

Announced Care Inspection Report 12 January 2018



Optimum Nurse

Type of service: Nursing Agency

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

Tel no: 02891828999

Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Optimum Nurse is a registered nursing agency; the agency's registered office is located in Newtownards. The agency currently supplies registered nurses to operate as part of a community care team providing 24 hour nursing care to support a patient with complex needs to live in their family home. The model of care has been developed to specifically meet the assessed needs of the individual.

3.0 Service details

Registered organisation/registered person: Homecare Services (NI) Ltd t/a Optimum Nurse/Lesley Catherine Megarity	Registered manager: JP Watson
Person in charge of the agency at the time of inspection: JP Watson	Date manager registered: 23/03/2017

4.0 Inspection summary

An announced inspection took place on 12 January 2018 from 10.00 to 16.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to record keeping, staff recruitment, training, supervision and appraisal, communication with relevant stakeholders and adult protection.

No areas requiring 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 20 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 December 2016.

5.0 How we inspect

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

- Discussion with the registered manager, registered person, and administrative staff
- Examination of records
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Monthly quality monitoring reports
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to Adult Protection
- Recruitment records
- Staff induction and training records
- Statement of Purpose
- Service User Guide

During the inspection the inspector viewed a range of the agency's policies and procedures. It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with timescales detailed in the minimum standards.

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

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

At the request of the inspector, the registered 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; two staff completed that survey.

Feedback received by the inspector from completed staff surveys and during the course of the inspection is reflected throughout this report.

The inspector would like to thank the registered manager, registered person and administrative 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 20 December 2016

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

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

6.2 Review of areas for improvement from the last care inspection dated 20 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005		Validation of compliance
Requirement 1	The registered person shall- (a)keep under review and, where appropriate, revise the service user’s guide.	Met
Ref: Regulation 6(a) Stated: First time To be completed by:	Action taken as confirmed during the inspection: The inspector viewed that agency’s service user’s guide and noted it had been reviewed and updated.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Recommendation 1	It is recommended that the registered person completes a monthly report of the monitoring of the quality of the services provided.	Met
Ref: Standard 1.12 Stated: First time To be completed by:	Action taken as confirmed during the inspection: From records viewed it was noted that the registered person completes a monthly report of the monitoring of the quality of the services provided.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed staffing arrangements in place within the agency. It was identified that the agency's recruitment policy details the processes in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's recruitment process is managed by the organisation's Human Resources (HR) department. The agency maintains a record of the checks that have been completed; it was identified that the registered manager verifies this information. The registered manager stated that nurses are not provided until all required checks have been satisfactorily completed. Staff recruitment records for two staff viewed by the inspector indicated that the agency's recruitment process is robust.

The registered manager outlined the process for appropriately matching nursing skills to placement; it was identified that due to the needs of the patient staff are required to complete relevant training and have their competency assessed and complete a competency workbook. In addition new staff are required to shadow registered nurses employed by the agency at the commencement of their employment.

Registered nurses are required to complete induction training in a range of mandatory areas and areas specific to the needs of the patient. The agency maintains a record of the induction programme provided to staff nurses at the commencement of employment; individual staff induction records viewed outlined the information, training and support provided during the induction process. All staff are required to complete a competency assessment which is assessed and verified by the agency's community nurse specialist. Individual staff personnel records viewed indicated that staff 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 procedures and timescales for staff supervision and appraisal; it was noted that staff nurses are required to participate in supervision twice yearly and have an annual appraisal. The agency maintains a record of staff supervision and appraisal; records viewed indicate that staff had received supervision and appraisal in accordance with the agency's policies and procedures.

The inspector reviewed the agency's provision for the welfare, care and protection of patients. The registered manager described the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was identified that the agency's policy and procedures have been reviewed and updated to reflect information contained within the policy. The registered manager has been identified as the Adult Safeguarding Champion (ASC) for the agency. It was noted that three senior staff attended adult protection training and provided updates to all staff.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the registered manager and documentation viewed indicated that the agency has made no referrals in relation to adult safeguarding matters since the previous inspection. The agency has a system for recording details of any referral made and actions taken.

The registered manager could clearly 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 are required to be involved in. It was noted that the monthly quality monitoring audit, reviews referrals made in relation to adult protection.

The registered manager stated that staff are provided with information relating to the agency's safeguarding and whistleblowing policies during their induction. Discussions with the registered manager and documentation viewed indicated that staff are required to complete safeguarding vulnerable adults training during their initial induction and in addition are required to complete an annual update.

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

It was identified that the agency currently supplies registered nurses to one patient living in their own home. The registered manager could describe the process for appropriately assessing the needs of the patient in conjunction with the Northern Health and Social Care Trust (NHSCT) and ensuring that staff provided have the required knowledge and skills to provide the care. The agency employs a community nurse specialist who is responsible for assessing the knowledge, skills, training, experience and suitability of the nurse to be provided.

The agency has a system for checking the NMC register on a monthly basis for staff nurses employed; electronic records of staff nurse registration status were viewed by the inspector.

The agency's registered premises include a number of offices which are suitable for the operation of the agency as described in the Statement of Purpose. During the inspection documentation was noted to be retained securely and in an organised manner; personal computers (PC's) were noted to be password protected.

Responses received from the staff survey indicated that staff were satisfied that care provided was safe.

Areas of good practice

Areas of good practice were identified in relation to staff recruitment, induction, 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 were reviewed. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

The agency's records management policy outlines that procedures for the creation, storage, retention and disposal of records; the registered manager stated that the policy is currently being reviewed to ensure it meets that requirements of the proposed General Data Protection Regulations. It was noted from documentation viewed during the inspection that records are maintained in an organised and secure manner and in accordance with legislation, standards and the organisational policy.

Discussions with the registered manager and records viewed evidenced that the agency has systems in place to monitor, audit and review the effectiveness and quality of the service provided. The systems include processes for the review of training, staff competencies, complaints, incidents and adult protection referrals. A monthly quality monitoring audit is completed and a report developed; in addition a quality report is provided to the NHSCT on a monthly basis.

It was identified that the agency has systems to promote effective communication with service users, relatives, agency staff nurses and other relevant stakeholders. It was noted that the agency retains a record of all communication with the HSCT representatives and that patient's relatives.

Discussions with the registered manager indicated that the agency seeks to maintain effective working relationships with relatives of the patient and HSCT representatives. The registered manager stated that all stakeholders are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff nurses provided.

The registered manager described the procedure for addressing concerns relating to individual staff members. The inspector discussed with the registered manager the process followed in relation to the competency assessment for one staff nurse; action described indicated that the agency's procedure ensuring staff competency were robust.

Responses received from the staff survey indicated that staff were satisfied that care provided was effective.

Areas of good practice

Areas of good practice were identified in relation to record keeping, communication with HSCT representatives, relatives and staff nurses, and the agency's quality monitoring process.

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.

The registered manager stated that all staff are provided with information relating to confidentiality during the induction programme; staff can also access relevant information and policies and procedures via a shared electronic system. The agency's policy relating to confidentiality outlines the actions required by staff to ensure confidentiality is maintained at all times. The agency's staff handbook includes a number of key policies including the agency's confidentiality policy.

The agency has systems for obtaining the views of service users and relevant stakeholders in relation to staff performance; the registered manager described the process for engaging with the NHSCT and the patient's relatives in order to obtain feedback. It was noted that the agency records feedback received on an electronic database.

Discussions with the registered manager, the registered person and administrative staff indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation.

There is evidence of continual engagement with the patient's relatives and NHSCT staff to ensure that the needs of the patient are met.

The agency has on call arrangements in place to ensure that nurses can report concerns they may have or to access support and guidance. The agency's 'Whistleblowing Policy' details the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns. Staff are provided with a copy of the policy during their induction and are provided with information on how to raise concerns.

Staff are required to complete written feedback to the community nurse specialist at the end of each shift.

It was identified that the agency has in place systems for obtaining the views and opinions of HSCT representatives and the patient's relatives. The agency has a process for recording all contacts; records viewed detailed any actions take following the receipt of any negative comments. Comments made by services users are included in the agency's monthly audit report. Formal processes to record and respond to feedback are maintained through the agency's complaints and monthly quality monitoring processes.

Responses received from the staff survey indicated that staff were satisfied that care provided was compassionate.

Areas of good practice

Areas of good practice were identified in relation to communication and effective engagement with HSCT representatives, the patient's relatives and staff and the promotion of dignity, respect and confidentiality.

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 inspector reviewed the agency's management and governance systems in place to meet the needs of service users. The agency has a range of policies and procedures in place which were noted to have been reviewed and updated in accordance with the timescales detailed in the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained electronically and in a paper format stored within the agency's office; a number of key policies are retained in the patient's home. Staff are provided with a range of key policies in a paper format during induction and can access all policies via an electronic system.

Records viewed and discussions with the registered manager 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 training; required staff competency assessments, monthly audit of registration status with the NMC, complaints, safeguarding incidents and incidents notifiable to RQIA. It was identified that the agency is required to provide a monthly report to the NHSCT.

The agency's complaints policy outlines the process for managing complaints; the policy was noted to include timescales for response to the complainant. Records viewed evidenced that the agency has received no complaints since the previous inspection.

Discussion with the registered manager indicated that they had a clear understanding of the agency's complaints procedure and the process for managing complaints. The agency maintains details of the outcome of the investigations of complaints; records include details of the actions taken and areas for improvement identified.

The agency's incident policy outlines the process for managing incidents and the reporting arrangements for RQIA and other relevant agencies. The agency has a system for maintaining a record of incidents and of actions taken.

The inspector identified that the agency has management and governance systems in place to drive quality improvement.

Arrangements for the ongoing monitoring of incidents and complaints was reviewed. The registered manager could describe the importance of regularly reviewing and monitoring of services provided to identify areas for improving the quality of the service.

Records viewed by the inspector provided evidence of appropriate staff induction, training and appraisal. The agency has an electronic system in place for recording staff training; it was noted that the system will highlight when training updates are required. The registered manager could describe the procedure for informing nursing staff when training updates are required and stated that staff are not provided with work if training updates have not been completed.

The organisational and management structure of the agency as outlined in the Statement of Purpose identifies lines of accountability and the roles and responsibilities of staff. The registered manager stated that all staff are provided with a job description at the commencement of employment which outlines the responsibilities of their job role.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide 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 indicated that the agency promotes effective collaborative working relationships with HSCT representatives. The agency has processes for ensuring that they seek feedback from relevant stakeholders.

Responses received from the staff survey indicated that staff were satisfied that the agency was well led.

Areas of good practice

Areas of good practice were identified in relation to the agency's policies and procedures; engagement with HSCT representatives and relatives, and the management of complaints 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.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)