

Inspection Report

15 June 2021



Support Care Recruitment Ltd

Type of service: Nursing Agency
Address: 54 Elmwood Avenue, Belfast, BT9 6AZ
Telephone number: 028 9543 4314

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Support Care Recruitment Ltd	Registered Manager: Mrs Fadzai Burrowes
Responsible Individual: Mr Petros Jinga	Date registered: 1 April 2015
Person in charge at the time of inspection: Mr Petros Jinga	
Brief description of the agency operates: Support Care Recruitment Ltd is a nursing agency which was registered in May 2014 to supply registered nurses to a range of healthcare settings and to work with service users in their own homes. To date the agency has not been operational.	

2.0 Inspection summary

The care inspector undertook an unannounced inspection on 15 June 2021 between 9.40 a.m. and 2.04 p.m.

RQIA held an Intention to Serve a Notice of Proposal (NOP) meeting to impose a condition on the registration of the nursing agency with the responsible individual via teleconference on 1 June 2021 due to the nursing agency being non-operational since its registration in 2014. At this meeting RQIA was advised by the responsible individual that this nursing agency had recruited a number of nurses and would be supplying these nurses within the coming weeks. In response to this information RQIA did not serve the NOP on the registration and advised the responsible individual that a further inspection would be undertaken two weeks after the meeting.

Progress with any areas for improvement identified during and since the last inspection was reviewed.

Good practice was identified in relation to AccessNI checks being undertaken before nurses were supplied to the various health care settings.

Significant concerns were identified during the inspection. These related to the nursing agency continuing to be non-operational, despite assurances given to RQIA during the NOP meeting on 1 June 2021 that this nursing agency would soon be operational.

As a result, RQIA arranged a NOP meeting via teleconference with the responsible individual and manager for 6 July 2021; however, the responsible individual and manager did not attend.

This resulted in enforcement action being taken. A NOP to impose a condition on the registration of Support Care Recruitment Ltd (NOP Ref: 000055) was issued under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) 2003, in relation to section 18, 4, c. Actions required to be taken are detailed in the NOP notice. For this reason, this is not included in the Quality Improvement Plan (QIP).

*One area for improvement, relating to monthly monitoring procedures has been carried forward to the next inspection and one area in relation to the safeguarding policy, was stated for a second time. One new area for improvement was identified; this related to staff recruitment.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), concerns and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how registered nurses' registrations with the Nursing and Midwifery Council (NMC) were monitored by the agency.

The areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection and the Manager following the inspection.

4.0 What people told us about the agency?

The nursing agency remains non-operational at this time.

5.0 The inspection

5.1 What has this agency done to meet any areas for improvement identified at or since last inspection?

The last inspection of the agency was undertaken on 19 March 2019 by a care inspector. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 19 March 2019		
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008		Validation of compliance
Area for Improvement 1 Ref: Standard 3.2 Stated: First time	The registered person shall review their recording keeping procedure to reflect the timescale in which records should be retained, as a period of not less than eight years from the date of last entry. Ref: 6.3	Met
	Action taken as confirmed during the inspection: It was noted that the record keeping procedures were updated to include the eight year timescale to retain records.	
Area for Improvement 2 Ref: Standard 8.4 Stated: First time	The registered person shall review their procedure for considering complaints made to the registered person by a service user or a person acting on behalf of the service user. Ref: 6.3	Met
	Action taken as confirmed during the inspection: Review of the complaints procedure confirmed it was updated and satisfactory.	
Area for Improvement 3 Ref: Standard 2.5 Stated: First time	The registered person shall ensure policies and procedures are subject to a systematic three yearly review or as required, and the registered person ratifies any revisions to, or introduction of, new policies and procedures. Ref: 6.3	Met

	<p>Action taken as confirmed during the inspection: Policies were systematically reviewed within the three yearly timescale.</p>	
<p>Area for Improvement 4 Ref: Standard 9.1 Stated: First time</p>	<p>The registered person shall review their procedures for safeguarding adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC trusts.</p> <p>Ref: 6.3</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: Review of procedures for safeguarding adults and children were not in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC trusts.</p>	
<p>Area for Improvement 5 Ref: Standard 1.12 Stated: First time</p>	<p>The registered person shall expand their quality monitoring procedure to ensure the registered person monitors the quality of services and completes a monitoring report on a monthly basis.</p> <p>Ref: 6.3</p>	<p>Carried forward to the next inspection</p>
	<p>Action taken as confirmed during the inspection: It was established that the agency remains non-operational at the time of the inspection. This will be reviewed at the next inspection.</p>	
<p>Area for Improvement 6 Ref: Standard 6.1 Stated: First time</p>	<p>The registered person shall ensure the induction policy and procedure includes details of how staff will be provided with a structured orientation and induction.</p> <p>Ref: 6.3</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: It was noted that the induction policy and procedures were updated and found to be satisfactory.</p>	

5.2 Inspection findings

5.2.1 Are there robust systems in place for staff recruitment?

The review of one recruitment record identified that there were gaps in employment history, the certificate of qualification was not present and there was no proof of NMC registration. An area for improvement was stated in this regard.

The record viewed evidenced that criminal record checks (AccessNI) had been completed for this member of staff.

5.2.2 Are there robust governance processes in place?

It was established during the inspection that the nursing agency remained non-operational. The nursing agency had recruited a nurse and had forwarded the nurse's curriculum vitae to a care home using a recruitment agency approach.

The care home's responsible individual was contacted and confirmed this information. RQIA was advised that the care home did not have a nursing agency contract with Support Care Recruitment Ltd. An NOP to impose a condition on the registration NOP000055 has been served in this regard.

6.0 Conclusion

This inspection resulted in [Enforcement action](#) being taken. Based on the lack of assurances received, a NOP notice was issued under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) 2003, in relation to section 18, 4, c. Actions required to be taken are detailed in the NOP notice. For this reason, this is not included in the QIP.

However, three further areas for improvement were identified. One area is in relation to the nursing agency's care being safe and two are in relation to the nursing agency being well led and are detailed in the QIP. *One area for improvement, relating to monthly monitoring procedures has been carried forward to the next inspection and one area in relation to the safeguarding policy, was stated for a second time. One new area for improvement was identified; this related to staff recruitment.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards (2008).

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* The total number of areas for improvement includes one area that has been carried forward to the next inspection and one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Petros Jinga, Responsible Individual and Mrs Fadza Burrowes, Registered Manager, following the inspection as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff files have been checked and all information has been added to ensure that each member of staff is safe to be sent to the clients.</p>
Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008	
<p>Area for improvement 1</p> <p>Ref: Standard 1.12</p> <p>Stated: First time</p> <p>To be completed by: 16 May 2019</p>	<p>The registered person shall expand their quality monitoring procedure to ensure the registered person monitors the quality of services and completes a monitoring report on a monthly basis.</p> <p>Ref: 5.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall review their procedures for safeguarding adults and children in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC trusts.</p> <p>This related specifically to the policy referring to the regional 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015) and Adult Safeguarding Operational Procedures (2016).</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The safeguarding policy have been reviewed to include Adult safeguarding Prevention and protection in Partnership policy(July 2015) and adult Safeguarding Operational Prosedure (2016)</p>

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