing 24 hour nursing care to a patient with complex needs who resides in their family home. The model of care has been developed in conjunction with the Northern Health and Social Care Trust (NHSCT) to meet the assessed needs of the individual.

3.0 Service details

Organisation/Registered Provider: Homecare Services (NI) Ltd t/a Optimum Nurse Responsible Individual: Lesley Catherine Megarity	Registered Manager: John Paul Watson
Person in charge at the time of inspection: John Paul Watson	Date manager registered: 23/03/2017

4.0 Inspection summary

An announced inspection took place on 1 February 2019 from 10.15 to 15.45.

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

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction supervision and training, the agency's quality monitoring process and communication with the relatives of the patient and other relevant stakeholders.

No areas for improvement were 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 JP Watson, registered manager, 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 12 January 2018

No further actions were required to be taken following the most recent inspection on 12 January 2018.

5.0 How we inspect

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

- discussion with the manager, the Quality and Development manager and administrative staff
- examination of records
- evaluation and feedback

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

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 Protection
- Patient care records
- Quality monitoring reports
- Complaints records
- Incident records
- Statement of Purpose
- Service User Guide

During the inspection the inspector met with the registered manager, the organisation's quality and development manager and administrative staff. 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.

Feedback received is included within the report.

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

The inspector would like to thank the manager, the quality and development manager and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 January 2018

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

6.2 Review of areas for improvement from the last care inspection dated 12 January 2018

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; it was noted that the agency's recruitment process is co-ordinated by the organisation's Human Resources (HR) department. The agency's recruitment policy outlines the process in place 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 and required induction and training have been satisfactorily completed and verified.

Records viewed during the inspection relating to two staff, indicated that 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; it was noted that registered nurses are required to complete training in a number of areas related to the needs of the patient and satisfactorily completed a number of competency assessments.

Registered nurses supplied by the agency are required to complete a comprehensive induction and undertake training in a range of mandatory areas specific to the needs of the patient. It was identified that staff are provided with induction information which was noted to include the agency's staff handbook, a job description, and key policies.

A record of induction provided to staff is maintained; records viewed outline the information and support provided to staff during the induction process and provided details of competency assessments completed. It was noted that competency assessments are assessed and verified by the organisation's community nurse specialist.

Assurances were provided by the manager that nurses are not permitted to work if training updates have not been completed. Records viewed during the inspection indicated that registered nurses are not provided until the required pre-employment checks and documentation relating to training have been received and verified.

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 six monthly supervision and annual appraisal. Records of staff supervision and appraisal viewed by the inspector, indicated that the nurses supplied had received supervision and appraisal in accordance with the agency's procedures. It was noted that the appraisal is competency based to ensure that staff have the knowledge and skills required to appropriately meet the needs of the patient. Competency assessments are completed for a range of areas including medication administration, care of a tracheostomy and care of a PEG tube.

It was noted that arrangements are in place with the family of the patient to ensure continuity of care in the event that staff cannot be provided; this is an arrangement developed in conjunction with the NHSC representative and the patient's next of kin.

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 inspector viewed the agency's electronic system for recording compliance of staff training. It was noted that staff are required to complete annual training updates in a range of mandatory areas and in addition training specific to the needs of the patient.

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. It was identified from discussions with the manager and documentation viewed that staff are required to complete adult safeguarding training during their initial induction and annually thereafter. Training records viewed during the inspection indicated that staff had completed appropriate training in relation to adult 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 protection.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the manager and documentation viewed indicated that the agency had acted in accordance with their policy and procedure in relation to a referral made in relation to an adult protection matter since the previous inspection.

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

The manager could describe the procedure for appropriately matching the individual skills of the nurses employed to the needs of the patient. The agency are currently supplying a team of specialist nurses to one patient living in their family home. The manager could describe the process for appropriately assessing the requirements of the individual in conjunction with the patient's relatives and a number of NHSCT representatives. The process for matching staff includes assessing the knowledge, experience, skills and suitability of the nurse to be provided as part of the team. The agency employs a community nurse specialist who is responsible for assessing the knowledge and skills of the nurses provided and for engaging with the appropriate NHSCT professionals as required.

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'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, appraisal and the agency's adult protection 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.

Records viewed during the inspection were noted to be maintained in a well organised and secure manner and in accordance with legislation, standards and the organisational policy.

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 adult protection. In addition it was noted that there is ongoing liaison with NHSCT representatives in relation to the care provided. 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.

The inspector viewed copies of the care plans that had been developed in conjunction with the NHSCT and relatives of the patient in relation to the care to be provided. The manager stated that care plans are in place within the patient's home and that they are reviewed and updated as required.

Monthly quality monitoring audits are completed by the registered person in conjunction with the registered manager and a report developed. The reports were noted to contain details of the review of incidents, complaints, adult protection matters and staffing arrangements. In addition the agency provided the NHSCT with a monthly audit report. The inspector discussed with the manager the benefits of developing an action plan and assurances were provided that this would be actioned.

Systems to promote and achieve effective communication with the patient's relatives, 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 all stakeholders. The agency has a process for recording all contact with the patient's relatives and where appropriate HSCT professionals. The agency has systems in place for obtaining the feedback in relation to staff provided; they include regular contact with the patient's relatives.

The manager described the process for addressing concerns relating to nurses supplied; discussions with the manager and records viewed indicated that the agency's procedure for dealing with concerns is effective.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with relevant stakeholders, 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.

It was identified that 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, GDPR and record keeping. The agency's handbook contains information relating to confidentiality and roles and responsibilities.

The agency has on call arrangements in place to ensure that nurses 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 the patient's relatives in relation to staff performance; it includes regular contact with the relatives and ongoing liaison with NHSCT representatives. 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 agency's quality monitoring system supports the agency in obtaining feedback in relation to the service provided.

Formal processes such as the agency's complaints procedure and regular reviews involving the NHSCT representatives assist the agency in receiving feedback.

Discussions with the manager and administrative staff 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 viewed details of all contact with the patient's relatives.

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.

It was noted that nurses are required to provide written feedback to the community nurse specialist at the end of each shift worked.

Areas of good practice

Areas of good practice were identified in relation to communication and ongoing engagement with the patient's relatives and other stakeholders, 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; those viewed 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; a number of key policies are retained in the patient's home.

Discussions with the manager and administrative staff, 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, adult protection referrals, accidents and incidents including those notifiable to RQIA. The agency provides a monthly audit report to the NHSCT.

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. The manager stated that staff are provided with information during their induction in relation to handling complaints.

It was identified from records viewed and discussions with the manager that the agency has received no complaints since the previous inspection. The agency has a system 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 has a process for retaining a record of accidents, incidents and referrals made in relation to adult protection matters and of actions taken. Two incidents had 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 manager stated that the agency has a process for continually reviewing the service provided in conjunction with the nurses, community nurse specialist the patient's relatives and the NHSCT to highlight areas of concern and identify areas for improving the quality of the service.

Electronic and paper records viewed by the inspector provided evidence of appropriate staff induction, training, supervision/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.

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

Discussion with the manager and administrative staff provided evidence that the agency endeavours to promote effective, collaborative working relationships with the relatives of the patient and the NHSCT.

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, adult protection matters 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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