

The Regulation and  
Quality Improvement  
Authority

## **Nursing Agency Inspection**

**Name of Nursing Agency:** Optimum Nurse  
**Nursing Agency ID No:** 12078  
**Inspection No:** 20898  
**Date of Inspection:** 9 December 2014  
**Inspector's Name:** Michele Kelly

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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**General Information**

<b>Name of agency:</b>	Optimum Nurse
<b>Address:</b>	Movilla House 2 Berkshire Road Newtownards BT23 7HH
<b>Telephone number:</b>	(028) 9182 8999
<b>E mail address:</b>	lmegarity@domesticcareni.com
<b>Registered organisation/ Registered provider:</b>	Lesley Megarity
<b>Registered manager:</b>	Mrs Vera Elizabeth McKendrick
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Vera Elizabeth McKendrick
<b>Categories of care:</b>	Nursing Agency
<b>Number of registered nurses, health visitors and midwives on the agency's books:</b>	8
<b>Date and type of previous inspection:</b>	18 May 2012 Pre-Registration Inspection
<b>Date and time of inspection:</b>	9 December 2014 10.30am-1.30pm
<b>Name of inspector:</b>	Michele Kelly

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing agencies. A minimum of one inspection per year is required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of the nursing agency's service, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Agencies Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards (July 2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback.

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## 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 DHSSPS Nursing Agencies Minimum Standards:

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**
- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

Where agency nurses are supplied to provide nursing care to private patients in their own home, Standards 11-15 will also be assessed.

- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**
- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**
- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**
- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**
- **Standard 15:**  
**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The inspector rated the centre's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Optimum Nurse Nursing Agency is based at Movilla House, 2 Berkshire Road Newtownards. The agency supplies nurses to participate as part of a community complex care team providing twenty four hour nursing care to support an individual with complex needs who lives in their own home. The model of care is specific to the individual. Currently the eight nurses within the agency provide twenty-four hour nursing care seven days a week in rotational shift patterns for one individual patient.

## **Summary of Inspection**

This is the annual announced inspection report for Optimum Nurse Nursing Agency which was undertaken on 9 December 201 by Michele Kelly from the Regulation and Quality Improvement Authority (RQIA) starting at 10 .30am and finishing at 1.30pm.

The inspection sought to establish the compliance being achieved with respect of: The Nursing Agencies Regulations (Northern Ireland) 2005, the DHSSPS Minimum Standards for Nursing Agencies.

The Registered Manager, Vera Elizabeth McKendrick, was in attendance throughout the inspection.

The previous inspection occurred on 18 May 2012 and resulted in five requirements and one recommendation. Review of these six matters showed compliance with all requirements and one recommendation.

The focus for this inspection was to examine a selected number of criteria from standards extracted from DHSSPS Nursing Agencies Minimum Standards document (2008).

To validate compliance levels for seven of the above standards, the inspector had a lengthy discussion with the registered manager and undertook a review of relevant documentation held at the nursing agency. Feedback was provided at the end of the inspection to the registered manager.

The certificates of registration and indemnity insurance were clearly displayed within the premises.

Systems were in place to recruit staff as outlined in the recruitment policy and procedures. Four out of five personnel files reviewed were found to be fully compliant with the legislation and systems were in place to check the registration status of nurses with the NMC. One file had a missing reference and it is required that this matter is addressed immediately. This nurse had recently qualified and the inspector discussed the appropriateness of placement as a lone worker with a person with complex needs. The nurse had been fully inducted and some systems were in place to ensure supervision and support. These included a twenty- four hour on call facility. It is recommended that the support measures for newly qualified staff are reviewed and enhanced.

The registered manager is actively involved in the recruitment, assessment and placement of all nurses. Records are held regarding placement of nurses and the decision making process in this regard.

A number of policies and procedures were reviewed, which included Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations.

One requirement and two recommendations are made as a result of this inspection and are fully discussed within the main body of this report and in the quality improvement plan.

The inspector would like to extend her gratitude to Ms Lesley Megarity and Ms Vera Mc Kendrick and the staff of Optimum Nurse for their hospitality and contribution to the inspection process.

- **Standard 2:**  
**There are policies and procedures in place that direct the quality of services provided by the nursing agency.**

A review of five criteria for this standard evidenced that there are policies and procedures in place in accordance with Appendix 3: The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Agency Minimum Standards (2008) Policies are centrally indexed and three policies were viewed on the day of inspection. These had been dated and signed and were subject to at least three yearly review by the registered provider and manager. The manager discussed how feedback from nurses and clients would help inform policy and procedure.

The agency was judged to be 'compliant' with this standard.

- **Standard 3:**  
**Clear, documented systems are in place for the management of records in accordance with legislative requirements.**

A review of seven criteria for this standard evidenced that systems are in place for the management of records in accordance with legislative requirements. The agency has The Management of Records Policy and Access to Information Policy which set out arrangements for the creation, use and storage of records. The agency records information as required by Schedules 3 and 4 and on the day of inspection five personnel files were examined by the inspector. One file contained only one reference and it is required that a second reference is requested immediately. The registered manager confirmed that a protocol for a procedure, specifically direct admission was still outstanding; it is also recommended that contact is made immediately with the HSC Trust concerned to request this protocol.

The agency was judged to be 'compliant' with this standard.

- **Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**

The agency has clear policies and procedures in place for responding to requests to provide nursing care within a patient's own home. Following referral, all patients are assessed by the registered manager. The HSC Trust develops a care plan with the patient and/or their

representative in line with the protocols of the contracting trust, a service agreement is drawn up between the agency and the commissioning trust. A copy of the Service User Guide is provided to all new patients. The inspector discussed the appropriateness of placement of a recently qualified nurse as a lone worker with a person with complex needs. The nurse had been fully inducted and some systems were in place to ensure supervision and support. These included a twenty-four hour on call facility. It is recommended that the support measures for newly qualified staff are reviewed and enhanced.

The agency was judged to be 'compliant' with this standard.

- **Standard 12:**  
**Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.**

The patient for whom care is being provided by the agency has an assessment undertaken by the HSC Trust who have developed a person centred care plan.

The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient and/or their representative and recorded at each visit. A copy of all records is held in the patient's home.

Systems are in place to provide ongoing clinical supervision for the nurses, annual competency assessments and appraisal.

The patient's representative is fully involved in decision making in relation to any interventions being undertaken.

The agency was judged to be 'compliant' with this standard.

- **Standard 13:**  
**There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.**

The agency has guidelines for records, record keeping and access to patient records which is used in conjunction with the management of records policy. The process of supplying nurses to this individual patient had just begun on 27 October 2014.

The agency was judged to be 'compliant' with this standard.

- **Standard 14:**  
**Consent to treatment and care is obtained from private patients who receive care in their own home.**

The agency has a policy and procedure in place for obtaining consent to treatment.

Following referral and assessment, the agency nurses are guided to provide patients and/or their relatives with information regarding their treatments, possible side effects and expected outcomes prior to obtaining consent to treatment.

The agency was judged to be 'compliant' with this standard.

- **Standard 15:**

**There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients' own homes.**

The agency has a range of policies and procedures in place for the management and administration of medication in the patient's own home. Nurses are issued with relevant information regarding the medication to be administered and any specific treatment protocols. The nurse manager regularly reviews records in relation to the administration of medication to ensure compliance with policy and procedure.

The agency was judged to be 'compliant' with this standard.

## Follow-Up on Previous Issues from Pre-Registration Inspection

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4, Schedule 1	The registered person is required to amend their statement of purpose to reflect the role of RQIA in relation to complaints investigations.	Statement of purpose was available and had been amended to reflect the role of RQIA in relation to complaints.	Compliant
2	Regulation 5 (c)	The registered person is required to further develop the Service Users Guide to fully reflect the role of RQIA in relation to complaints investigations.	The service user guide was available and it had been amended to reflect the role of RQIA in relation to complaints.	Compliant
3	Regulation 19	The registered person is required to amend the Complaints policy to direct complainants to the Ombudsman if they are dissatisfied with local resolution to their complaint. The details of RQIA should also be included in this document.	The Complaints policy has been amended to direct complainants to the ombudsman, and also includes details in relation to the role of RQIA in complaints investigation.	Compliant
4	Regulation 18 Schedule 4	The registered person is required to expand their procedure on record management to specify the security and storage arrangements for records to be maintained.	The procedure in relation to the management of records has been expanded to specify the security and storage arrangements for records to be maintained.	Compliant
5	Regulation 12	The registered person is required to expand their policy and procedure on Nurse Assessment and Placement to record the skills assessment and professional decision being made by the registered manager on where the nurse can be placed within their scope of practice.	All nurses are recruited to provide care for a specific patient. Each nurse has a core competency assessment to ensure that they have the skills required to	Compliant

			undertake the responsibility of meeting the nursing care needs of specific patients.	
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 2	The registered manager is recommended to cross reference their policies and procedures with those listed in Standard 2 Appendix 3 of the Nursing Agency Minimum Standards 2008.	Policies and procedures have been cross-referenced and aligned to Standard 2 Appendix 3 of the Nursing Agency Minimum Standards 2008.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.1 Policies and procedures as identified in Appendix 3 for the management of the nursing agency and supply of nurses are in accordance with statutory requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> 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 and are reviewed regularly by the policy review committee. New policies or amendments to policy are authorised by the Responsible Person.	Compliant
<b>Inspection Findings:</b> There are policies and procedures in place as identified in Appendix 3 for the management of the nursing agency and supply of nurses in accordance with statutory requirements. The inspector viewed three policies; Absence of the Registered Manager, Orientation and Induction and Management and Control of Operations. These policies had been reviewed by the responsible person and were dated and signed.	Compliant

<b>Criterion Assessed:</b> <b>2.2 There are arrangements to ensure that policies and procedures are developed with input from staff, private patients who receive care in their own homes and managers from the settings where nurses are placed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policies and procedures are developed in line with input from staff and clients who receive care in their own home. Where a client is unable to advocate for themselves input from their next of kin or advocate is sought.	Compliant
<b>Inspection Findings:</b> The quality of services is monitored by the registered manager and responsible person on an ongoing basis through evaluations by agency nurses and regular visits to the patient's home. The responsible person explained that these will be recorded monthly in a monitoring report. The monthly report was not available as the process of supplying nurse had just commenced on 27 October 2014. The registered manager explained that information obtained from formal and informal contacts is used to ensure service improvement and may influence the development of policy and procedures.	Substantially compliant
<b>Criterion Assessed:</b> <b>2.3 Policies and procedures are centrally indexed and compiled into a policy manual.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policies and procedures are developed and issued to registered managers and staff. Registered Managers will hold Policy manuals in each office. These are centrally indexed and compiled into a policy manual. All policies are cross referenced to the minimum standards.	Compliant
<b>Inspection Findings:</b> On the day of inspection Policies and procedures are centrally indexed and available in a policy manual in accordance with Appendix 3.	Compliant

<b>Standard 2:</b> <b>There are policies and procedures in place that direct the quality of services provided by the nursing agency.</b>	
<b>Criterion Assessed:</b> <b>2.4 Policies and procedures are dated when issued, reviewed or revised.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> All policies are dated when issued. Review of policies take place regularly by the policy review committee and are dated at the time of review or in the event of a policy being revised.	Compliant
<b>Inspection Findings:</b> All policies and procedures are dated when first issued and any reviews or revisions are also dated and signed by the registered person.	Compliant
<b>Criterion Assessed:</b> <b>2.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or introduction of new policies and procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Policies and procedures are reviewed three yearly or more regularly as the need arises by the policy review committee. Any review of policy is subject to approval by the Responsible Person.	Compliant
<b>Inspection Findings:</b> The inspector viewed the policy manual and it was evident that policies are reviewed at least three yearly. The registered manager and the responsible person are involved in all reviews of policies and procedures. It was evident that the responsible person is responsible for the ratification of revisions to existing policies and the introduction of new policies and procedures.	Compliant

<b>Standard 3:</b> <b>Clear, documented systems are in place for the management of records in accordance with legislative requirements.</b>	
<b>Criterion Assessed:</b> <b>3.1 Where agency nurses are supplied to provide nursing care to private patients in their own homes those patients have access to their records in accordance with the Data Protection Act 1998.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> Optimum care clients have a client file which contains their care plan and daily evaluation notes this file remains in the clients home and all clients have access to their records in accordance with the Data Protection Act.1998 and Optimum Cares Access to Records Policy.	Compliant
<b>Inspection Findings:</b> A copy of the file belonging to the patient who the agency's nurses are supplied to was available for inspection. The registered manager explained that the care plan and daily recordings remain in the patient's own home where access is available to the patient and/or their representative.	Compliant
<b>Criterion Assessed:</b> <b>3.2 The policy and written procedures for the management of records detail arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> This criterion is evidenced by the record keeping policy and the procedure for the management of records and the data protection policy. Archived files are kept off site in a secure storage unit and records are not held outwith the specified time limit and are disposed of appropriately.	Compliant
<b>Inspection Findings:</b> The Management of Records Policy and the Access to Information Policy and procedure contain detail and guidance for the creation, use, retention, storage, transfer, disposal of and access to records.	Compliant

<b>Criterion Assessed:</b> <b>3.3 Records required under The HPSS (Quality Improvement and Regulation)(NI) Order 2003 (Regulations) are available in the nursing agency for inspection at all times.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> This criterion is evidenced by staff personnel files. Staff rosters Training records Supervision and appraisal records Information provided to RQIA for registraion PUrposes Records of allegations dealt within within the Safeguarding Vulnerable adults/children policy Client file	Compliant
<b>Inspection Findings:</b> On the day of inspection all records requested were made available to the inspector. The agency records information as required by Schedules 3 and 4 and on the day of inspection five personnel files were examined by the inspector. One file contained only one reference and it is required that a second reference is requested immediately. The registered manager confirmed that outstanding protocols for a procedure, specifically Direct admission was still outstanding despite requests from the agency; it is also recommended that contact is made immediately with the HSC Trust concerned to request this protocol.	Moving towards compliance
<b>Criterion Assessed:</b> <b>3.4 The information held on record is accurate, up to date and necessary.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> This criterion is evidenced by the following policies Record Keeping Policy Coinfidentiality Policy Access to information policy Reruitment and selection policy Staff personnel files.	Compliant

<b>Inspection Findings:</b>	
Records inspected were current, necessary and confirmed by the manager as accurate.	Compliant
<b>Criterion Assessed:</b> <b>3.5 Nursing care records are written and maintained in accordance with NMC guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
Nursing care records are written and maintained in accordance with NMC guidelines. Nursing records are audited regularly to ensure compliance to the NMC principles of Good record keeping.	Compliant
<b>Inspection Findings:</b>	
The registered manager confirmed that she reviews nursing care records regularly to ensure compliance with NMC guidelines. Samples of records available to the inspector on the day of inspection confirmed the information provided within the self- assessment.	Compliant
<b>Criterion Assessed:</b> <b>3.6 Agency staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
This criterion is evidenced by the Record Keeping policy, Confidentiality policy and Access to information Policy. All staff are provided with training and guidance on the relevant policies.	Compliant
<b>Inspection Findings:</b>	
The responsible person confirmed that training and induction includes information on the creation, use, management and disposal of records. The policies entitled, Record Keeping, Access to information and Confidentiality outline staffs responsibilities' in relation to the management of records.	Compliant

<b>Criterion Assessed:</b> <b>3.7 Records are held securely for the period of time as specified in DHSSPS guidelines and disposed of in accordance with legislation.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
This criterion is evidenced by the Record Keeping, and Access to Information policy. Records are only held securely for the period of time specified in DHSSPS guidelines and disposed of in accordance with legislation	Compliant
<b>Inspection Findings:</b>	
The Record Keeping and Access to information policy details requirements for the storage and archival of records and is as specified in DHSSPS guidelines.	Compliant

**Standard 11:**  
**There are arrangements in place to respond promptly to requests for private nursing care.**

<b>Criterion Assessed:</b> <b>11.1 The policy and procedures detail the arrangements for dealing with requests from people who are seeking agency nurses to provide private nursing care in their own homes.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b> The manager outlined the process from enquiry to provision in relation to dealing with requests to provide care in a patient's own home. This involved visits from the nurse manager where assessment of need and matching of staff begin the process. At the time of inspection nurses are supplied by the agency to provide twenty-four hour care over a seven day week to a patient with complex needs being cared for in their own home. This care is commissioned by the HSC Trust. The agency were involved in the process of planning discharge and contracted with the HSC Trust to provide the care agreed by the Multidisciplinary team and the patient's representative.	Compliant

<b>Criterion Assessed:</b> <b>11.2 An identified nurse employed by the nursing agency visits patients in their own homes, carries out and records an assessment of nursing care needs using validated assessment tools, prior to supplying a nurse. Information received from other care providers, if appropriate, is used in this assessment. Any associated factors or risks are documented.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
<b>Inspection Findings:</b> <p>The HSC Trust in the case in which the agency is involved in, conduct a multidisciplinary assessment of need and the district nurse devises the care plan for all nurses to follow.</p> <p>The nurse manager makes an ongoing assessment of nursing care needs in the patient's own home when she visits and works in conjunction with other care providers to ensure a full assessment of need and risk is undertaken. She also ensures that all nurses supplied by the agency adhere to the care plan in place and that records verify this.</p>	<p>Provider to complete</p> <p>Compliant</p>

<b>Criterion Assessed:</b> <b>11.3 An identified nurse with skills and expertise matches and selects appropriate nurse(s) to the requirements of the patient.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
<b>Inspection Findings:</b> <p>The registered manager ensures that nurses with the appropriate skills and expertise are matched and placed with the patient who is receiving care. In this agency all nurses were recruited to provide complex care for an individual patient in their own home. Each nurse had a full induction and competency assessment regarding the interventions required by the individual patient. Training records were available to evidence attendance at mandatory and other required training and competency booklets are maintained by each nurse. The inspector discussed the appropriateness of placement of a recently qualified nurse as a lone worker with a person with complex needs. The nurse had been fully inducted and some systems were in place to ensure supervision and support. These included a twenty- four hour on call facility. It is recommended that the support measures for newly qualified staff are reviewed and enhanced.</p>	Substantially complaint
<b>Criterion Assessed:</b> <b>11.4 All information including associated factors and risks are given to the nurse(s) prior to placement.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
<b>Inspection Findings:</b> <p>The nurse manager confirmed that all nurses receive the information in relation to assessment, risks and nursing care interventions before duty commences. As well as the nurse manager, a senior nurse and the district nurse monitor the care provided and ensure all information is communicated appropriately.</p>	Compliant

<b>Criterion Assessed:</b> <b>11.5 A service user's guide that provides comprehensive, up-to-date information about the nursing agency in an accessible format, is given to the patient. (Appendix 1)</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> 	
<b>Inspection Findings:</b> A service user guide is provided for the patient and/or their representative.	Provider to complete  Compliant
<b>Criterion Assessed:</b> <b>11.6 A written service contract is provided by the nursing agency within seven days of commencement of the service. The patient and / or their representative and the nursing agency each has a copy of the contract that is signed and dated by the patient or representative and the registered manager of the nursing agency. (Appendix 2)</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b> 	
<b>Inspection Findings:</b> The responsible person informed the inspector that the HSC Trust provide an agreed service contract for the commissioned care. The patient and/or their representative and the agency have signed and dated copies.	Provider to complete  Compliant

<p align="center"><b>Standard 12:</b>  <b>Safe effective nursing care, that is based on continuous assessment, is planned and agreed with the patient, is accurately recorded in care plans and is regularly reviewed.</b></p>	
<p><b>Criterion Assessed:</b>  <b>12.1 The agency nurse implements an person-centred nursing care plan that is based on an initial assessment of the patient's care needs and is agreed with the patient.</b></p>	<b>Compliance Level</b>
<p><b>Provider's Self Assessment:</b></p>	
	Provider to complete
<p><b>Inspection Findings:</b>  The registered manager confirmed that all care provided by nurses supplied by the agency to this individual patient is person-centred and has been agreed by the patients representative. Examples of how interventions are tailored to meet this individual's safety comfort and at times social needs were explained to the inspector.</p>	Compliant
<p><b>Criterion Assessed:</b>  <b>12.2 The provision of nursing care and re-assessment of the patient's ongoing care needs, are agreed with the patient, monitored and recorded on a day-to-day basis.</b></p>	<b>Compliance Level</b>
<p><b>Provider's Self Assessment:</b></p>	
	Provider to complete
<p><b>Inspection Findings:</b>  The inspector viewed written recordings interventions in the file presented. These were person centred and reflective of NMC guidelines. The agency provides round the clock care to this individual patient and care is co-ordinated and supervised by the district nurse, registered manager and senior nurse.</p>	Compliant

<b>Criterion Assessed:</b> <b>12.3 The results and outcomes of any treatment and care are clearly explained to patients and any options available to them are discussed.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The registered manager discussed how principles of consent to treatment are met with the patient, or their representative. The consent form was in the file viewed on the day of inspection.	Compliant
<b>Criterion Assessed:</b> <b>12.4 The nursing care plan and ongoing care needs are reviewed and agreed with patients and their representatives at time intervals as recorded.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
There is an agreement that a multidisciplinary review of care will take place every six weeks. At the time of inspection this meeting had not taken place as the care had just commenced on 27 October 2014. The registered manager confirmed that ongoing care needs are reviewed at least daily and that the patient's representative is fully informed of progress.	Complaint

<b>Criterion Assessed:</b> <b>12.5 Arrangements are in place to ensure that private patients in their own homes are kept fully informed of issues relating to the care provided by the agency nurse(s) and that they are enabled to make comments about the quality of care provided.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The agency has a system for ensuring comments about the quality of care provided is recorded on client evaluation forms. These will be discussed at and inform monthly reports. Informally the registered manager makes regular contacts with patient and/or their representative to ensure they are kept fully informed about the input of agency nurses and formally there is a system of quarterly client monitoring which informs the annual report.	Compliant
<b>Criterion Assessed:</b> <b>12.6 Where the agency remains the employer of the nurse, there should be effective clinical supervision arrangements in place.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The registered manager confirmed arrangements in place to ensure effective clinical supervision include staff meetings where group supervision takes place. Each individual nurse will also have the opportunity to have supervision on a one to one basis and yearly appraisal.	Compliant

<p align="center"><b>Standard 13:</b></p> <p align="center"><b>There are accurate and up to date case records for private patients who receive care in their own homes by nurses supplied by the nursing agency.</b></p>	
<p><b>Criterion Assessed:</b></p> <p><b>13.1 The policy and written procedures for managing case records of care and treatment planned and given to private patients detail arrangements for the creation, use, retention, storage, transfer and access to those records.</b></p>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The responsible person confirmed that training and induction includes information on the creation, use, management and disposal of records. The policies entitled, Record Keeping, Access to information and Confidentiality outline staffs responsibilities' in relation to the management of records.	Compliant
<p><b>Criterion Assessed</b></p> <p><b>13.2 All entries in case records are contemporaneous; dated, timed, and signed, with the signature accompanied by the name and designation of the signatory.</b></p>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Documentation presented on the day of inspection in respect of ongoing progress notes relating to the care of a particular patient where properly dated, timed and signed.	Compliant

<b>Criterion Assessed:</b> <b>13.3 Any alterations or additions are dated, timed, and signed, and made in such a way that the original entry can still be read.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The content of the policy in relation to record keeping directs nurses to ensure that alterations or additions are dated, timed and signed in such a way that the original entry can still be read. The inspector saw no evidence of alterations or additions in care records on the day of inspection.	Compliant
<b>Criterion Assessed:</b> <b>13.4 Agency nurses record all care given and recommendations in patients' case record.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Agency nurses working in a patient's own home are required to record all interventions. This process is monitored by the nurse manager and registered manager who reviews progress notes and care plans on a regular basis	Compliant
<b>Criterion Assessed:</b> <b>13.5 Where private patients, decline to have records kept in their own homes, this is documented, dated, signed and retained in the nursing agency.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The registered manager confirmed that if a patient declined to have records kept within their own homes, the decision would be documented and dated. Records would then be stored securely in the agency office.	Compliant

<b>Criterion Assessed:</b> <b>13.6 Case records are kept in the homes of private patients for one month, or until the service is concluded, after which time they are transferred, with patients' permission, to the nursing agency in accordance with procedures.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
It is planned that records will be stored securely in the agency office after a period of one month.	Compliant

<b>Standard 14:</b> <b>Consent to treatment and care is obtained from private patients who receive care in their own home.</b>	
<b>Criterion Assessed:</b> <b>14.1 There is a written policy on obtaining consent to treatment and care that adheres to NMC Code of Professional Conduct and DHSSPS guidelines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b> The agency has a policy "Consent to treatment" which has been devised in accordance with guidance within NMC and DHSSPS publications.	Compliant
<b>Criterion Assessed:</b> <b>14.2 There are written guidelines for agency nurses when a patient does not have the capacity or refuses to give consent to treatment or care.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b> The policy in relation to consent provides guidance where there are issues of capacity or refusal to engage in treatment. The registered manager confirmed that in the event of this happening the nurse manager would liaise with the patient's representative and the multidisciplinary team within the commissioning trust to reach a solution in the best interests of the patient.	Compliant

<b>Criterion Assessed:</b> <b>14.3 Nursing procedures are explained to patients informing them of the implications of the treatment and any options available to them. This is documented in nursing care records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b> It is clear within the policy "Consent to Treatment" that the agency encourages nurse to provide full explanations regarding the implications of treatment and other options if available to patients.	Compliant
<b>Criterion Assessed:</b> <b>14.4 Completed consent forms are maintained within individual nursing care records.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b> The registered manager confirmed that a copy of the signed consent form is retained in the individual patient care records. This was viewed on the day of inspection.	Compliant

<b>Standard 15:</b> <b>There are arrangements in place to ensure that agency nurses manage medicines safely and securely in private patients own homes.</b>	
<b>Criterion Assessed:</b> <b>15.1 The policy and procedures cover all activities concerned with the management of medicines for private patients . These are in accordance with legislative requirements and current best practice as defined by professional bodies and national standard setting organisations.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
The registered manager confirmed that the policy in relation to Management of Medications takes account of current NMC guidelines on the administration of medicines.	Compliant
<b>Criterion Assessed:</b> <b>15.2 The agency provides private patients and their carers with information, in an accessible format, on the circumstances in which nurses may administer or assist in the administration of medicines.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
	Provider to complete
<b>Inspection Findings:</b>	
Nurses are issued with relevant information regarding the medication to be administered and specific treatment protocols. The registered manager confirmed that the patient and/or their representative are involved in all aspects of care planning and would be made aware of the circumstances in which nurses may administer or assist in the administration of medications in the service user guide. The nurse manager monitors the administration of medications by agency staff regularly.	Compliant

<b>Criterion Assessed:</b> <b>15.3 Medicine errors and incidents that occur in private patients' home are reported, in accordance with procedures, to the appropriate authority.</b>	<b>Compliance Level</b>
<b>Provider's Self Assessment:</b>	
<b>Inspection Findings:</b> The registered manager confirmed the processes to be followed following a medication error including reporting arrangements. No errors have occurred to date.	Provider to complete   Compliant

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Vera Mc Kendrick, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

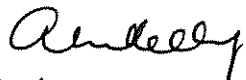
The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Michele Kelly**  
**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

**Michele Kelly**  
Inspector/Quality Reviewer



Date

3/3/15



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan Nursing Agency Inspection

Optimum Nurse

9 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Vera Mc Kendrick, during and after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

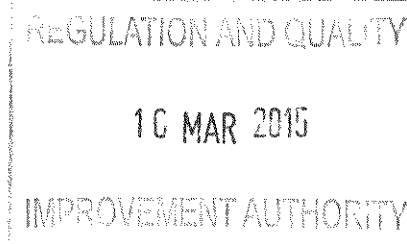
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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.

**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 (NI) 2008

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12. (2)	<p>The registered person must ensure that all recruited nurses have two written references on file, including a reference from the person's present or most recent employer.</p> <p>This requirement refers to but is not limited to the file discussed in section 3.3 of the attached report.</p>	One	Reference has been received by H.R Department.	Within two months of the date of inspection. 3 February 2015



**Recommendations**

These recommendations are based on The Nursing Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	11.3	The registered manager must ensure that support measures for newly qualified staff are reviewed and enhanced.	Once	Support measures were reviewed. Enhanced supervision for newly qualified staff will be provided.	Within two months of the date of inspection. 3 February 2015
2	11.4	<p>The registered manager must ensure that all protocols relating to specific care needs are available to nurses caring for the patient in their own home.</p> <p>Refers to but is not limited to outstanding protocol for Direct admission.</p>	Once	All protocols for care of patient were in place at time of inspection. The specific protocol was for Direct Admission and has now been received from the commissioning Trust.	Within two months of the date of inspection. 3 February 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority  
9th floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT

SIGNED: Lesley McGee

NAME: LESLEY MCGEE  
Registered Provider

DATE 10.3.15

SIGNED: V. M. R.

NAME: Vera McKendrick  
Registered Manager

DATE 10/3/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	Almbecky	31/3/15
Further information requested from provider			