

Announced Care Inspection Report 06 November 2017



Mid-Ulster Nursing Agency

Type of Service: Nursing Agency
Address: 2b Rainey Street, Magherafelt, BT45 5AG
Tel No: 02879300051
Inspector: Amanda Jackson

www.rgia.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

Mid-Ulster nursing agency operates from premises located at Rainey Street in Magherafelt. The agency currently supplies two registered nurses into three nursing homes.

3.0 Service details

Organisation/Registered Provider: Mid-Ulster Nursing Agency Responsible Individual: Mr Michael Devlin	Registered Manager: Ms Pauline McDonald
Person in charge at the time of inspection: Mr Michael Devlin	Date manager registered: 12 May 2015

4.0 Inspection summary

An announced inspection took place on 06 November 2017 from 09.30 to 11.45.

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 a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from home managers and staff during the course of the inspection was positive with three home managers, and one staff presenting positive feedback.

Home managers communicated with by the inspector, presented a range of positive feedback regarding the service provided by Mid Ulster Nursing Agency in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the registered person during 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.

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

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 Mr Michael Devlin, responsible individual, 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 28 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 June 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report and Quality Improvement Plan (QIP)
- record of notifiable events for 2016/2017
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the responsible individual and one nurse who is supplied by Mid-Ulster Nursing Agency.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No questionnaires were returned.

The following records were examined during the inspection:

- a range of policies and procedures regarding recruitment, induction, staff supervision and appraisal, safeguarding adults, whistleblowing, record keeping, confidentiality and incidents management
- statement of purpose
- service user guide
- two staff members recruitment records
- two staff members' supervision and appraisal records
- two staff members' training records
- staff NMC registration checking process
- three monthly monitoring reports
- annual quality report for 2016-2017
- communication records with nursing homes regarding booking staff into shifts.
- one complaint record

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 June 2016

The most recent inspection of the agency was an announced 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 28 June 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
Area for improvement 1 Ref: Regulation 14(2)(a) Stated: Second time	The registered person shall ensure that each employee of the agency- (a) receives appropriate supervision. (this relates specifically to supervision of the manager).	Met
	Action taken as confirmed during the inspection: Records reviewed for both nurses (one nurse is also the registered manager) confirmed supervision takes place on an ongoing basis.	
Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008		Validation of compliance
Area for improvement 1 Ref: Standard 6.3 Stated: Second time	Mandatory training requirements are met. (In accordance with the agency policy and procedure on staff mandatory training in fire safety.)	Met
	Action taken as confirmed during the inspection: Records reviewed for both nurses confirmed staff training was compliant with all mandatory areas including fire safety.	

Area for improvement 2 Ref: Standard 9 Stated: Second time	Procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts.	Met
	Action taken as confirmed during the inspection: Review of the agency safeguarding policy confirmed compliance with legislation, DHSSPS guidance, regional protocols and procedures issued by Health and Social Services Boards and HSC Trusts. The inspector recommended review of the policy to ensure clarity around the role of RQIA in the area of safeguarding.	
Area for improvement 3 Ref: Standard 7.1 Stated: First time	The nursing agency is recommended to establish the needs and requirements of each request for an agency nurse placement.	Met
	Action taken as confirmed during the inspection: The agency have implemented a process for recording requests for an agency nurse placement.	
Area for improvement 4 Ref: Standard 8.15 Stated: First time	Information from complaints is used to improve the quality of services.	Met
	Action taken as confirmed during the inspection: Review of one complaint confirmed processes compliant with Standard 8.15.	

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.

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

The agency's recruitment and selection policy for nurses outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to commencement of employment. The responsible individual stated that nurses are not provided until all required checks have been completed. Review of two staff records during inspection supported appropriate recruitment in line with the agency policy and procedure. Monthly NMC checks for recent months were also provided to the inspector regarding ongoing checks in place for staff working for the agency.

The responsible individual stated that a skills profile is completed during the interview process to identify skills and experience of individual staff. The agency's induction programme outlines the process provided to staff prior to their commencement of employment. The agency maintains a record of the induction training provided to staff; the most recently recruited staff members are only at the early stages of recruitment and therefore induction was not reviewed during this inspection. One staff member spoken with post inspection indicated that staff had received appropriate training for their job role.

The agency's supervision and appraisal process was reviewed during inspection. The agency maintains a record of staff supervision; records viewed indicated that they are completed in accordance with the agency's procedural timeframes. The agency undertake staff appraisals on an annual basis and this was confirmed within the staff files reviewed during inspection. One staff member spoken with post inspection confirmed supervision and appraisal had taken place

The inspector examined the agency's provision for the welfare, care and protection of service users. The responsible individual described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; and have revised their policy and procedure in accordance with the guidance.

The inspector was unable to review records maintained in relation to safeguarding vulnerable adults as no matters had arisen since the previous inspection. Discussions with the responsible individual indicated that they had knowledge of safeguarding within the agency and could describe the process for reporting of 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. One staff member spoken with post inspection presented relevant knowledge in the areas of safeguarding and whistleblowing.

Three home managers who spoke with the inspector during the inspection stated that issues or concerns do not generally arise in relation to the staff members provided by the agency, where minor matters have arisen the agency have taken appropriate follow up action. The service users stated they would be confident that any matters arising would be handled appropriately and in a timely manner.

Discussions with the responsible individual indicated that staff are provided with training in relation to safeguarding vulnerable adults during their initial induction; staff are required to complete an annual update and records of this were reviewed during inspection. It was discussed how staff are being supported regarding NMC revalidation (Nursing and Midwifery Council) and this was confirmed by the responsible individual and one staff member spoken with during inspection who had recently revalidated.

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

The agency’s registered premises includes a single office which is suitable for the operation of the agency as reviewed in the Statement of Purpose. The responsible individual confirmed the agency computers are password protected. Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

The responsible individual could describe the process for assessing the needs and requirement of a request for an agency nurse; it was noted that this included assessing the knowledge, skills, training and experience of the nurse to be provided. The agency retain records of such assessments which are completed during interview with the staff member and reviewed on an ongoing basis. The agency has a process for checking the NMC register at recruitment and on an ongoing monthly basis for staff members employed; records maintained were viewed by the inspector.

Discussions with three home managers during the inspection confirmed services are requested for feedback by the agency during monthly quality monitoring. Review of records supported compliance with the agency’s own procedure on quality monitoring.

Service users’ comments:

- ‘I have a good relationship with Mid Ulster Nursing agency, Michael is very approachable’.
- ‘There are no medication errors with the supplied staff which is good’.

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.

During the inspection the inspector reviewed the agency’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is detailed within the Statement of Purpose reviewed.

The agency’s policies on ‘Management of records’ which were viewed during the inspection clearly detailed 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.

From discussions with one staff and records viewed it was identified that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of the service provided to service users and this was found to be in line with the agencies own policy and procedure.

From records examined it was identified that the agency completes a monthly audit of the effectiveness and quality of care provided to service users this include a review of complaints and incidents. The responsible individual confirmed they are in contact with service users on an ongoing basis to obtain their views on the service provided. Discussions with three home managers during the inspection confirmed good communication between the agency and the services.

Service user feedback has been incorporated into the annual quality process completed for 2016-2017 together with staff feedback.

The agency’s complaints procedure was reviewed during inspection. One complaint has arisen since the previous inspection. Review of the complaint showed appropriate resolution with the complainant.

The responsible individual stated that service users 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 the views and comments of service users in relation to staff provided. This process was consistent with the agencies policy and procedure on quality monitoring. Discussion with one staff member confirmed appropriate communication processes are in place.

Service users commented:

- ‘Staff timekeeping is very good.’
- ‘Whenever I raise any matters with Michael they are quickly and effectively resolved.’
- ‘Staff get on well with the regular staff team which is important’.

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.

Staff were aware of the need to ensure confidentiality and had knowledge of the areas of confidentiality applicable to their placements. The staff handbook is provided to all staff at induction, the handbook includes details on confidentiality. The agency has a policy on confidentiality and this was reviewed during the inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the responsible individual described the process for engaging with the relevant home managers in order to obtain feedback; it was noted from records viewed that this process involves telephone contact with home managers during monthly monitoring completed by the responsible individual.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff member spoken with stated that they receive ongoing training specific to their role and are alerted when update training is due for renewal. One staff member confirmed that they have received supervision and appraisal and can speak with the registered manager or registered person at any time.

Discussions with three home managers and one agency staff member indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation. The home managers spoken with confirmed staff members are competent and skilled and provide a good quality of care.

The responsible individual stated that, prior to placement, agency staff nurses were provided with the relevant information to ensure they are aware of the appropriate action to be taken in the event of a suspicion of, or actual abuse. Records viewed indicate that staff provided by the agency have received the relevant training.

The agency has in place 'Supervision and appraisal procedures'; it was noted that staff are required to complete an annual appraisal and four monthly supervision. The responsible individual stated that training and development is discussed during the appraisal meeting and a plan developed to address identified training needs. The responsible individual stated that staff are encouraged to liaise at any time with the agency in relation to training needs; this was confirmed by the staff member spoken with post inspection.

It was confirmed by the responsible individual that the agency has in place systems to ensure that nurses can report concerns they may have regarding a placement. This was confirmed by the staff member spoken with post inspection.

The agency's 'Whistleblowing Policy' outlines the responsibility of staff in highlighting concerns or issues relating to poor practice and the procedures to be followed. The policy references the role of RQIA in relation to whistleblowing and other bodies which staff could report to such as NMC. The staff member spoken with during inspection was clear regarding their role in reporting concerns.

The responsible individual confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. No matters have arising since the previous inspection.

It was noted that the agency has in place a system to record the views and opinions of service users. Agency documentation viewed recorded the feedback received from the three home managers. Formal processes to record and respond to service users are maintained through the complaints process and the monthly quality monitoring reports.

Service users commented:

- 'The staff we receive are skilled and competent.'
- 'No issues arising'.

Staff Nurse feedback:

- The staff member spoken with post inspection discussed respect and dignity and demonstrated a clear knowledge around confidentiality and raising concerns to their line manager as appropriate. Staff were clear regarding their role in relation to whistleblowing.

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 management and governance systems in place within the agency to meet the needs of service users. The inspector viewed a range of policies and procedures; it was noted that the agency has in place a comprehensive range of policies and procedures which were noted to have been reviewed ongoing and in accordance with the Minimum Standards, relevant legislation and guidelines.

The agency’s complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency had received one complaint for the period 01 April 2016 to 31 March 2017. Discussion with the responsible individual indicated that the agency could deal with complaints received in accordance with their policy and procedure. Review of the one complaint received during the specified timeframe confirmed appropriate processes in place within the agency.

It was identified that the agency has in place a management and governance system to review quality through monthly quality monitoring by the responsible individual. Records viewed provided evidence that quality monitoring was in accordance with the agency policy and procedure.

The agency delivers all mandatory training via online and external training agencies. The responsible individual stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. The staff member spoken with post inspection confirmed this process of training. It was confirmed by the responsible individual that agency staff are not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of two recently recruited staff member’s files confirmed compliance with the recruitment procedures.

The agency has a system in place for recording training completed by staff within individual staff files and this was reviewed during inspection. Records viewed indicated that staff have received the necessary mandatory training. The responsible individual could describe the

procedure for informing staff when training updates are required and stated that staff are not provided to work if training updates have not been completed. The staff member spoken with during the inspection also verified an alert process in place within the agency when training, supervision and appraisals are due for update.

The organisational and management structure of the agency identifies clear lines of accountability and the roles and responsibilities of staff.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the responsible individual indicated that there are good working relationships with external stakeholders. The home managers could describe the process for contacting the agency's responsible individual in relation to issues or concerns and indicated that no matters of concern have arisen. The home managers confirmed they had confidence in the agency to respond effectively to any issues highlighted.

The agency has a process for requesting feedback from service users during monthly monitoring; the inspector viewed three monthly reports and noted that they contained positive feedback in relation to the service provided.

Service users' comments:

- 'The quality of service delivered is generally good, any minor issues arising are addressed.'
- 'The agency have helped us out at short notice which is very good.'

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

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews