

Unannounced Care Inspection Report

20 December 2016



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

1.0 Summary

An unannounced inspection of Optimum Nurse took place on 20 December 2016 from 10.00 to 16.00.

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

Is care safe?

Delivery of safe care was evident on inspection. There was evidence that the agency operates effective recruitment systems and ensures the supply of appropriately skilled and competent staff at all times. The welfare, care and protection of patients is ensured through identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with HSC Trust representatives. The agency has systems in place to ensure the identification, prevention and management of risk. Responses received from one of the returned staff questionnaires were discussed with the individual staff member and the manager; assurances were provided that engagement would take place with all staff to ascertain their views and provide an opportunity for them to raise areas of concern. No areas for improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. The agency has in place systems for review and monitoring of quality of care in conjunction with service users and for providing ongoing assurance of continuous improvement of the service provided. There are systems in place to promote effective communication with relevant stakeholders. In addition it was evident that the agency seeks to maintain effective working relationships with the individual patient's relatives. The agency responds effectively to meet the identified specialist needs of the patient which has resulted in positive outcomes. One area for improvement was identified during the inspection in relation to the agency's Service User's Guide.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence and rights was embedded throughout staff attitudes. The agency has systems in place for obtaining and responding to the views and opinions of the patient's representatives. It was noted from discussion with the manager and agency staff that the agency seeks to obtain and value the views of relevant representatives. The agency has systems in place to monitor and manage the performance of nursing staff. The agency's quality monitoring systems include consultation with the relatives of the patient to whom the service is provided. No areas for improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure. The registered person and manager fulfil their responsibilities in a manner which encourages the

respect of staff and stakeholders. Evidence of effective working partnerships with Health and Social Care Trust (HSCT) representatives was evident during the inspection. One area for improvement was identified during the inspection in relation to the completion of a monthly report relating to the monitoring of the quality of the services provided.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr JP Watson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Homecare Services (NI) Ltd t/a Optimum Nurse/Lesley Catherine Megarity	Registered manager: JP Watson- application received - "registration pending".
Person in charge of the agency at the time of inspection: JP Watson	Date manager registered: JP Watson- application received - "registration pending".

3.0 Methods/processes

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

- Discussion with the manager and agency personnel
- Discussion with a staff nurse
- 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:

- Monthly quality monitoring records including copies of reports provided to the Northern HSCT (NHSCT)
- Records relating to staff supervision, appraisal and training
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Nursing Induction, Training and Development Policy
- Recruitment Policy
- Safeguarding Adults at Risk Policy
- Whistleblowing Policy
- Supervision and Appraisal Policy
- Complaints Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

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

During the inspection the inspector met the manager and a manager from the organisations Domiciliary Care Agency who facilitated in the viewing of electronic recording systems in place within the agency.

The inspector requested that questionnaires were distributed to the staff nurses employed by the agency; six questionnaires were returned to RQIA. The responses detailed within one of the returned questionnaires prompted the inspector to contact the staff member to discuss the matters identified. The inspector discussed with the staff member their responsibility in highlighting their concerns to their line manager and assurances were provided to the inspector that this action would take place. In addition the inspector discussed the matters raised with the manager and was provided with assurances that a process would be implemented immediately to engage with all staff nurses employed by the agency, to ascertain their views on the quality of the service being provided; and in addition to identify and address areas of concerns.

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

4.0 The inspection

Optimum Nurse is a registered nursing agency; the agency's registered office is based in Newtownards. The agency supplies registered nurses to operate as part of a community

complex care team providing 24 hour nursing care to support a patient with complex needs who lives in community in their family home. The model of care has been developed specifically to meet the needs of the individual. Currently a team of 14 nurses provide 24hour nursing care seven days a week, in rotational shift patterns with the additional support of a domiciliary care package.

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

4.1 Review of requirements and recommendations from the last care inspection dated 22 September 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

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

The agency's recruitment policy for nurses outlines the system for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The inspector viewed the pre-employment checklists for three staff employed by the agency; it was noted that the details and outcomes of checks completed have been recorded. The manager stated that nurses are not provided until all required checks have been completed.

The manager could describe the process for matching nurses' skills to the placement and stated that due to the specific needs of the patient that all staff receive relevant training and in addition are required to shadow other staff nurses at the commencement of employment. The agency maintains a record of the induction programme provided to staff; documentation viewed outlined the areas covered and support provided during the induction period. It was noted that this includes the use of a competency assessment tool.

The agency's supervision and appraisal policy details the procedure for staff supervision and appraisal. It was noted by the inspector that the policy details the timescales for completion. The inspector viewed records of staff supervision and appraisal maintained by the agency.

The inspector examined the agency's provision for the welfare, care and protection of service users. The manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; it was noted that the agency has recently reviewed their policy and procedures to reflect information contained within the guidance; the procedures are currently in draft form. The inspector noted that the manager has been identified as the 'safeguarding champion' for the agency.

The inspector reviewed records maintained in relation to safeguarding vulnerable adults; discussions with the manager and documentation viewed indicated that the agency has made no referrals in relation to allegations of abuse since the previous inspection. Discussions with the manager provided assurances that they had knowledge and oversight of the management of safeguarding within the agency and could describe the process for reporting of any incidents of suspected, alleged or actual abuse. The manager described the mechanism for liaising with other relevant bodies in relation to any investigation they are required to be involved in.

Discussions with the manager and records viewed indicated that staff are provided with safeguarding vulnerable adults training during their initial induction and in addition are required to complete an annual update.

The manager stated that staff are provided with information during their induction relating to the agency's safeguarding and whistleblowing policies. A staff nurse who spoke to the inspector could describe the process for reporting concerns.

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

The agency currently supplies nurses to one patient in their own home. The manager could describe the process for ensuring that the staff nurses provided have the required knowledge and skills to meet the assessed needs of the patient as determined by the HSCT. It was identified that the agency employs a community nurse specialist who is responsible for ensuring that staff nurses supplied have the required skills and competencies to fulfil the requirements of their job roles.

The agency has a system in place for checking the NMC register for each staff nurse employed; records maintained were viewed by the inspector. It was noted that the agency maintains details of staff revalidation dates. Discussion with the manager indicated that staff members have been provided with specific training and induction to meet the needs of the individual.

Responses from five of the six staff questionnaires returned to RQIA indicated that staff were very satisfied that the care provided was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.3 Is care effective?

During the inspection the inspector reviewed that agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is detailed within the Statement of Purpose; it was noted that the agency is required to review and update the Service User Guide in accordance with the legislation.

The agency's data protection and records management policies outline the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy. The inspector noted that staff record daily notes electronically; the manager stated that a computer is provided within the patient's home for staff use and that it is password protected.

It was identified from discussions with agency staff and records viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service

provided to service users. It was noted that the agency is required to provide a monthly report to the NHSCT; copies of these were viewed by the inspector.

The inspector identified that the agency monitors monthly the effectiveness and quality of care provided to the patient this include a review of training, complaints, incidents, safeguarding referrals and in addition audits of staffing issues and documentation. Records of audits viewed included the comments received from the patient's relatives.

Systems to promote effective communication with service users, agency staff nurses and other relevant stakeholders were evident on inspection. It was noted that the agency maintains an electronic record of all liaison with the patient's relatives.

Discussions with the manager indicated that the agency seeks to maintain effective working relationships with HSCT representatives. The manager could describe examples of ongoing liaison with stakeholders in relation to achieving better outcomes for service users.

The manager stated that the relatives of the patient are informed of the process for contacting the agency to discuss concerns in relation to the competency of staff provided. It was identified that the agency has a process for obtaining comments in relation to staff provided. The manager could describe the process that would be followed for addressing concerns relating to a staff nurse and stated whilst the process was ongoing the staff member would not be provided to work.

Responses from five of the six staff questionnaires returned to RQIA indicated that staff were very satisfied that the care provided was effective.

Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's Service User's Guide.

Number of requirements	1	Number of recommendations	0
-------------------------------	----------	----------------------------------	----------

4.4 Is care compassionate?

Agency staff who spoke to the inspector were aware of the need to ensure confidentiality and had knowledge of the agency's confidentiality procedure; the manager stated that staff can access relevant policies and procedures retained within the patient's home.

It was noted that the agency has systems in place to monitor the performance of nursing staff; these include training and competency assessments.

The manager described the process for engaging with the relevant stakeholders in order to obtain feedback on the quality of the service provided, and in addition to obtain the views of the patient's relatives. The inspector noted that the agency records feedback received from service users and the patient's relatives on an electronic database and that this information is reviewed monthly.

The agency has an electronic system for recording training completed and in addition for highlighting when training updates are required; it was viewed by the inspector. The manager could describe their role and that of the agency's training personnel in identifying and

highlighting gaps in individual staff nurses training. The inspector was provided with assurances that staff would not be provided if training updates had not been satisfactorily completed.

Discussions with the manager and agency staff indicated that the promotion of values such as dignity and respect were embedded in the culture and ethos of the organisation.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the process for raising concerns.

The manager stated that staff nurses were provided with the relevant training to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. The inspector noted from training records viewed that staff had received training in relation to the protection of vulnerable adults.

It was noted that the agency has in place systems to ensure that nurses can report concerns they may have regarding the placement. It was noted that staff provide feedback via email to the community services manager following each period of duty. The manager described the procedure in place to enable staff to access appropriate support and guidance.

The inspector noted that the agency has in place a system for obtaining the views and opinions of HSCT representatives and of the patients relatives; records viewed by the inspector was noted to include the feedback received.

Formal processes to record and respond to the views of the patients representatives are maintained through the agency's complaints process, quality monitoring and regular visits completed by the community nurse specialist. The inspector viewed documentation which recorded feedback received and the actions taken in response to the issues identified.

Responses from five of the six staff questionnaires returned to RQIA indicated that staff were very satisfied that the care provided was compassionate.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is the service well led?

The inspector reviewed the agency's management and governance systems in place to meet the needs of the service users. During the inspection the inspector viewed a number of policies and procedures; it was identified that the agency has in place a range of policies and procedures which were noted to have been recently reviewed and in accordance with the Minimum Standards, relevant legislation and guidelines. It was identified that policies and procedures are retained within the agency's office and that a number of relevant policies are also retained in the patient's home.

Documentation viewed and discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include the provision of appropriate policies and procedures, monitoring of training, audit of registration

status with the NMC, audit of complaints, safeguarding incidents and incidents notifiable to RQIA. The manager stated that the agency is required to provide a monthly quality report to the NHSCT.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received a number complaints for the period 1 April 2015 to 31 March 2016. Discussion with the manager and documentation viewed indicated that the complaints had been managed in accordance with the agency's policy and procedures.

It was identified that the agency has in place management and governance systems to drive quality improvement. There are arrangements in place for managing and monitoring of incidents and complaints. The manager could describe the importance of continual review and monitoring of services provided to identify areas for improving the quality of the service. The inspector discussed with the manager the need to compile a monthly report in relation to the monitoring of the quality of services provided.

The inspector viewed that agency's electronic system in place for recording training completed by staff; it was noted that the system highlights when training updates are required. Records viewed indicated that staff have received the necessary mandatory training and in addition training specific to the needs of the individual patient.

The organisational structure of the agency which is contained in the agency's Statement of Purpose identifies lines of accountability and the roles of staff. The manager stated that at the commencement of employment staff are provided with a job description which outlines the role and responsibilities of their individual 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.

On the date of inspection the RQIA certificate of registration was displayed appropriately; it was noted that it will be required to be reissued when the registered manager application has been approved.

The manager stated that there is ongoing liaison with the HSCT representatives and in addition with the patient's relatives; they stated that they are informed of the process for contacting the manager in relation to any issues or concerns.

The agency has a process for ensuring that they proactively obtain feedback from HSCT representatives and relatives of the patient; the inspector viewed feedback documentation received by the agency.

Responses from five of the six staff questionnaires returned to RQIA indicated that staff were very satisfied that the service was well led.

Areas for improvement

One area for improvement was identified during the inspection in relation to the completion of a monthly report relating to the monitoring of the quality of the services provided.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with JP Watson, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the Nursing Agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Nursing Agencies Minimum Standards, 2008. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 6(a) Stated: First time To be completed by: 20 March 2017	The registered person shall- (a)keep under review and, where appropriate, revise the service user's guide.
	Response by registered provider detailing the actions taken: The Service User Guide has been reviewed to include appropriate references to nursing staff and has been reissued.
Recommendations	
Recommendation 1 Ref: Standard 1.12 Stated: First time To be completed by: 20 March 2017	It is recommended that the registered person completes a monthly report of the monitoring of the quality of the services provided.
	Response by registered provider detailing the actions taken: A monthly quality monitoring report has been designed and is in use.

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



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews