

# Announced Care Inspection Report 26 October 2017



## Direct Medics Ltd

**Type of Service: Nursing Agency**  
**Address: 33a Stockmans Lane, Belfast, BT9 7ET**  
**Tel No: 02890590077**  
**Inspector: Amanda Jackson**

[www.rgia.org.uk](http://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**

Direct Medics Ltd nursing agency operates from premises on Stockman’s Way in Belfast. The agency currently supplies 60 registered nurses into a range of acute and community facilities across all Health and Social Care Trusts (HSCT) with block bookings mainly into the Belfast trust (BHSCT), Northern trust (NHSCT) and Southern trust (SHSCT) areas.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Direct Medics Ltd  <b>Responsible Individual:</b> Mr Paul Owen Mulvenna	<b>Registered Manager:</b> Mrs Jean Margaret Knapton
<b>Person in charge at the time of inspection:</b> Mrs Jean Margaret Knapton and Recruitment Director	<b>Date manager registered:</b> 09 May 2016

### 4.0 Inspection summary

An announced inspection took place on 26 October 2017 from 09.15 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 staff appraisal and training and was supported through review of records at inspection and during feedback from staff on inspection.

A number of areas requiring improvement were identified during the inspection regarding staff recruitment procedures, processes and records to be maintained in support of staff supervision and quality monitoring and review of the service annually and actions to be taken forward. A range of areas for improvement have been stated in accordance with the Nursing Agencies Regulations (Northern Ireland) 2005 and the Nursing Agencies Minimum Standards, 2008.

Staff spoken with by the inspector, generally spoke well of the service provided by Direct Medics Ltd in regards to safe, effective, compassionate care and a well led service. All matters were discussed during inspection feedback.

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
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Jean Knapton, registered manager and the recruitment director, as part of the inspection process. The timescales for completion commence from the date of inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 March 2017.

#### **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 2015/2016
- record of complaints notified to the agency

On the day of inspection the inspector spoke with the manager, recruitment director, two recruitment consultants and two nurses who are supplied by Direct Medics Ltd.

At the request of the inspector, the recruitment director 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 safeguarding adults and children, review and reassessment of nurses (supervision and appraisal), complaints and quality monitoring
- three staff members recruitment and training records
- seven staff members' supervision and appraisal records
- two staff members' training records
- staff NMC registration checking process
- three of the agency's monthly quality monitoring reports
- annual quality process
- communication records with HSCT regarding booking staff into shifts
- three complaints records
- two incident records

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 manager and recruitment director at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 20 March 2017**

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 March 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005</b>	<b>Validation of compliance</b>	
<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 14(2)(a)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that each employee of the agency receives appropriate supervision.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The agency has introduced a revised policy, procedure and system for staff supervision following the previous inspection. The procedure outlines a timeframe of six monthly supervision for new staff following induction followed by annual supervision and appraisal processes.</p> <p>The scheduling system for staff supervision and appraisal has been implemented and populated with activities since the previous inspection. However, staff not currently working with the agency are detailed alongside active staff and hence upon review these staff appear not to have been offered supervision making it difficult to review the agency compliance in this area.</p> <p>Staff working for the agency (active staff) are also captured on this schedule and although the schedule was populated the information was not found to be accurate in confirming if staff had completed supervision or appraisal. A number of records suggested staff had</p>	<p><b>Met</b></p>

	<p>received supervision when in fact they had received appraisal as the staff required this in order to complete their revalidation with the Nursing and Midwifery Council (NMC). Review of six staff records supported that only two staff had received supervision since the previous inspection.</p> <p>The manager and recruitment director acknowledged that the process had not moved forward as required at the previous inspection and this was due to the fact that staff were also overdue appraisals which had superseded the supervision process.</p> <p>Two staff spoken with during inspection discussed a process of emailing staff to invite them to supervision; this process was shown to the inspector during inspection. These records are not centrally maintained in the agency's information system but instead on the managers own laptop; the manager had difficulty in providing several examples of this process when requested by the inspector.</p> <p>A revised and updated process and system of recording was submitted to the inspector post inspection which supported a more robust procedure for the future. The inspector has requested ongoing submission of monthly monitoring reports to RQIA in support of robust governance review of this area.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 12(1)(d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that no nurse is supplied by the agency unless – (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three staff recruitment records during inspection supported two records compliant with Regulation 12(1) (d) while the third staff member was placed to work whilst awaiting the second staff reference.</p>	<p><b>Partially met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, are available at all times for inspection and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner; and</p> <p>(b) retained for a period of not less than eight years beginning on the date of the last entry.</p> <p>(regarding staff appraisal)</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three of four staff records reviewed during inspection supported evidence of staff appraisal taking place. Not all records are shared with the staff member following the appraisal meeting or signed off by the staff member and manager consistently and this was recommended for review during inspection in order to validate the process.</p>		
<p><b>Action required to ensure compliance with The Nursing Agencies Minimum Standards 2008</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 10.1</p> <p><b>Stated:</b> First time</p>	<p>People who use the service provided by the nursing agency are asked for their comments on the quality of services, information and care received.</p> <p>(regarding staff quality monitoring in accordance with the agency policy and procedure)</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Five staff records reviewed did not hold information in respect of the quality of service provided. One staff member who had been placed into a different work area due to a practice issue had not received any quality monitoring over an eight month period since moving to the new work setting.</p> <p>Feedback from service managers was captured generically within a number of the monthly quality monitoring reports reviewed during inspection and supported positive feedback regarding the service.</p> <p>Discussion during the previous inspection had highlighted the need for a robust procedure in</p>		



	this area which is carried out by recruitment consultants within the agency. One monthly monitoring report reviewed had highlighted where this matter had been raised with staff completing the process however a lack of governance and overview by management has resulted in limited progress in this area.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 1.13 <b>Stated:</b> First time	The quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The agency has implemented an annual review process following the previous inspection. Review of the service is undertaken based on feedback received from services during monthly monitoring and feedback received from staff via an online survey. An action plan was not detailed within the annual report and this has been discussed during inspection for review.	

### 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. It was identified from records viewed that the agency has in place a pre-employment checklist which records the checks that have been completed; the manager and recruitment director stated that nurses are not provided until all required checks have been completed. Review of three staff records during inspection highlighted that one staff member had not received the appropriate recruitment checks regarding a second reference. A second reference had been obtained by the agency following the staff member's initial placement through the agency. Monthly NMC checks for recent months were also provided to the inspector regarding ongoing checks in place for this and other staff working for the agency. The matter of recruitment not compliant with Regulation 12(1) (d) was discussed with the manager and recruitment director and an area for improvement has been restated in this report.



The manager and recruitment director stated that a skills profile is completed during the interview process to identify skills and experience of individual staff; evidence of this process was reviewed during inspection. 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; review of three staff members recently recruited outlined the training provided during the induction period. Staff spoken with during 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 not completed in accordance with the agency's procedural timeframes. A revised process implemented post inspection was submitted to the inspector and supported a more robust review of staff supervision. The agency undertakes staff appraisals on an annual basis and this was confirmed from records contained within three of four staff files reviewed during inspection. One staff member spoken with during inspection confirmed appraisal had taken place while the second staff member had recently commenced employment with the agency and was not due appraisal. Both staff members stated supervision had been offered by the agency however the staff members had not availed of this offer.

The inspector examined the agency's provision for the welfare, care and protection of service users. The manager and recruitment director described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' issued in July 2015; but have not revised their policy and procedure in accordance with the guidance; an area for improvement has been stated.

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 manager and recruitment director 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. Both staff members spoken with during inspection presented relevant knowledge in the areas of safeguarding and whistleblowing,

Three service users who spoke to the inspector during the previous inspection in March 2017 stated that issues or concerns did not generally arise in relation to the staff members provided by the agency, where minor matters had arisen the agency had 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 manager and recruitment director 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 manager 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 agencies registered premises includes a range of offices which are suitable for the operation of the agency as previously reviewed in the Statement of Purpose. The manager and recruitment director 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 manager and recruitment director 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 daily and weekly basis (dependent on the individual staff members placements) for staff members employed; records maintained were viewed by the inspector.

Previous discussion with service users during the last inspection in March 2017 confirmed services are not requested by the agency to complete quality assessments in relation to staff provided; the inspector discussed the lack of feedback received from services about individual staff members. Review of records for staff where not found to be in compliance with the agency’s own procedure on quality monitoring and this was discussed with the manager and recruitment director; an area for improvement has been stated.

**Areas for improvement**

Three areas for improvement were identified during the inspection. The agency are required to review their recruitment practices in accordance with Regulation 12(1) (d). Review of service quality has been recommended for review in line with Standard 10.1 and updating of the adult safeguarding policy in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

**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 at the previous inspection in March 2017.

The agency’s policies on ‘Management of records’ which were viewed during the previous 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 two 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 however this was not found to be in line with the agencies own policy and procedure; an area for improvement has been stated.

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 manager and recruitment director confirmed they are in contact with service users on an ongoing basis to obtain their views on the service provided. A communication system to record all contacts was discussed during the previous inspection with the recruitment director but was acknowledged by the recruitment director during this inspection not to have been effectively reviewed by management to ensure compliance with the agency's own internal procedures.

Service user feedback has been incorporated into the annual quality process completed following the previous inspection together with staff feedback. The inspector discussed an action plan following on from the annual review and this was agreed with the manager and recruitment director as an area for review and improvement.

The agency's complaints procedure was reviewed during the previous inspection. A range of complaints have arisen since the previous inspection. Review of two complaints showed appropriate resolution with the complainant however the inspector did highlight the lack of follow on staff quality monitoring in both matters; an area for improvement in relation to staff quality monitoring has been detailed.

The manager and recruitment director 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 but this was not found to be consistent with the agencies policy and procedure on staff quality monitoring. Discussion with two staff members confirmed appropriate communication processes are in place.

### Areas for improvement

Two areas for improvement were identified during the inspection. The first is in relation to review of staff quality monitoring in line with the agency's policy and procedure and has been stated under the above section 'Is care safe'. The second area for improvement relates to an action plan following on from the annual quality review process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 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 previous inspection.

The agency has a process for obtaining the views of service users in relation to staff performance; the manager and recruitment director described the process for engaging with the relevant service users in order to obtain feedback; it was noted from records viewed that this process involves telephone contact with service users. Quality monitoring as outlined above was not in compliance with the agency's policy and procedure and an area for improvement has been stated.

The agency retains staff training records within individual staff files which were viewed by the inspector. The staff members spoken with stated that they receive training specific to their role; both staff members commented that training is ongoing and they are alerted when update training is due for renewal. One staff member confirmed that they have received appraisal and can speak with the registered manager or recruitment director at any time, the staff member stated supervision had been offered but not availed off. The second staff member had recently commenced employment with the agency and also confirmed supervision had been offered but not availed off.

Discussions with agency staff 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 manager and recruitment director 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 incidence of abuse. Records viewed indicate that staff provided by the agency had 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 six to twelve monthly supervision. The manager and recruitment director stated that training and development are discussed during the appraisal meeting and a plan developed to address identified training needs. The manager and recruitment director stated that staff are encouraged to liaise at any time with the agency in relation to training needs; this was confirmed by the staff members spoken with during the inspection.

It was confirmed by the manager and recruitment director 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 members spoken with during 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. Staff spoken with during inspection were clear regarding their role in reporting concerns.

The manager and recruitment director confirmed the agency maintains a record of all incidents of suspected, alleged or actual abuse identified. No matters had arisen since the previous inspection.

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

**Staff Nurses’ feedback:**

- The staff spoken with during the 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**

One area for improvement was identified during the inspection as outlined in the previous sections regarding staff quality monitoring in line with the agency policy and procedure.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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. During the previous inspection the inspector viewed a number of policies and procedures; it was noted that the agency had in place a comprehensive range of policies and procedures which were noted to have been reviewed 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 a range of complaints for the period 01 April 2016 to 31 March 2017. Discussion with the manager and recruitment director indicated that the agency had dealt with complaints received in accordance with their policy and procedures. Review of two complaints received during the specified timeframe confirmed appropriate processes in place within the agency but raised an area for improvement in respect of staff quality monitoring as previously outlined under the above sections.

It was identified that the agency has in place a management and governance system of review through monthly quality monitoring by the registered person. Records viewed provided evidence that staff supervision was not in accordance with the agency policy and procedure; an area for improvement has been restated. RQIA has further requested submission of the monthly monitoring reports to RQIA over the coming months. RQIA will review the information to ensure robust management and governance arrangements in respect of staff supervision, recruitment and quality monitoring.

The agency delivers all mandatory training through their online training and through an external training agency. The manager and recruitment director stated that staff are required to complete training during their induction and ongoing annual updates in line with mandatory requirements. Both staff spoken with during inspection confirmed this process of training. It was confirmed by the manager and recruitment director that agency staff were not provided until all the necessary pre-employment checks and documentation relating to training have been received and verified. Review of three recently recruited staff member's files confirmed partial compliance with the recruitment procedures; however training was confirmed as compliant. An area for improvement has been restated in relation to staff recruitment practices.

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 manager and recruitment director 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. Staff 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. The inspector discussed with the manager and recruitment director the lack of clear management and governance arrangements in place within the agency which have led to a number of matters being restated during this inspection. RQIA has requested submission of the monthly quality monitoring reports to RQIA over the coming months.

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

Discussion with the manager and recruitment director indicated that there are good working relationships with external stakeholders, including HSCT representatives.

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.

### **Areas for improvement**

Three areas for improvement were identified during the inspection as previously outlined under the above sections. These areas relate to staff recruitment, supervision and quality monitoring of staff during the monthly monitoring process and the robustness of management and governance during this process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jean Knapton, manager and the recruitment director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

## 7.1 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/or the Nursing Agencies Minimum Standards, 2008.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Nursing Agencies Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 12 (1) (d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect from the date of inspection</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><b>Response by registered person detailing the actions taken:</b></p> <p>A list of candidates booked in the relevant monitoring period is now provided to the Nursing Manager at the monitoring meeting. A random selection of names are chosen and evidence of compliance provided to the Nursing Manager. The names and results are recorded in the company's updated monthly monitoring report.</p> <p>In addition, the Nursing Compliance team have authority to decline the assignment of candidates to the company recruitment software in the event that pre-employment checks are not complete. A random selection of candidates are also selected by the Recruitment Director monthly and checked for adherence to this policy.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20(1)(2)(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2017 and ongoing submission of reports to RQIA on a monthly basis</p>	<p>20.—(1) The registered person shall introduce and maintain a system for reviewing at appropriate intervals the quality of services provided by the agency.</p> <p>(2) The registered person shall supply to the Regulation and Improvement Authority a report in respect of any review conducted by him for the purposes of paragraph (1) and shall make a copy of the report available upon request for inspection by service users and persons acting on behalf of service users.</p> <p>(3) The system referred to in paragraph (1) shall provide for consultation with service users and persons acting on behalf of service users.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The company created a much more comprehensive monthly monitoring report on the day of the inspection based on advice from the Inspector. The report includes a full list of clinical settings in which nurses were placed in the preceding month; confirmation of quality monitoring undertaken for each of the clinical settings; a full report on complaints and incidents either reported or ongoing at the time of the monthly meeting; a full report on all actions in respect of supervision or appraisal actions due and evidence as to the records viewed by the Nursing Manager to verify the information provided. This report has been submitted to RQIA following the November 2017 monthly monitoring meeting and will continue to be submitted until advised otherwise by RQIA.</p>

<b>Action required to ensure compliance with The Nursing Agencies Minimum Standards, 2008</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 10.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 26 April 2018</p>	<p>The registered person shall ensure that people who use the service provided by the nursing agency are asked for their comments on the quality of services, information and care received.</p> <p>(regarding staff quality monitoring in accordance with the agency policy and procedure)</p> <p><b>Response by registered person detailing the actions taken:</b> A system of comprehensive quality monitoring was established on the date of the inspection following advice from the Inspector, and a draft shown to the Inspector on the day. Since then, the quality monitoring system has been maintained as follows:</p> <ol style="list-style-type: none"> <li>1. A monthly report is generated from the company software detailing the names, candidate numbers, hospitals and departments in which each nurse in the preceding month has been placed;</li> <li>2. The Recruitment Director checks these placements against records already held to establish which placements have monitoring already recorded and which have monitoring outstanding;</li> <li>3. Any outstanding quality monitoring is completed and a full list of monitoring due is reported on the monthly monitoring;</li> <li>4. Any outstanding monitoring at the time of the monthly monitoring meeting is carried over to the following month to ensure completion.</li> </ol>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 1.13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 26 April 2018</p>	<p>The registered person shall ensure that the quality of service provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>(regarding an action plan)</p> <p><b>Response by registered person detailing the actions taken:</b> The annual report had already been established and the 2016/17 report was shown to the Inspector on the inspection date. The inspector suggested expanding the report slightly to include an action plan for the coming year which has now been included in the annual report and will be completed in the next report due in April 2018.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 26 December 2017</p>	<p>The registered person shall ensure that the procedures for protecting vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes issued by Health and Social Services Boards and HSC Trusts.</p> <p><b>Response by registered person detailing the actions taken:</b> Current policy and procedure submitted to inspector via email on 21<sup>st</sup> December 2017.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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